

**Healthcare Central London Federation Pan-Westminster
Patient Participation Group Meeting**

15th October 2024
17:30 – 19:00

- **Welcome**

Chair welcomed attendees and informed all of the code of conduct for the meeting

Agenda Item: Review of Action Log

The following actions were reviewed and closed:

- Practice Websites: Action: Project Lead to request feedback from Practices about their new websites
- Project team to create communication to Practices raising awareness about the AA service

Agenda Item: Planned Telephony Cover

The Transformation Project Manager stated that there was a service design workshop in September with patients, Practice Management and other stakeholders. He discussed the challenges in accessing general practice due to increasing demand and outlined the new service designed to support patients. HCL (Healthcare Central London) Care Coordinators will assist by managing calls, including emergencies, and logging actions for practices. Patients will be informed when they are speaking to HCL instead of their practice, and notifications will be sent through phone messages, the practice website, PPGs, posters, and texts to keep patients updated.

The service will ensure patient safety through clear protocols, such as emergency red flag procedures, and will follow consistent Standard Operating Procedures (SOPs) to maintain quality. HCL staff will be trained by practices and will adhere to NHS and GDPR standards for data security.

The service is currently being piloted and will be fully implemented in November 2024, following further evaluation and feedback. Key statistics from the pilot include 172 calls received, with a 96% answer rate and an average queue time of 53 seconds.

The discussion focused on several key points. A question was raised regarding why a patient might prefer to speak with HCL rather than their own practice. It was explained that HCL could assist with calls during emergencies, such as when a practice is unavailable due to unforeseen circumstances, like a leak. It was further clarified that while HCL would manage emergency calls, the service would also support planned care, including practice development and training sessions.

A concern was expressed about whether the service could be seen as a "thin edge of the wedge," potentially leading to practices losing control over patient access. It was stated that clear messaging would provide patients with the option to either use HCL or contact their practice directly. The service was emphasised as an additional option, not a replacement for patient choice, with the possibility for practices to limit the use of the service to specific occasions, such as two planned meetings per year.

Concerns were also raised about the potential misuse of the service by practices to reduce staffing, and whether safeguards would be in place to prevent this. Scheduling meetings, particularly for training, was noted as a challenge during practice hours, with support for a limited, planned service. It was confirmed

that the service would be restricted to emergencies and planned services and would not be available at all times.

The discussion continued with a focus on how the service could complement protected learning time (PLT). It was noted that practices in London often struggle to offer PLT due to time constraints, and this service could help address that issue. The need for clear communication with patients, such as SMS notifications, was also highlighted to manage expectations and avoid confusion.

Safeguarding concerns were raised regarding practices that do not have a Patient Participation Group (PPG), with questions about how to prevent misuse of the service. It was confirmed that the service is designed with strict protocols in place, including exclusion criteria and safety measures, to ensure that only appropriate cases are handled by HCL. HCL also adheres to NHS information governance and GDPR standards to ensure patient data is securely handled.

Finally, the practicalities of implementing the service were discussed, including the need for clear communication with patients about how they can access their Summary Care Records through HCL. It was clarified that HCL staff operate under the same data protection rules as practices and have access to necessary patient information when required to ensure continuity of care.

A suggestion was made to distribute a simple flyer through PPGs or Healthwatch to inform patients about the service and its benefits. Feedback from practices and PPGs is still being gathered, and plans are in place to refine the service based on these responses.

Agenda Item: Patches

The Head of Service Delivery provided an overview of Patches, explaining the types of requests that come through, the patient journey, and the different roles within the teams that manage these requests. The discussion also included an explanation of the role of the Advanced Nurse Practitioner. The Clinical Lead was present during the discussion. It was noted that the ICB funds the Patches service, which is available on weekdays from 08:00 to 18:30, with submissions closing at 18:30. The service is closed on Bank Holidays. A demonstration video of Patches will be shared with the meeting's outputs, along with further information. Data shows that the use of Patches across practices has been growing since September 2023, and this trend is expected to continue.

The discussion began with a question regarding the use of the system at VMC, with one participant suggesting that it may not be in use. It was agreed that further investigation is needed to confirm whether this is the case. It was clarified that the system is available, though some practices may toggle it on and off, and HCL will look into this to provide clarity.

Concerns were raised about the workload of GPs, with one participant noting that the service is GP-led but GPs are already very busy. It was explained that while GPs remain the clinical decision-makers, the wider team is there to support them in their role and ensure that the process runs smoothly.

The discussion also addressed concerns that some patients might not know which symptoms to report when completing assessments. It was reassured that patients typically adapt quickly to the process, and

there are methods in place to ensure that no issues slip through the cracks, with systems to capture any missed details.

A member thanked the team for their invitation and shared some information they had found while researching Patches. The member clarified that the company that owns Patches had been rebranded as Spectra Analytical earlier this year, in April. At the time of the name change, there were seven directors, three of whom resigned in April. The remaining directors' ages and countries of residence were also mentioned. The member also referenced the filing notice of resignations and significant control, along with the company's financial statements, including details on closing accounts and fixed assets, which were read out and shared.

Questions raised by members:

- When will the contract be up for renewal?

The contract is up for renewal next year, and the other services such as e-consult may be reintroduced. However, this is not a contract we have the power to influence.

- What happens with patients who cannot use the service? Are advisors looking into why they aren't using it?

This is one option for patients, but we understand it's not always suitable for everyone.

- Is there a simpler way for patients to access the service?

We're aware that this is an issue and are always looking into ways to make GP services more accessible.

- Some people can't use Patches or email, what is being done about this?

I would argue that emails are similar to e-consult, but we are working on supporting people who can't use these options.

- Can HCL do anything to address this?

Where there is funding, we are looking into this and provide support where needed.

- The only option seems to be calling, and all the slots are gone by the time people try to get an appointment. How can this be improved?

We understand the frustration, and we are looking at ways to improve access and reduce wait times.

- Is there any effort to strengthen PPGs (Patient Participation Groups) to support patients who face these challenges?

We do have Healthwatch attend to discuss these issues, but as an action, we can encourage PPGs in practices, especially in those that don't yet have them. This would be useful for patients.

- What is being done to help the patients who are experiencing homelessness who are on the streets?

Every population has a specific solution in place, including those experiencing homelessness.

- Many people accessing services have additional challenges and don't receive follow-up calls. What's being done about this?

We acknowledge that there are barriers, and we're exploring ways to address these gaps and ensure that people aren't left without support.

- How has the system been received by patients?

There's been a higher uptake in the St John's Wood area. Initially, there were concerns, but now people are much happier with the service.

- Could the phone message be modified to encourage more people to use the service?

It's very important that the message doesn't discourage people. Perhaps adding a Postscript or some additional information could help ensure patients aren't put off.

Agenda Item: ICB Patient Access Survey

The Digital and Transformation Lead presented the item regarding the NWL ICB's Patient Access Survey, which aims to gather feedback on accessing general practice services, including contact, appointments, and care. The survey seeks to better understand the pressures and challenges faced by both GP surgeries and patients, with a particular focus on the importance of timely access to services. The goal is to collect views and experiences from patients and work collaboratively to improve their overall experience at the surgery.

The discussion then turned to exploring different ways to engage patients in completing the survey. Members were asked to share their thoughts on effective methods for encouraging participation and ensuring broad patient involvement. Several ideas were put forward, including:

- Recorded voice survey
- Cold calling patients
- Via VCS (Voluntary and Community Sector) organisations
- Senior Citizens Forum (upcoming event)
- Supermarkets
- Local shops

There were several concerns raised regarding the survey. It was noted that the two-week window for completing the survey might be too short for many people. Additionally, there were issues with the website, as some of the links within the survey were not working. Questions were also raised about the purpose of the survey, particularly as the information it seeks feedback on is already publicly available. It was also pointed out that the survey is only available in English, which could exclude non-English-speaking individuals, and there were concerns about accessibility for digitally illiterate people. Finally, there was a question regarding the anonymity of the survey and whether participants' responses would remain confidential.

The presenter thanked members for their valuable suggestions.

Agenda Item: Healthcare Central London Patient Feedback

The Chair provided a brief explanation that HCL primarily has performance data for the services it directly manages, including the Enhanced Access Service and the Additional Access Service. It was noted that some primary care services in the area are delivered jointly by HCL and the Practices, others are managed solely by HCL, and some are handled independently by the Practices. Given the time constraints, the Chair confirmed that this item will be tabled for discussion at the next PPG meeting.

Action: Item to be tabled for discussion at the next meeting

Any Other Business:

- Next meeting: Scheduled for 15th January; the main agenda item is yet to be confirmed.
- Regent Health PCN event: Taking place on 5th November; further details will be shared shortly.
- Feedback request: Members were encouraged to provide any feedback on this venue.