MARYLEBONE HEALTH CENTRE
PATIENT PARTNERSHIP GROUP
Minutes of virtual meeting 08.04.2024

Meeting Chair: (JM)
Present: (YT), (BD), (JMcG), (SF), Jeanette Creaser (JC)
Presenters: Kunle Awosanya, Liban Abdi from Health Care Central London (HCL) - the local GP Federation

1. Apologies-, Dr Andy Goodstone (AG), (BH), (SL), (CB) (MB)

2. Pre Meeting: Health Care Central London GP Federation – Telephony Project at Marylebone and across Central London - Speakers Kunle Awosanya / Liban Abdi

2.1 Telephone Surge Access Programme**:**
Attending presenters, Kunle and Liban introduced HCL and described the planned programme of telephone support for GP practices which is being piloted across 3 sites. This is not intended to assist the surgeries medically, but to give an added pair of hands and reduce the risk of patients calling and not getting an answer.
From data, that HCL have from the telephone providers, MHC staff are very quick at picking up calls, the wait times are very good and MHC miss very few calls - so it was a good surgery to use as part of the trial. The presence of the 'Surge' support team means overflow calls can be diverted to care co-ordinators who have undergone training and accreditation from the Practice Index and then via MHC in our case. Practices can decide which calls to divert to the team and if the team is not manging to deal with a query they can transfer the call back to the practice.
Kunle described how they plan, based on the number of calls answered, to know what is a 'Surge' call and then the Surge support team kicks in. The team do not work from a script but the practice has systems built in for the manager to indicate what is needed or to indicate when to leave a message on the system. The team also manage E-consult and PATCHS. They will have access to clinical records for the call if appropriate and may be working remotely.

MHC, like many practices, have moved to a cloud based telephone system called Surgery Connect which is digital technology over the internet. It includes a Px call back option and reduces the option of the message from practice. It can help with items such as sending images of skin conditions and it also allows flexibility by staff to work remotely. Basically the cloud telephone system means resources can be shared across practices. PPG feel this is a better system as do the surgery staff. This system has excellent functionality and enables the ability for different work streams

2.2 E Hub
Kunle and Liban described the role of the E Hub and the work they do managing PATCHS which has progressed naturally from offering the telephone support service. It is initiated by working with the practice team and learning from them so the E Hub team understand the practices systems.
JC described how this has worked at Marylebone. The E Hub team have worked with MHC staff to understand MHC systems, know our staff and with safety and risk built in. The support service enabled the Practice to hold a vital team training as since 1st April the practice could not turn the phone off for a training day. While they picked up a small numbers of calls (3 an hour) it offered great contingency - that was 3 Pxs who otherwise may have had to request a call back.

PPG were pleased that Marylebone's standards would be provided by the E Hub and that this was helpful for the MHC team to be able to attend training. It was good hear that Marylebone provide a good telephone response and anything to help Pxs reach a voice is helpful. However, there was concern that E Hub staff may work from home. Despite reassurances the PPG likes MHC's no working from home unless exceptional circumstances policy and so would want to be assured that this is the same at HCL.

PATCHS will be dealt by the care co-ordinator but they cannot deal with above basic information. If in depth help needed it will be passed to a GP. System 1 is now called System Connect, this is linked to our records which the care co-ordinator can see and write notes in. The Px will get a notification and then can see what is happening to their message or request. We piloted it to a few members of the PPG and it seemed to work, but true needs would be more useful. This system appears more user friendly than PATCHS from the feedback.

PPG feel we should remind Pts of the OPT IN/OPT OUT option. Action JC for newsletter

3. Minutes of last meeting: Reviewed Minutes 19.2.2024. Correction SF requested JC send example of communication. Minutes indicate SF to send JC information she may wish to share.

4. Matters Arising: Nil

5. Practice Update
a) Staff Changes –The next F2, Tenzin Brookes, has joined whilst Dr Drew will be absent until the earliest June return date so Dr Raj will soon be increasing sessions and other GPs are providing regular locum sessions. Daniel O'Donnell, the deputy PM, is undergoing training which is going well. JC is pleased that we have been able to support staff celebrating EID by offering flexible working.
b) Imms campaign- discussion about poor MMR uptake. SF will write an article for the newsletter having seen our present leaflet
c) Changes to appointment system - MHC is open (phones and reception) from 8am-6.30pm. 7am appt slots have now stopped as this stretches the staff resource too thinly.
d) JC just reminded PPG that the CCG has now 'closed' and been replaced by NHS NW London. This has meant we have a very small number of local commissioners and the ability for GPs to be involved at NWL Level in service delivery and planning locally has greatly reduced.

6. Stakeholders
6.1 NW London PPG Webinar - JM attended.
Dental Support - For dental care staff education on oral health is needed to encourage childrens early use of help and support as well as understanding the need to attend a dentist.
Same Day Access to Primary Care - Even though there are more GP appointments post COVID there is more of a need for services so improving access is paramount. The ideas discussed are to help with emergency appointments via access to a Hub that gives practice availability. The NHS want to bring PCNs together to improve same day access. However there were worries that this would be a drastic change so the ideas will be rolled out slowly with adequate consultation that it was agreed had not been done appropriately so far. It was also mentioned that the PCNs do not engage with PPGs which is vital in this development. Each individual PPG is entitled to design their own model, so whatever works for the individual practice, whilst each PCN needs to do the quality framework on what is needed and how the practice will meet demand. It was agreed that any triage from a phone call would be supervised by the most senior clinical person on the day.

7. Newsletter
The newsletter content discussed and YT will do further proof-reading.
To be included: Change of meeting date for PPG/OPT In and Out/SFs article on vaccinations/Welcome/New website/COVID boosters.

8. Website
MHC have a new website and PPG are asked to look at it and feedback to JM.

9. Px complaints

A- Px called reception and asked to speak to the duty Dr- told reception they had a long standing medical condition. Reception said long standing condition not considered for same day Dr. Px explained that symptoms worsening and need to speak to a GP. Reception did not listen and although the Px was added to the Dr's list it was after much unnecessary discussion. JC described the fine line between staff following guidance, using judgment and not making a clinical decision. Team had done active learning training and revisited criteria for adding Pxs to the duty Dr list. There was also a discussion in-house about different boundaries Drs set and the importance of staff feeling supported to add Pxs onto the list if they have concerns. PPG pleased that MHC took the issue seriously and used their learning to improve the system.

B- Px asked to be referred to see a consultant who then referred them on for a scan which involved radiation. Px unhappy this wasn't explained. PPG felt MHC can't spend time giving details of what tests may or may not happen in hospitals as this would be resource heavy. But perhaps send a 'what you can expect' message when Pxs referred. Action JC to discuss with Gill who manages all referrals

10. AOB

10.1 Westminster Carers will be Invited - Postponed until BH at meeting

10.2 JM and others away on May date. PPG agreed to change date from 20th to 28th. Action JC to amend details on website and waiting rooms.

10.3 JC has added glossary to end of all meeting Minutes.

10.4 HCL PPG meeting 9.4.2024 - JC and JM attending for MHC

Meetings 2024 28th May, 1st July, 12th August 23rd September, 4th November 16th December

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'Working in partnership to achieve the best possible healthcare for our patients'

Glossary;

1. CLH – Central London Healthcare (GP Federation)
2. CLCH – Central London Community Healthcare (Community Services ie District Nurses)
3. CNWL – Central North West London, Mental Health Team
4. DNA – Did not attend (appointments made which patients then fail to attend for.)
5. DR – doctor
6. GDPR – General data protection regulations
7. GMS – General Medical Services (generic practice type of NHS contract)
8. HCA – Health Care Assistant
9. Healthwatch – Patient Scrutiny Group
10. ICB – Integrated Care Board (Previously CCG/Clinical Commissioning Group)
11. MDT – Multi-disciplinary teams (often used to describe MDT meetings)
12. MHC – Marylebone Health Centre
13. NWL -North West London
14. NAPC – National Association of Primary Care
15. NHSE – NHS England (Manage the whole NHS)
16. OTC – Over the counter medication which can be brought without a prescription
17. PATCH's – Electronic Consultation System
18. PCN – Primary Care Network
19. PiP – Practice in Partnership Contract
20. PMS – Personal Medical Services (a practice type of NHS contract individually agreed)
21. PPG – Patient Partnership Group
22. SystmOne – GP's IT/Clinical System
23. WSIC – Whole Systems Integrated Care Programme.

Post chair

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