HCL Healthcare Central London

Healthcare Central London Federation Pan-Westminster
Patient Participation Group Meeting
12th June 2025
17:30 to 19:00

- **Welcome**
  Chair introduced herself, welcomed attendees and informed all of the code of conduct for the meeting

  Agenda Item: Review of Action Log
- There were no actions

Agenda Item: NWL Local Primary Care Specifications 2025-26 NWL

This item was presented by the Head of Digital Transformation. The Access survey, commissioned by NWL ICB, ran last year across the 4 Primary Care Networks, with the aim to identify areas for improvements around access. HCL provided the following statistics to paint the picture of primary care in the NWL region:

- 13 million appointments since April 2024, which is a 62.9% increase compared to April 2023
- 1.6 million appointments in October 2024
- 70% of the appointments delivered were face-to-face

For the NWL Local Primary Care Specifications 2025-26, there will be a continued focus on improving access.

The majority of patients within HCL's member Practices use Patchs, which the HCL eHub team manages. Last year there were 130,000 Patchs submissions from patients, and it is projected to increase to 150,000 this year.

Patients accessing Primary Care through our digital hub reported high levels of satisfaction. To note, even though there has been an increase in digital tool usage by our practices, the majority of our appointments are delivered face-to-face.

Key themes, which emerged from last year, were:

- Accessibility of care, i.e. long waiting times
- Continuity of care, wanting to see the same GP
- Digital tools: lack of knowledge and awareness
- Patient communication: missed follow-ups, poor communication about delays, etc.
- Inclusivity and access: language barriers, digital exclusion

This year, we are focusing on improving all areas, including:
Continuity of care: Practices are to create a register for patients who will benefit from this. This year, we are doing an audit to flag any issues. The audit will review a sample of the patients who are flagged for continuity of care for consistency and completeness. Patients will be notified who their care

team is and how to get hold of them. The ICB has asked for this to be done at practice level, with reports at the PCN level on how well it is being implemented.

The NHS App is widely used across the Federation, and we have been given data on the percentage of patients per practice who use the app. We also plan to have discussions with practices on how to enhance the functions of the NHS App. Providing the digital route to access helps improve capacity for practices to care for patients with more complex needs.

Discussion:

- For practices which have asked for their patients' submissions to be triaged by the eHub team, are they aware that their request is being processed by an external team?
  We advertise it with this disclaimer. If the request leads to a staff member needing to call a patient, they will introduce themselves when speaking to the patient.
  Clinicians (GPs / ANPs) who do eHub help patients whose requests can be resolved immediately and pass the request on to their own GP, if required. GPs also do the clinical triaging. The service runs from 8am to 7pm weekdays (excluding Bank Holidays). Patients can submit Patchs weekdays from 8am – 6:30pm.
- Are all the 31 practices under HCL subscribed to this service?
  Randolph Surgery is currently not using this service.
- My experience with Patchs is that it is only useful when it is for passing information onto your GP.
  That is part of its function, but if the clinician needs to respond, they will be in contact with the patient.
- Who in practice decides who needs continuity of care, and what happens to patients who develop complex needs after this register has been created, or those who no longer need this level of care? Also, what about those of us who do not have complex needs but want to see Doctors we already know?
  Practices already have a register, and it is usually 4-5% of the patient population. While this would be done, patients have a choice of whichever GP they want to be seen by even when allocated their care team. Even in the Patchs consultation, we promote patient choice. In the Patch, patients can state that they want to be contacted by a specific clinician at the practice.
- How do you know you are on the register? Also, please can the practices update their websites informing patients that they have a right to choose which clinician they want to be seen by?
  You would know because you usually have a care plan every year and have complex needs, including mental health and/or long-term conditions. Best practice is to inform all patients on the register and practices are doing this.
- What is the role of the patient's 'named GP'? Is the named GP the one who makes final decisions regarding the patient's care?
  'Named GP' for all patients have been the case for many years and is stated in your GP records. It is a requirement of NHS England. The named GP is largely a role of oversight. It reassures patients they have one GP who is responsible for their care. Patients do not need to see their named GP when they book an appointment with the practice. Patients are entitled to choose to see any GP or nurse in the practice

- Patient choice and views must not be diminished, and patient choice regarding continuity of care must be maintained and not left to someone external deciding who can and who has been earmarked as 'vulnerable'. It's seriously concerning.
  The decision about continuity of care is a clinical decision by GPs in the patients' practice.
- Digital tools are important, but it is a very driven focus and it is not always about 'take-up'. Whatever the reason, including the cost-of-living crisis, there are cohorts of our community not on IT. It's important to provide choice and not increase exclusion, as it may be perceived as discriminatory.
- Regarding the NHS App, there should be a standardised function across all the HCL practices to ensure consistency in what patients can do on the app.
- The NHS App does not have many functions, everything on there can be done through other digital tools, and registration does not necessarily mean usage.
  The ICB has indicated that some patients have no awareness of the app or how to navigate it. This year, we will work on increasing awareness. The ICB has asked for a 10% increase in registrations by March 2026 and to identify barriers to use.
- What is the update on the hubs HCL tried to implement early last year?
  The hub services we provide are primarily booked by practices for patients with acute health needs on the same day and evenings. eHub service clinicians also offer appointments to patients. Last year, we delivered 16,000 appointments in the Additional Access service (available weekday afternoons excluding Bank Holidays).
- What happens if a GP surgery decides to reduce the number of appointments in their own practice and refer all their patients to these hubs?
  The services would not have the capacity to meet that level of demand. Appointments are constantly monitored in terms of which practices are booking, and which are not, and this is discussed with them to understand any issues there may be. Appointment usage within the hubs is discussed at a monthly meeting attended by representatives from HCL and the PCNs/practices.

Agenda Item: HCL Patient Feedback – Response Levels

The Head of Communications and Engagement presented this item on behalf of the Head of Service Delivery. Since October 2024, we have implemented one feedback form for all HCL services, shaped by feedback from this PPG forum. We send a text with the link to the form to patients' post-appointment, but each service has its version of the message. Patchs is the only service where patients are sent an email instead. *HCL spoke to the service provider for Patchs regarding a text message with the survey link but they confirmed this option was not feasible.*

Five out of twelve of our services received 20 responses to the survey from January 2025 – May 2025. We wanted to discuss the factors preventing patients from responding and get recommendations on how to improve the response rate.

For Patchs, sometimes the feedback form is sent before the query has been resolved (for example, eHub completed the Patch but the patient is now waiting to be seen in the Enhanced access hub), so we want to understand where in the process we should collect feedback from patients.

Questions and Feedback:

- Some of the text messages are not clear, and a patient with multiple appointments around the same time may be confused as to which service the text message is referring to. St Mary's Hospital sends their feedback request text message about an hour after your appointment.
- For Patchs, the email should be reviewed to make the content clearer.
- Patients are more likely to answer the form once their issue has been resolved. It is a big ask to expect feedback when they are still receiving care and are worried about their situation.
- St Mary's Hospital have a really good system and GPs could emulate them. Their form is very simple and only has a few questions which are easy to complete.
- The text message should be discreet for certain services such as sexual health clinics, but for other services, the name should be included to help patients identify where the text came from, especially those with numerous appointments.
- The emoji in the text is helpful.
- The text should not pressure patients. Wording such as "We would be grateful if…" is better, with dates and mention of which service, while omitting certain services as needed.
- The timing of the text is also important and emojis may not be suitable for everyone.
- The spacing and layout of the message, including use of images, makes it more accessible, particularly for neurodivergent patients.
- Please can you send through the FFT responses for my practice to be discussed at our Practice PPG.
  HCL does not have access to FFT responses for individual practices. The PPG must approach individual practices.
- You should have a database of emails for every patient who has used Patchs. In line with GDPR guidelines, we may be able to speak to them to better understand the barriers to giving feedback. This could also help with recruiting for this forum.

- **Action: Speak to St Mary's Hospital regarding their feedback form**
- **Action: Review GDPR guidelines around emailing eHub registered patients re 'marketing or research' questions. Query submitted to Patchs Support Desk.**
- **Action: Test different messaging techniques using PPG feedback**

Agenda Item: Electing Patient Chair for HCL PPG
We shared the job description with members of this group ahead of the meeting, calling for expressions of interest and for Practice Managers to circulate it further to their patients. We are looking to recruit a Chair this evening. We have not received any requests. This is part of the changes we want to make to ensure the forum is patient-led.

Questions and Suggestions:

- You need to target all the practices. How many Practice PPG Chairs are aware of this? More than half of the practices do not even have a PPG, and I know there is a borough-based

initiative to monitor Practice PPG forums.
We did share with all practices but received no response.

- You need someone who understands the importance of the role and has the time for it.
- If the job description has been shared and there has been no interest, it should be reviewed, and better ways to promote it should be explored.
- One way of doing this is by recruiting more patients to the forum to increase the chances of someone being interested in the role.

- **Action: HCL to review job description and incorporate any patient feedback**

Any Other Business:

- Regarding the contract awarded to HCL by NWL ICB for Access, can we see a copy of the proposal? Patients are stakeholders, so they should be able to see it.
  From our current knowledge, we are only aware of the Local Specification discussed at the beginning of this meeting, which outlines the priorities. The deadline for submission is 30th June 2025, with £2.50 per patient. The proposal has been shared via Practice websites.
- Will there be separate proposals for each PCN to recognise the different needs? Also, how do you plan on achieving the co-production required?
  We plan on submitting a plan with sections included for each PCN. There is no formal co-production requirement, but there is an emphasis on ongoing patient engagement, and we are making plans for this.
- We could have reviewed the Access Plan at this meeting.
  That is right. The plan also gets feedback from practices and all the points raised here are valid. These are very important discussions to have.
- At the previous meeting, there was a heavy focus on the NHS App, with no mention of Patients Know Best. Given the low patient uptake of the NHS App, it was suggested that offering training sessions at individual practices could help increase usage. HCL could consider covering the cost of promotion and delivery, rather than leaving this to practices. This might provide a clearer picture of the impact of current efforts.
- Despite many years of involvement in PPG committees and CCG forums, it remains unclear what specific support HCL provides.
  Healthcare Central London (HCL) is the GP Federation for Westminster, supporting 31 practices with service delivery, staffing, and system-wide coordination across four Primary Care Networks.
- I am respiratory-based but have only just found out that Vincent Square is housing one of the two respiratory hubs in Westminster. Is there a newsletter giving out your updated information? No info on the respiratory hubs has been circulated.
  Information on all HCL services, including the spirometry service based at Vincent Square, is available on the HCL website.

- **Action: To explain HCL, PCN and Practice structures at next PPG meeting**

The Chair thanked everyone for attending and contributing to these very important discussions. The feedback will be shared with the practices.