

Minutes OF The Patient Participation Group (PPG) Meeting for North 2 Islington Primary Care Network (PCN)

14TH NOVEMBER 2023

Location: Hanley Primary Care Centre

Time: 18:30 - 20:00

Attendance at meeting:

David Cole – PCN Operational Lead

Bianca Goncalves – PCN Manager

Epandi Samakuva – Social Prescribing Link Worker

7 PPG members

Meeting MInutes:

Meeting Chaired by David Cole.

Introduction of the support team for this group:

David Cole introduced Bianca Goncalves and Epandi Samakuva, the management team supporting the PPG.

What is a Primary Care Network (PCN)?

PCN: A group of GP Practices working together to provide access and integrated care to local population. This is a nationally mandated programme, being carried out by groups of Practices across the country.

Our PCN: Known Formally as 'North 2 Islington', consisting of 8 GP surgeries

- Andover Medical Centre
- Archway Medical Centre
- The Beaumont Practice

- Goodinge Group Practice
- Hanley Primary Care Centre
- Junction Medical Practice
- Rise Group Practice
- Stroud Green Medical Clinic

What is the plan for this group?

The PCN PPG will function in a similar way to the practice level groups, with the aim of keeping patients informed and updated on any PCN services and seeking feedback/input to ways in which services can be improved.

David explained that the hope is that we can discuss items and upcoming services which affect all of the Practice in the PCN, and get your input on the decision making which goes into these services.

David also explained that while we may initially suggest some topics for discussion, we hope that the group will suggest areas which concern them, or projects they would like to support, which the management team could help to set up.

David asked that we avoid any queries or feedback which relates to a specific Practice, as we will have patients attending from each of the eight Practices in our PCN

New Staff Types, or What is a Social Prescribing Link Worker?

PPG members were unaware of Epandi's role. Epandi provides Social Prescribing Link Worker (SPLW) support to all of our Practices.

David explained that one of the response for the formation of the PCNs, was the provision of a new budget for all Practices, to be used to add new staff to the teams. This budget can be spent on a number of roles, but not on the traditional GPs and Nurses the group would be familiar with.

David gave a description of the roles included in the programme -

- o Practice Pharmacist Able to support with medication management
- o Physicians Associate Able to support with mild medical conditions
- o Mental Health Professional Support with mental health conditions
- o Physiotherapist Support with pain management and musculoskeletal conditions
- o Paramedic Able to support housebound and care home patients
- o Health and Wellbeing Coach Able to provide advice and support on healthy lifestyles
- o Care Coordinator able to provide advanced administrative support to groups of patients

o Social Prescribers – Able to support with issues related to housing, employment issues, loneliness etc

PPG members raised that the role titles of Physicians Associate and Social Prescribing Link Worker, and that these could be misleading to patients. We explained that these are standard roles and role titles, designed at a national level, and that we have no input or flexibility in their use.

PPG Members also raised concerns about the suitability of these new roles to manage specific health concerns. David explained that each member of the team is given ongoing support with the management of cases, by the Practice at which they are based. Where they are presented with a patient which is outside of their training and experience, they have available support from a GP at that Practice.

Some of the PPG still had concerns about the integration of these roles into the Practice teams. David explained that each of the roles is trained and capable of managing a group of patient which would have previously been given an appointment with a GP. With demand for GP appointments very high and growing, we hope to use the integration of these new roles to free up additional appointments for GPs to manage patients with more serious issues.

Action – The management team will review the current approach to describing these new roles, on the Practice Websites, along with how we describe where these roles are available. We will send the text used to the members of the PPG, to ask their input and make sure it is appropriate.

The PPG also asked how a Practice will highlight to a patient the type of staff member they have been booked in with.

Action - The management team will review the current approach at each practice and feed back to the PPG.

Challenges with getting an appointment:

A number of PPG members raised issues with access to appointments and issues with contacting the Practices by phone at 8am to book an appointment.

David explained the issues with patients not attending appointments which had been booked more than a week ahead. As a result, Practices have made more of their appointments only available on the day. This has significantly improved the number of appointments wasted by non-attendance.

David also explained that along with the new roles described above, we have increased the number of GP appointments available to all Practices.

Action - the management team propose a specific group to discuss how Practices manage access to appointments, so we can explain the thinking behind our approach, and get detailed feedback and

suggestions from the PPG. Please contact Bianca or Epandi if you would be willing to attend and support this group.

Being informed of test results:

We discussed the approach to communicating what patients need to do to receive test results.

David was asked what power he had to enact the requests of the PPG. He explained that the Practices in the PPG meet monthly, and he will take forward any agreed suggestions to these meetings and represent the PPG.

We could not at this meeting agree a single preferred approach to how test results can be contacted to Patients.

Action – The management team will review the current approach to informing patients of test results, and ask that Practices review how they inform patients of their process. The Management team will feed this back to the PPG.

What we can do together going forward:

David suggested an interested PPG members could contribute to a working group on access to appointments, so that we can have a more detailed discussion of this.

David also suggested that PPG members with a specific health condition could act as a 'Therapeutic Champion', providing feedback on the patient experience of the regular support and tests which Practices are asked to provide.

David informed the PPG of £5k funding opportunity earlier this year, which was offered by Islington Council to support a community project. The PCN would be unable to apply for this funding but if the management team are made aware of a similar opportunity in the future, we would encourage any interested members of the PPG to apply together, and we could offer administrative support.

Action – If you are able to support the access working group, volunteer to act as a therapeutic champion, or have any ideas about community projects, please contact Epandi or Bianca to discuss.

Next Meeting:

We propose booking in the next PCN PPG Meeting in three months. Please feel free to feed back on this timeline.

Thank you again for your time in attending our first meeting, and we hope to see you all next time.