

BPPN

Barnet Patient Participation Network

Minutes

of meeting held **Wednesday 25 May 2022**

11.00 am to 13.00 (on-site: Finchley Memorial Hospital)

PPG Members present:

Malcolm Cohen (Chair BPPN & PPG Chair, St Andrew's Medical Practice); Barbara Jacobson (Chair, St Andrew's PPG); Hugh Ogus (Chair, Watling MC PPG); Stewart Block (Co-Chair Community Barnet Primary Care Group and Chair Heathfield PPG); Michael Grossman (Chair, Watling MC PPG), Howard Gross (Chair, Temple Fortune HC PPG)

In attendance:

Cassy Bygrave (NCL CCG); Samuel Diuno (NCL CCG); Ian Bretman (Public and Patient Engagement NCL CCG); Caroline Odwyer (Barnet Federation); Sue Blain (Community Barnet Primary Care Group); Derrick Edgerton (Community Barnet Primary Care Group); Adam Wilson (Community Barnet Primary Care Group); Andrea Reece (HealthWatch); Nasren Faisal (Barnet Federation);

Apologies:

Ray Jhattu (Barnet Federation)

1. Welcome and introductions

Malcolm welcomed the group and the participants all introduced themselves.

2. Minutes of meeting of 23rd February 2022

The minutes of the previous meeting were approved as accurate.

3. PCN / PPG Cooperation

3.1 Integrated care systems (ICSs)

Stewart – Integrated care systems (ICSs) are partnerships bringing together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population. The central aim of ICSs is to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care.

What does all this mean for BPPN?

- ICS have an obligation to incorporate more actively patient feedback into its processes. This may formally be achieved by working through established organisations like Healthwatch, AgeUK, Inclusion

Barnet &c. However, these organisations are generally run by professional managers with their own agendas, may not live in Barnet and may be reluctant to overtly criticize.

- Patient Participation Groups (PPGs) working through their PCN may be able to offer more direct patient feedback and need to be part of the ICS Patient Feedback System

What should BPPN be doing?

- How will Ms O'Callaghan incorporate the patient voice into the ICS system? BPNN to write directly to her, perhaps after speaking to Ian Bretman
- The Barnet patient voice should be channelled via our PPGs and PCN into ICS
- BPNN should have a formal role
- Does Ian Bretman have a role in the new organisation, if not, who will replace him
- Need to recognize that this is yet another change for our GPs who've had to cope with the setting up of PCNs in the midst of Covid.
- While continuing with our core role of supporting Barnet PPGs we ~~should also~~ actively encourage the formation of PCN PPGs.
- PCN6 is trying to do this.
- We set up a sub-group of PPG reps from each of our seven PCNs.
- Need personal contacts with each PCN clinical director to (1) align their patient feedback objectives with ours (2) help convince recalcitrant GP Partners that having an active PPG in this new world is in their best interest.

Malcolm – most of the above is focused on whether we can get PCNs and individual practice PPGs to communicate and function more affectively together.

Derrick – only about 20-30% of Primary Care Groups are represented in this meeting. One point to consider is how to increase the number of Primary Care Groups represented in this working group? Also, there is a massive communication problem, patients are not aware about the availability of local Pharmacies, Out of Hour services, Walk-in Centres etc. This all needs to be addressed.

Malcolm – one issue that has led to the communication issue is due to the PCNs CDs not supporting PPGs to succeed.

Stewart – PPGs should establish a good relationship with their respective PCN CDs in order for them to be supported.

Caroline – there is ongoing work with regards to the PCNs being involved with the patient engagement ensuring that the patients voice is heard.

Malcolm – a meeting should be held with all 7 PCNs CDs about patient engagement which can be driven down. This can be facilitated by the Federation.

- Caroline responded that she is happy to take this to the GP Cabinet meeting and requested Malcolm to write a brief summary of what the group would like to achieve through that.
- Malcolm confirmed that he is happy to write an email that Caroline can take to the GP Cabinet meeting.

4. Patient Access

Malcolm - The issue raised most frequently by patients is the difficulty experienced in making appointments – whether urgent or routine – to see a clinician.

The problems experienced vary between Practices, but general themes are summarised in the following:

- Restriction of online booking of appointments and difficulty in accessing these.
- E- Consult is now heavily restricted and responses are delayed.

- Urgent same-day appointments require patients to telephone at 8.30am and hope that they can get through before the available appointments are all taken.
- Routine appointments require telephone calls (usually after 10.30am) and the patient is often faced with a lengthy wait only to be told that all appointments are gone and to try again tomorrow.
- It is all but impossible to arrange an appointment with the same GP who has treated that patient previously, leading to longer appointments, as the clinician must spend time going back through the patient's history.
- Telephone appointments are often not arranged at a specific time, resulting in patients having to sit around for long periods of time and Drs not getting a response.

Problems of access have been exacerbated by the pandemic and are caused by many factors, the most basic of which is the level of demand and the capacity available, particularly with regard to staffing, to meet this demand. However, there are likely to be changes that can be made in the working of general practice to improve patient access, despite the pressures.

Points for consideration:

- Potential for 'best practice' to be shared across the borough, whether through a workshop facilitated by the Federation or other means of identifying, piloting, and sharing methods for addressing the above points.
- Improve communication to patients, to help them to understand how best to access care, and the benefits of different clinical roles. This may help reduce demand for GP appointments.
- Identify and resolve gaps in information sharing, particularly from hospitals to GP practice, that cause unnecessary appointments or delays in care, for example, there seems to be a current ineffectiveness of sharing information relating to medication prescribed in hospital, that can lead to a GP appointment being required before the correct medication is prescribed.
- Utilisation of new roles to support GP roles such as pharmacists, paramedics, physio therapists.

Barbara – one issue that patients are finding frustrating is that no one is talking to patients which is why patients are not aware of what is going on.

Sue – we are developing a Primary care information sheet on how to access healthcare services when patients need them. The information sheet includes a combination of a diagram and a flow chart outlining all services available to them, what each service covers and how to access them.

- Barbara asked how the diagram can be disseminated so patients can have a copy of it.
- Sue responded that they are working with the CCG on this. In essence, this could go into pharmacies where patients can go and take a photo of it or be sent to the patients as a text which the patients could download.
- Derrick recommended that the diagram is sent alongside the council tax documents which is sent to every house at least once a year as well as via Barnet First magazine.
- Malcolm agreed with Derrick

Stewart – patients are not made aware of who is supposed to do what in terms of assessing the patients needs which includes the importance of triage.

Malcolm – emphasised that developing a workshop which would involve GPs, PCN Clinical Directors, Practice Managers, patients and commissioners will be an ideal approach in order to be able to tackle the above issues as the right people will be engaged in the workshop.

- Caroline agreed that making a workshop will be a great idea and the Federation will be happy to facilitate that if the BPPN could provide a specification on what areas to be addressed and what the outcomes should be.

- Malcom confirmed that he happy to provide that.

5. CCG/ ICN Update

Cassy – provided updates on the below:

- **Covid-19 update**

The Barnet Covid vaccination effort continues with a multi-organisational approach across the borough. In Barnet we have vaccinated 71.4% of the population with 1st doses and 68.2% with 2nd doses. We have an uptake 88.8% in boosters within the eligible cohorts (1-9) to date, 13.2% of these have been co-administered with Flu.

Barbara – the cohort of patient who are vulnerable and unable to take Pfizer or Moderna, the CCG should have an option for them to have AstraZeneca rather than them having to go through a long circle of chasing different people which do not guarantee that they will have AstraZeneca.

- **Extended Access Services**

There are currently two forms of 'enhanced access' provision in general practice (outside of core hours).

1. Extended Hours access: Additional sessions provided by practices: early morning, evenings, weekends
The timing of these sessions is determined by the practice and must include emergency, same day and pre-bookable appointments
2. CCG commissioned Extended Access Hub services: Provided from Hubs 6.30-8pm Monday to Friday and 8am-8pm Saturday and Sunday; Currently commissioned at borough level. Expected to provide 30 minutes / 1000 population / week.

- **Childhood Immunisations**

The CCG are working with council Public Health colleagues to take a holistic approach to improving the uptake and compliance with Childhood Immunisations. The council have led on developing a parent/carer survey to ascertain the reasons and hesitations influencing uptake across the community.

- **Barnet Borough Partnership Update (BBP)**

Borough wide rollout of Multi-Disciplinary Teams (MDT)

The Frailty MDT model provides personalised, proactive and holistic care for patients over 65 years who are (or at risk of being) moderately and severely frail.

Neighbourhood Model

Barnet Borough Partnership are in the process of establishing a Neighbourhood Program Group to help develop and deliver neighbourhood model working in Barnet. The group will engage with partners and residents to establish an agreed shared purpose, core vision and principles to run through neighbourhood model working.

6. Barnet GP Federation

Caroline updated the group on the below:

- **BBPN and Barnet Federation Patient Communication Working Group**

There is a workstream that is looking to establish a mailing list and/or a patient database that will enable direct communications to be sent to patients in the borough, the working group is meeting fortnightly. By way of update, the governance background work has been completed and we are running a small pilot with a couple of practices to get the mechanics working.

This is part of wider efforts to improve communication with patients and how practices and Federations keep patients informed.

- **Extended Access Service (EAS)**

The Federation provides GP and nurse appointments between 18.30-21.00 Monday to Friday and 08.00-20.00 weekends and bank holidays. There are contractual changes occurring which will mean that the networks will be responsible for the delivery of Extended Access / new service from 1st October 2022.

Primary Care Networks (PCNs) will be required to engage with patients as part of a consultation process to submit plans to the CCG by July. This will be a good opportunity to feedback and help shape a service for the needs of Barnet's patients. The Federation is currently engaging with the Primary Care Networks to look at a potential offer to support networks in the delivery of this service from October.

- **Phlebotomy**

Following overwhelming positive feedback from both patients, GP practices, and support from the CCG, there is a continuation of the phlebotomy service until 07th November 2022. There is an appetite to continue providing this service through GP practices. We would encourage patients to continue providing feedback to their respective services.

- **Practice and PCN Support**

The Federation continues to support practices with providing GP cover to practices that request this service, which is particularly utilised by practices impacted by COVID.

There is a practice support working group within the Federation that is looking at initiatives that would aid practices with additional capacity and resource on a long-term basis.

Examples of practice support initiatives that are taking place:

- In hours GP support sessions
- Practice Index (a practice management resource)
- Distributing PPE and equipment
- Additional capacity, which includes extra Extended Access appointments
- Scoping occupational health support offer for practices, currently underway
- Supporting practice managers with regular coffee mornings, including opportunity to share intelligence on hot topics such as CQC and discussions about practice management support tools

7. Primary Care Group (Community Barnet)

Derick updated the group on the below:

- **Changes in personnel**

Rory Cooper left CB in December and been replaced by Ms Kolsum Jahan (Monday/Wednesday) and Adam Wilson (Wednesday/Friday).

- **Projects noted in last report included**

Pharmacy Services Report (which is close to completion) GP/Patient Comms, Primary Care Services Flow Chart to demonstrate where patients can access different Primary Care services and a GP/Patient Comms

Channels survey focussing on various minority groups. We are also planning to follow up the current validity of the RMS flow-chart and how the Remote Consultation Preparation form is being used.

- **Annual GP Patient Survey**

The Group had a talk from Dr Rachel Williams, Research Director Ipsos MORI focussing on how the survey is used and their wish to see more use made of the survey results, analysis and trends. A follow-up teach-in is being planned to learn about the data analysis tools associated with the survey.

8. Healthwatch Barnet (Inclusion Barnet)- see written reports

Andrea - The five Healthwatch organisations across NCL (Healthwatch Barnet, Healthwatch Camden, Healthwatch Enfield, Healthwatch Haringey, and Healthwatch Islington) agreed in the summer of 2022 to work in partnership together on a joint NCL Long COVID project.

The core aims of this project were:

- To capture local people's experiences of Long COVID in order to identify any gaps in current provisions.
- To support the better development of services and systems to help local people to manage their symptoms.

To gather insight on local NCL residents' experiences of living with Long COVID, we jointly agreed on a hybrid methodology: an anonymous online survey, 1-2-1 interviews and community focus groups. Each Healthwatch worked with local voluntary sector organisations to broaden their reach and gather robust responses, and we entered every person who took part into a prize draw to win one of five £50 gift vouchers to increase engagement.

In terms of findings, almost three quarters (73%) of respondents reported that they had been living with Long COVID for 6 months or more, with various symptoms affecting their physical and mental health. People who have been long term Long COVID sufferers describe different phases of the illness, where symptoms might change, be less frequent or more severe and where symptoms may not present during the transition from acute COVID to Long COVID.

9. BPPN Meetings – what went well today/ could be improved

Michael – struggled with hearing the group members who dialled in.

Malcolm – we can look into having a microphone that can be connected to the projector in the future meetings.

10.AOB

10.1 Frequency of meetings

The group agreed to have the full BPPN meeting on site every 3 months and have the engagement meetings on Teams every 6 weeks in between the BPPN meetings.

Malcolm – will send suggested dates for the BPPN and engagement meetings.