**Brixton and Clapham Park PCN PPG Zoom meeting 20/5/2020**

**Present:** JP(GP), AB(GP), DS(PM), CN(PM), LC (Assistant PM), CP (Link worker), PTS ( Citizens UK Lambeth & patient), NK (Chair, Patient), MS (Patient), CG (Patient), R G (Patient), H S (Patient), WHL (Lambeth PPG Network)

**Apologies:** RB (Patient) R M ( Patient) FM ( Patient) DB (Patient) DR (Patient) AK (Patient)

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|  | **Agenda** |
| **1.** | **Welcome and introduction**  NK welcomed everyone to the meeting and invited participants to introduce themselves.  PTS explained that she works for Citizens UK Lambeth, who are working with Hetherington and Pavilion surgeries. Citizens UK in Lambeth includes an alliance of 18 institutions from different sectors. The areas of focus come from the membership , and these include concerns similar to those raised today. They campaign and hold meetings and during the lockdown, have had meetings with Lambeth Council to look at gaps in services. |
| **2.** | **Primary Care Network update**  Dr JP, who is the Clinical Director of the PCN, explained that a Primary Care Network is the new grouping of surgeries being organised in the NHS nationally. Our PCN is called Brixton and Clapham Park, and is formed by the 3 practices, Hetherington, Pavilion, and Clapham Park surgeries who remain as separate surgeries, but are now working together, sharing information, resources and learning across the PCN.  In the past 2 months joint working has been very beneficial. Working as a group has enabled things to continue, even when staff have been off sick. The Practice managers have worked very hard to enable good communication with more people working from home and sharing resources , like the nursing service, when needed. The changes were made possible by support from other clinicians and services like the At Home team and pharmacists.  ***She would like to find out what the patients’ experiences has been during this time of change.***  The pace of change has been incredible. The practices had to reduce the number of patients coming to the practices, and have been using phone and computer based consultations where appropriate. These changes will continue to evolve.  Dr AB thanked patients for their support and patience, understanding the need for change and stepping up to accommodate the changes.  DS explained that they worked hard to resolve the communication issues and to adjust to staff working from home and the result has been positive.  NK asked about care home situation and Dr JP explained there is no CQC registered **care home** in this PCN. Practices have been in contact with wardens from **sheltered housing** to ensure residents are well.  With **mental health hostels**, the practices have been working with the mental health team to ensure support is available.  Practices have also been able to reach out to homeless hostels, and services, including those on South Side.  **Patients with COVID and NHS 111**  After Easter, the practice allocated a special room to see patients with suspected COVID symptoms but this has now been stopped to make the practice and patients safer. The practices have used mainly phone, video and online consultations, with visits to the practices made by appointment only when needed.  Hot Hubs have been set up elsewhere in Lambeth to assess those patients with suspected symptoms but do not require hospitalisation.  Our practices have been working to improve palliative care and medication for some patients and to make sure they have proper care in their own homes. She said there have been successful stories but also sad stories.  Where are we at now?  The practices are have worked to ensure the surgeries are safe for patients to come in, if needed. She does not want patients to hold back from contacting the practices, consultations can be done from a distance, by phone and online, and through Econsult from the surgeries website. The surgeries need to keep their waiting areas as clear as possible.  **The message to all patients is:**  **We are opened though in a different way, please contact us when you need us. But please recognise that we are still working on improving all the ways we can work with you.**  **Comments from the meeting:**   * **:** I have had 3 consultations during this period including 1 video consultation. It has been fantastic and think this should continue post COVID because it saves time and travelling. * While the message at the beginning was very confusing, the practice has been superb with her 2 consultations. Though she still preferred to see doctor face to face sometimes because somethings do get lost with tech but the digital services should stay. * **:** I have tried eConsult and was quite successful but it was not for major problem, not sure what it would be like for major problems.   **Dr AB:** eConsult has helped the practices to manage cases and to balance patient flow.  **Dr JPr:** The eConsult system that patients use to contact the surgery has been a huge help for patients not to have to call back to book an appointment. All submissions through eConsult are logged and lead to an appropriate response from the doctor, which could be a phone call, a text, a prescription or a invitation to come to the surgery- whatever is appropriate.   * What happens if a patient does not speak English?   **Dr JP:** It is possible to arrange a 3-way phone call with interpreter, have not yet tried video consultations. A patient can request an nterpreter with an online form or by phone.   * My husband has mental health issues and has used eConsult , and services from the Community Mental Health services by phone, which have worked well. * With eConsult, is it possible to request to see and stay with a specific doctor if you have a complicated issue?   **Dr JP:** continuity of care is really important. One of the questions on eConsult was about the specific doctor that you wish to see. Efforts will be made to meet this request, but if it is not possible, the patient can always ask the doctor to book the next appointment with a specific GP.  **Social Prescribing Link worker’s role**  C P explained that in the past 2 months, her role has changed, and she is working with the primary care team to focus on meeting the urgent needs of the patients on the shielded group of severely vulnerable patients.. There is a guide she uses to ensure she gives up-to-date information on services and support.  **Dr Boyd:** CB is doing a great job in calling and checking on these patients and has made a difference.  **Impact on equalities**  We discussed the equalities impact of Covid 19. Dr JP explained that 20% of the practice staff are from BAME background and they have ensured all staff have been tested and safe.  There are some health conditions that increase the inequality , with high prevalence locally, like diabetes, hypertension and mental health. Ways to support people with poorly controlled conditions is being looked at across Lambeth. Access to technology is another area of real concern.  The practice is worried that the message that the practice has not reached all those in need, so it is really important to get this message out to all patients- that the practices are open.  **Dr AB:** There is an opportunity now to push for life style changes and that you can help yourself as we are seeing this is partly a life style disease. For example: exercise at home can address the issue of patients who said they could not go to the gym. |
| **4.** | **Digital Programme**  One of the recent projects in our PCN is the eHub pilot.  CN explained that the eHub pilot ran from Jan to April this year, allowing practices to run eConsult collectively across all 3 surgeries. All eConsult submissions are triaged and given appropriate responses. Patients may have spoken to GPs who they don’t know, but all clinicians can see the patient’s record. Overall, staff have enjoyed working together and the method was beneficial. Going forward, we need to be better equipped as online consultation will still be offered to patients. We know the form can be tedious but it provides good information to the GP, which is more important now because patients are not seeing the GP face to face.  **Digital Champions**  WH explained that the PPG Network was commissioned to deliver a digital champion programme alongside the eHub pilot. The aim was to help build patients’ confidence in using digital technology for health care. The project recruited and trained 10 volunteers, some are PPG members and they started drop-in sessions in the 3 practices and organised 3 workshops. Unfortunately, the project had to be put on hold as a result of the coronavirus. Feedback from people we spoke to was positive and there was an eagerness to learn. The workshops were attended by mostly older BAME adults, indicating that could be an area of focus going forward. It is hoped that the project can continue after the lockdown has been eased.  **Dr JP:** We have heard good feedback on the project, and are really keen to explore how to continue this .  **Dr AB:** data from evaluation on eConsult indicate that the user profile matches the practices patient demographic profile.  **MS:** Tulse Hill ward has a project on technology to support learning at home.  **PT:** Citizen have looked at how to allow people to participate, one way is to encourage people to go online with 1-2-1 mentoring. More collaboration is needed.  ***It was decided to set up a subgroup meeting on Zoom to carry on this conversation on Friday 29 May at 12pm, Craig, Maureen, Paulina,Rosemary, Wai Ha are interested. Nicola will send invite.*** |
| **5.** | **Compassion in Dying programme.**  The PCN is part of a Lambeth wide project looking at improving Care Planning at end of life , working with a voluntary organisation called Compassion in Dying.  Dr JP explained this is a huge and important issue during this pandemic. She is in conversations with the Patient Group, Compassion in Dying, palliative care services and the consortium on how to work together, and how to help patients to develop their care plans.  **NK:** As part of this programme, I have attended training sessions which have included role play , which so far, have trained us on how to work with people to develop their own Advance Statement, and we have also learnt how to assist people to write Advance Directives etc. It is interesting that in conversation with JP, the surgery and our nurses think that it would be good to have these conversations in the community to help reduce anxiety, as there can be misunderstandings when this is suggested directly by a clinician.  There will be further training courses to roll out the of training of care planning supporters to provide one to one support, and champions to promote care planning. We will publicise these dates to all PPG members. |
| **6.** | **A.O.B.**   1. NK informed the meeting that the new merged South East London CCG meeting will be held on 21 May, it will be streamed online meeting and there are 2 points in the meeting for public questions, one for those submitted before the meeting, and one for questions during the meeting. 2. DS suggested that Zoom meeting can allow housebound patients to attend, she is happy to identify and invite people for next meeting. |
| **7.** | **Date of next meeting** – DS will liaise with Dr JP for a date, possibly in the week beginning June 8th. |