

Patient Participation Group (PPG) network meeting notes

Monday 10th May, 6:30pm

We received 48 registrations for this event on Eventbrite and 39 people attended.

The 48 event registrations came mainly from patients registered at 13 Haringey Practices. 35 registrations for the event were from Haringey patients and of those, 29 were PPG members. The remaining 13 registrations were mainly Haringey practice staff, NCL CCG staff and Healthwatch Haringey.

Introduction

Raks Patel welcomed everyone to the second Haringey PPG network meeting, bringing together PPG members, PPG Chairs, and practice staff from GP practices across Haringey.

This network meeting was part of our wider PPG development project, where we were working to increase the numbers of PPG members, and to diversify the membership of PPGs, so a range of people, from different walks of life, and with diverse backgrounds and life experiences, could get involved in improving GP services.

Raks mentioned that physical "Join your PPG" posters and leaflets had now been sent to all GP practices and pharmacies in Haringey, and soft copies were also available. Everyone could use these resources to promote PPG membership to patients as a way of helping improve services at your local GP practice. She also said having a big open meeting, as Tynemouth had done, was a way to get more patients involved in the PPG and to grow your mailing list for people interested in being involved in the PPG.

Raks particularly thanked members of the PPG Steering Group, many of whom were at the meeting today, for all their energy and hard work, as their input and feedback into the project was so valuable.

Raks informed the meeting about our first ever Haringey PPG Conference on Saturday 19th June, 11am to 2pm and encouraged

people to book at <https://www.eventbrite.co.uk/e/haringey-patient-participation-groups-conference-2021-tickets-153777148591>

Raks also promoted the new PPG webpages on the Healthwatch Haringey site <https://www.healthwatchharingey.org.uk/ppg> and encouraged attendees to browse through them later as they contained lots of useful resources and training, to support PPG Chairs, members and practice staff in re-energising their PPGs.

For this meeting, there were four speakers to talk about Integrated Care Systems, the experience of getting your PPG up and running again and on the rollout of the Covid-19 vaccine.

How to get your PPG up and running again including discussion - with Carol Joseph Chair Tynemouth PPG, Gabriella Calimandri Practice Manager Tynemouth Medical Practice

Gabriella explained that Tynemouth used to have an active PPG at the Practice until the pandemic but this had stopped meeting because it was not possible to hold meetings in person. Then they started working with Healthwatch Haringey in October 2020. They held PPG Committee meetings in November and February on Zoom. At these meetings, they talked about how they would hold a big open meeting on 8th March to which all patients would be invited. They invited all the existing PPG group by email and they sent a text message to all their patients. People registered to attend on Eventbrite. 95 patients registered and 45 attended. They were pleased with this. It is a work in progress. They want to have a more diversified group.

The agenda at the open meeting in March included GPs doing a Q&A about the vaccine. The social prescriber for the practice also talked about help provided. Having the support from Healthwatch, and especially Tanya was important.

The PPG used to have about 40 or 50 patients involved with gardening groups, knitting groups and walking groups before Covid and the PPG wanted to look at how to get those up and running again.

Raks said that the GP at Arcadian Gardens was interested in getting a gardening project going on the surgery grounds. She said she would contact Arcadian Gardens to find out where funding would come from for this.

In response to the question “How do you make PPG meetings interesting for patients” she suggested doing a survey to ask what people wanted to discuss.

Rose Echlin, Chair Queens Avenue PPG said she thought about PPGs as ticking the accountability box and giving patient feedback.

Mary Weaving, Staunton PPG Member said we should think about how to involve people who are working and ESOL speakers to ensure PPGs are diverse and reflect the patient population. Raks said an important aspect of the PPG Development Project was diversifying PPG membership, as well as growing patient membership. Holding virtual meetings on Zoom was one way of opening up access to people like mothers, carers, office workers, etc who would not be able to attend a meeting in person but would be able to attend a meeting on Zoom whilst at home.

New Integrated Care System (ICS) including Q&A - with Rachel Lissauer Director of Commissioning North Central London Clinical Commissioning Group (NCL CCG)

Rachel said she appreciated the work people did in organising PPGs. She explained the current system - Clinical Commissioning Group for holding the budget and commissioning primary care. Each borough in the CCG (Haringey, Barnet, Enfield, Islington, Camden) sends two GPs to the governing body of North Central London CCG.

In future, the Integrated Care System (ICS) will be the organising structure which will bring hospitals and primary care together, with a single budget. There is a removal of the obligation to put services out to competitive tender, and an obligation to collaborate. Commissioners and providers will move away from being separate entities. There will be a move away from the “quasi-market”.

The CCG had a strong commitment to patient engagement, and this will be maintained. Through the vaccine rollout the CCG has been going out into the community in different ways to engage. Rachel could not give a definite answer about how patient engagement would happen in the ICS but the CCG wants to talk to patients about how it will happen. PPGs will continue. As Primary Care Networks start to share staff between Practices, PPGs will mirror this structure, but continue to work in Practices as well.

In the chat there were lots of questions and comments. Rachel Lissauer answered some of these in the meeting. The remaining 9 questions, set out below, were reserved to be answered following the meeting.

People asked questions about the change of ownership of St Ann's surgery and the takeover by a US corporation and the question of Morum House / Staunton contract. Rachel said the CCG was not at liberty to object to the change in ownership of the Practice. This would open the CCG to legal challenge.

People asked questions about public scrutiny of decisions. Rachel said she would imagine there would continue to be a joint scrutiny and overview panel. There is likely to be lay representation at committees.

People asked questions about working with local authorities, public health and social care. Rachel explained that there will be seats for the Councils at the Integrated Care Board. The direction of travel is for people to work intrinsically together. There are no moves at the moment to change how social care is commissioned.

In terms of public and patient engagement and involvement, Rachel said there isn't a conspiracy of silence, the CCG is still working their way through the process.

David Winksill The Vale PPG Member and former Chair of Patient Voice asked if by June the CCG could put out a timetable so that patients can have some idea how patients are going to be involved in the design and structuring of services. Rachel emphasised that whilst the ICS is a different structure, they won't be leaving behind the current ways of engagement although they need to work out how patients will get involved in the new statutory structures.

Yvonne Denny, Lawrence House PPG Member asked what is happening with Orthopaedic Services following the review before the pandemic. Raks responded that there has been a final report on the Orthopaedic review which Healthwatch would send to Yvonne.

[Post meeting note: The outcome of the consultation, the consultation report, and the agreement to proceed which was made by NCL CCG in September 2020 can be found here:

<https://conversation.northlondonpartners.org.uk/orthopaedics-evaluation-reports/>]

Update on Covid-19 vaccine programme in Haringey including Q&A - with Owen Sloman Assistant Director Primary Care NCL CCG

Owen shared a presentation on the vaccine rollout. 80% of eligible people in Haringey have had the first dose. He explained the work of organisations and volunteers who have gone out to encourage people to get vaccinated. Now, in the most deprived quintile in Haringey, over 75% of people have had their vaccination. Today there were no Covid deaths in England, but people should act now to get vaccinated as scientists are concerned there will be a third wave in July after re-opening.

East Haringey - the most deprived areas, and younger areas - is most at risk from the third wave. So, people should act now. There are drop-in sessions for people over 40. The CCG is also running training courses on positive conversations to encourage people to take the vaccine. People under 40 will be offered a choice of vaccine.

There was a discussion about whether vaccines cause illness, whether they are effective, and the amount of money spent on literature encouraging vaccination. Raks responded that the aim was to ensure correct and accurate information reached as many people as possible, in a language and a format that they could digest.

There was a question about how long the vaccine would offer protection for. Once you had had two vaccines, was that enough? Owen replied it is highly likely that you will need a booster, and there is likely to be a booster campaign in the autumn. It will probably be the case that we will be living with Covid-19, which may mean an annual vaccine similar to the flu vaccine.

Someone asked when the Moderna vaccine was coming to Haringey. Owen said he was not sure, and his very strong advice was to take up the vaccine when you are offered it. Waiting for a different vaccine to come along would leave you unprotected at a time when lockdowns were easing.

The timescale for vaccinating the under 40's - Vaccination of under 40's is expected to start in a couple of weeks.

Any other business

Raks Patel encouraged people to attend the conference in PPG June.

Finally, to close, Raks Patel thanked everyone for attending the meeting, and said we would be in touch with notes of the meeting.

Questions in the chat to be answered by Rachel Lissauer, NCLCCG following the meeting. These answers will be uploaded onto the Healthwatch Haringey website [here](#) as soon as we receive them.

1. The NHS has a statutory duty to involve patients and the public in commissioning decisions. There is some excellent “Statutory Guidance for CCGs and NHS England” on the NHS website. Worryingly, under cover of COVID, much Patient Voice activity across London seems to have been halted or even discontinued. What arrangements has North London Partners put in place to recruit Patient Voice for commissioning panels and when will that information be put on the North London Partners website?
2. When, and if, the NCL ICS becomes a legal entity, how do you expect to work with Local Authorities on Social Care and Public Health issues? Will the ICS take on responsibility and budgets for some of Social Care and Public Health?
3. How will the ICS arrange contracts for GP services in future? Will they have contracts with individual practices, or will they require GP practices to come together in Primary Care Networks?
4. What's happening with Morum House Staunton? Who is going to be running the surgery? How were patients engaged about this? Are we able to access papers about this? E.g. Procurement process of Morum House.
5. Following the Centene takeover, what is NCL's policy when future APMS contracts end?
6. Will clinical pathways be imposed?
7. How will NCL deal with the negative impact of the wholesale switch to virtual consultations on diagnosis, treatment, and continuity of care, raised by doctors and patients -and not just the elderly and non tech savvy?
8. As ICSs cover health and social care, why have local councillors, well informed about Social Care, not been more involved in planning discussions?
9. Council representation with voting rights on CCG has been non-existent and ICS website gives only the CEO for Haringey as member of ICS NHS leadership and gold teams. So, it's not reassuring to hear that existing arrangements will continue.

There is already democratic deficit that looks set to continue.
What are plans to improve this situation and fully and
meaningfully involve councils -it can't all be still to be decided.
How, if at all are councillors involved in these decisions?