

**Patient Participation Group**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Minutes of Meeting: 15 August 2024** | | | | |
| **Present** | Colin Berthelsen (chair)  Dr Liz Hermaszewska  Gerry Kurzon  Ginny Nevill  Sharon Pink (Minutes)  Stefan Sieradzki  Susan Smee |  | **Apologies** | Jan Choopani  Mary Egan  Caroline Field  John Grossman |

Note: explanatory notes for regularly used acronyms are provided at the end of the Minutes.

**Updates from Dr Liz on Mountwood matters since last meeting**

**British Medical Association (BMA) ballot on collective action**

Dr Liz reported that the practice has placed an item on the Mountwood website (under the News menu <https://www.mountwoodsurgery.co.uk/News/a2636c4c-a037-4261-b1da-01ee96e314d7>) in response to the recent ballot of GP partners by the BMA, the industry association for doctors and medical students. The result of the ballot is an overwhelming decision to take collective action in an effort to persuade the government to discuss designing a new and better contract that will safeguard and improve general practice for the future.

There are a number of options in relation to the proposed action and at the time of our meeting no decision had been taken as to which would be adopted. Dr Liz confirmed that practices within the local PCN will agree to adopt the same measures and discussions are taking place to determine which will apply.

Dr Liz explained a number of the additional and growing demands on GPs time that have led to this situation. These include the additional workload from hospitals referring MW patients back for the GP to arrange the next steps in treatment, even if this would be within that same hospital. It also includes the need to validate and/or re-test where MW patients have self-referred to private healthcare services either within the country or overseas and bring test results or requests from other doctors for treatment, additional tests and medication. A significant additional administrative workload underpins the increased clinical support now required, and this brings additional resourcing costs.

Dr Liz also explained that while GP funding is often perceived as being mainly for doctor salaries, in real terms funding has to cover the overall activities of the practice, including administrative and support staff salaries and all site facilities and utilities costs. Recognising too the role of the front-line telephone support service in patient satisfaction, MW has placed strong emphasis on these services to achieve rapid telephone response times.

On other matters, the Waiting Room and communal areas are going to be redecorated and there is no update yet from the PCN on the trial to enable PATCHS access more widely during the working day.

**NHS annual survey results**

Dr Liz reviewed with us the NHS England 2024 (new format) Patient Survey results, comparing Mountwood versus ICS (Integrated Care System) versus National results. 331 surveys were sent to Mountwood patients and 103 surveys were returned (31%). The practice and the PPG would like to pass on their thanks to those who responded.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Mountwood** | **ICS area** | **National** |
| **ACCESS TO PRACTICE** |  |  |  |
| A Phone – easy access | 58% | 58% | 50% |
| B Website - easy access | 23% | 51% | 48% |
| C NHS APP – east access | 27% | 49% | 45% |
| D Reception/Admin helpful | 84% | 81% | 83% |
| E Access to preferred professional | 27% | 41% | 40% |
| **LAST CONTACT** |  |  |  |
| A Knew next step after first contact | 91% | 82% | 83% |
| B Knew next step after two days | 89% | 91% | 93% |
| C Your experience good | 65% | 70% | 65% |
| D Offered choice time or day | 54% | 61% | 53% |
| E Offered choice of location | 5% | 14% | 13% |
| F Waited right time for appointment | 73% | 63% | 66% |
| G Person seen good listener | 91% | 85% | 87% |
| H Treated with care and concern | 88% | 83% | 86% |
| I Considered their mental wellbeing | 76% | 73% | 73% |
| J Had all info needed about them | 93% | 91% | 92% |
| K Confidence and trust in professional | 96% | 91% | 92% |
| L Involved in care & treatment decision | 95% | 89% | 91% |
| M Felt needs met | 98% | 89% | 90% |
| **YOUR HEALTH** |  |  |  |
| A Help from local services in last 12 months | 62% | 63% | 68% |
| **OVERALL EXPERIENCE** |  |  |  |
| A Good overall experience | 71% | 74% | 74% |

**Family & Friends feedback data and switchboard**

As there are not many reports that are sent in via the Family & Friends survey, the PPG requested that the results from that survey and also the regular summaries of switchboard data are put on the website by the practice rather than just issued by our group via PPG Minutes. Dr Liz agreed that this would make sense.

**Presentations to patients**

The patient feedback from the recent workshops has been overwhelmingly positive, with a number of patients having also formed self-help and information-sharing groups including on WhatsApp after the workshops. Dr Liz again thanked the PPG for supporting the workshops and we agreed that more will be arranged on topics of interest to different patient groups, with an optimum frequency of one per month.

The last workshop in the current series is about COPD (Chronic Obstructive Pulmonary Disease) and will be held on 9 October at Mountwood, from 1-3pm.

**Patient communications**

The new screen in the Waiting Room acting as an electronic noticeboard with the rolling presentation has been largely well received. As noted previously, the PPG can request any information to be added to the presentation – currently there is a screen mentioning the PPG and how to join, with this information also in printed form on our noticeboard on the wall opposite.

**Purpose and work of the PPG**

Following up on feedback from some current and former members of the PPG, the group had a discussion about the role of the PPG, what the PPG is and could be, what it can achieve and how having the PPG can benefit patients and the practice. Various discussions also have taken place with patients both of MW and other surgeries, people who are members of other PPGs and looking at different forms of PPG such as the Pinn Medical Centre’s Patient Association which operates autonomously as an independent charity with its own constitution.

We will continue these discussions over the coming months, and will also look at suggestions that have been passed on to us including the formation of sub-groups to support specific areas of activity eg communications and special interest groups. Any recipients of these Minutes who would like to contribute to these discussions are welcome of course to attend PPG meetings. We will also be happy to arrange some evening meetings so that people who cannot attend during the day can join us.

**Next meeting**

The next meeting will be on **Thursday 19 September** at **2.30pm.**

**Definitions and Explanatory Notes**

**Integrated Care System (ICS)** – partnerships that bring together NHS organisations, local authorities and others to take collective responsibility for planning services, improving health and reducing inequalities across geographical areas.

**Integrated Care Board (ICB) -** planning and funding health and care services in the area they cover i.e. primary health care, doctors, dentists, chemists and secondary care being hospitals, rehabilitation etc.

There are 42 Integrated Care Boards (ICB) in England, with around 1,250 Primary Care Networks (PCN) reporting to them.

There is one **ICB** in each **ICS** area.

For Mountwood our ICB is London North West, known as NWLICB. It includes 8 London boroughs: Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington & Chelsea, Westminster), responsible for over 2.1 million patients.

NWLICB has 45 PCNs reporting to it.

**Primary Care Network (PCN)** – The aim of a PCN is to build on existing primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care for people close to home.

Our PCN is North Connect and covers the following surgeries in addition to Mountwood:

* Acre Surgery and Carepoint Practice (both based at Northwood Health Centre);
* Acrefield Surgery in South Ruislip;
* Devonshire Lodge in Eastcote;
* Eastbury Practice in Northwood;
* The Harefield Practice
* Mountwood Surgery, which is the largest practice with over 11,000 patients.

The PCN is based in the same building as Eastbury Practice and works with the seven surgeries to organise the sharing of services and provide support to Practices – including support to Patient Participation Groups (PPGs).

Our PCN has recruited a growing workforce of pharmacists, mental health workers, health and wellbeing coaches, social prescribers, physiotherapists and other clinical roles that will deliver services for patients across the neighbourhood and help them if they need to access other health or social services if needed.

**Care Quality Commission (CQC)** – the independent regulator of health and social care services and organisations in England.

**British Medical Association (BMA)** – this is the industry body for doctors and medical students. They say “The BMA represents, supports and negotiates on behalf of all UK doctors and medical students. We are member-run and led, fighting for the best terms and conditions as well as lobbying and campaigning on the issues impacting the medical profession.”