Patient Participation Group (PPG) Network meeting 11 Notes

Monday 17 June 2024, 6:30pm

We received 37 registrations for this event on Eventbrite and 25 people attended.

The 37 event registrations came mainly from patients registered at 14 Haringey Practices. 25 registrations for the event were from Haringey patients, and of those, 22 were PPG members. There were 12 registrations from Haringey practice staff, North Central London Integrated Care Board (NCL ICB) Public Voice, Healthwatch Haringey and others.

APOLOGIES: Adrienne Banks, Karen Doku, Yvonne Denny

Agenda

1. Physician Associates in GP surgeries - Including David Winskill, The Vale PPG and Tanya Murat, Healthwatch Haringey

2. St Ann's Road Surgery / Operose change of control including Graham Day and Diane Paice, St Ann's Road PPG

3. Update on getting a medical summary, including Tanya Murat, Healthwatch Haringey, Rose Echlin, Rutland House PPG, Steve Durbin, Data Protection Officer, Haringey GP federation and all NCL practices

4. Same day access hubs with Brenda Allan, Queenswood PPG

5. Announcements /AOB

1. Physician Associates in GP surgeries

David Winskill recapped about the death in their practice and attempts to engage with NCL ICB. Patients came up with

suggestions for helping patients understand the scope of practice of PAs, how they introduce themselves and how to complain.

The five actions requested by PPG Members and backed by Healthwatch Haringey in the meeting with NCL ICB, Katherine West MP, local Healthwatch and the GP Federation in February 2024 were:

1. The ICB adds a PA specific webpage to its site – description, limits of competency, patient choice, how to complain.
2. ALL practices employing PAs to do likewise.
3. Distribution of a patient leaflet.
4. ICB writes to all practices advising that only PAs on the voluntary register are employed.
5. Request that we continue the dialogue and that we meet again in one month for a progress report.

David has chased to try to get a response from the ICB. He has a private meeting with the ICB in a week.

PAs are in the media, e.g., on LBC,
Pulse the medical journal is a great source of information:
https://www.pulsetoday.co.uk/analysis/special-investigations/the-rise-of-the-physician-associates/what-does-the-influx-of-physician-associates-mean-for-gp-recruitment/

The BMA are demanding an enquiry into how PAs are replacing doctors, and they are taking legal action against the GMC for the way it plans to regulate PAs. David mentioned the Additional Roles Reimbursement Scheme (ARRS), £1.4bn, and it allows GPs to pay for PAs and 18 different roles cropping up in GP practices. You cannot use this money to employ GPs. This is an emerging issue. The quality and calibre of the people looking after us seems to be in jeopardy.

Tanya shared slides with an update on actions from Healthwatch England. HWE organised a round table of local HW and this informed HWE's consultation response to the GMC Consultation on regulation, which ended on 20 May.

HWE and the Patients Association issued a joint response in the form of a briefing. The final briefing will be published soon and may include these topics:

- The accessibility of the GMC consultation for patients and patient representative organisations' opportunities to engage.
- Patient and public awareness of new roles, including PAs.
- Patients' awareness of the medical professional they are interacting with, and their role and responsibilities as part of a multi-disciplinary team.
- Patient awareness of supervision arrangements for PAs

Tanya will share the briefing when published.

David stated that the centrality of the GP in organising your care is being watered down, and the ICB needs to start talking to us about this.

Paul Zickel noted that a PA is cheaper than a GP (in terms of years of training) so the aim may be to saving money. However he has been seen by a PA and the experience was superb. The appointment happened same day and she was clear she was not a GP and she would need the GP to sign off the prescription, which he got the same day.

David said that the challenge was to integrate PAs into primary care with clear arrangements for supervision and regulation.

Brenda Allan stated that the current government wants to increase the number of PAs from 2,000 to 10,000. Is this cost effective? The BMA is clear that PAs should not be used for undifferentiated diagnoses. PAs are only two-year trained. The ARRS scheme includes Pharmacy Associates, Occupational Therapy Associates, Nursing Associates. There is no profession that hasn't got a flotilla of less qualified, less experienced associates. They may be very good people but the NHS is supposed to be about highly skilled clinicians with a defined obvious role who can do the job.

Souzana Theofanopoulou, Business Manager from Highgate Group Practice shared her knowledge about the clinical team. Pharmacists in GP surgeries are trained prescribers. Some are trained for long term conditions like Asthma, COPD, Hypertension and are capable of doing medication reviews and are monitored by GPs who work with them on a care plan for the patient. The Pharmacy Technicians must follow up with repeat prescription tests, e.g. blood pressure, and send this to the GPs so the GP can review the drugs. They also know about the availability of drugs and alternatives.

David reiterated that the GPs have a core skill set, with seven years of training. You know the level of care you are going to get. There is a lack of regulation, a poor level of communication with service users and the situation where the level of supervision is left to individual practices to decide. It is important to keep talking to the ICB to get these things resolved.

Julia stated she agreed with David and was aware that patients are not told that they are not speaking a GP. They are not introducing themselves properly. Cassie Williams, CEO of the GP Federation stated that it is standard practice to expect all clinical staff if they are not a GP, to give their role. If there is a case where this does not happen, please do raise this with the practice as this is not acceptable and they would want to know and to take action. It should also be on their door.

Post meeting note
BMA taking legal action against GMC over 'dangerous blurring of lines' for patients between 'highly-skilled and experienced' doctors and assistant roles.
https://www.pulsetoday.co.uk/news/breaking-news/bma-to-take-legal-action-against-gmc-over-pa-regulation/

2. St Ann's Road Surgery / Operose change of control including Graham Day and Diane Paice, St Ann's Road PPG

Diane Paice and Graham Day gave an update following the sale by Operose of AT Medics-run St Ann's Road to T20 Midco / HCRG (a private equity firm) https://www.hcrgcaregroup.com/ before the ICB's due diligence process had been completed, taking Operose outside the rules for sale of GP surgeries, a breach of due diligence.

Graham reported that Diane has been raising concerns about staffing levels and the discrepancies between what is reported by the practice and what is happening on the ground.

St Ann's Road has now lost its Clinical Lead, there is now only one full-time GP and there are quite a few locums. He believes they are not meeting their claimed number of appointments and there is a lack of PPG engagement.

Councillor Tammy Hymas, a patient at the practice previously warned about the instability an APMS contract can cause to patients. She had concerns in 2023 about Centene (the corporate owner of Operose) wanting to sell the practice. There was a significant decline in service and 400 local people signed to say they wanted Centene to be removed as providers for GP services.

Now the ICB has three options (following the sale):

Option 1 - Monitor the practice with KPI monitoring and monthly meetings
Option 2 - Proceed with enhanced monitoring (more frequent monitoring). This requires openness, transparency and trust.
Option 3 - Terminate the contract

The May 2024 meeting of the ICB's Primary Care Committee (PCC) heard views from participants including that openness, and transparency was not there as demonstrated by the unnotified sale of the surgery. Patients did not therefore have trust. The practice had displayed a deceptive attitude to the breach by Operose.

Other ICBs in London are also carrying out their own due diligence.

Diane noted that the two Centene practices in Islington have been handed over to the Islington GP Federation.

Diane says the practice has not been honest about the staffing levels. At the last PPG meeting she pressed to get the up-to-date staffing numbers. She wrote down the names of the staff the practice gave her. St Anne's claimed to have 8.8 doctors but she could identify only one full-time GP, the rest were made up of locums with two PAs. St Ann's Road did not report under due diligence that their Clinical Lead had left. She shared that she had heard the two PAs had complained about the Clinical Lead because they were not getting supervision.

Diane said that being a patient there was a miserable experience. As patients they want a practice that is responsive. However, some patients are very impressed by the practice and have communicated this to her.

In the latest PCC committee papers AT medics now say they have 3.5 WTE GPs, not 8.8.

The ICB were concerned about the KPIs getting worse since Centene took over. Diane and Graham hope that the ICB will go for option 3. Diane hopes patients can persuade them that there is a better way to organise the service.

Dmitri asked if the ICBs who are affected are sharing information. Diane said she had asked the ICB if they know what is happening in other places.

Brenda shared that there are 60-odd practices in England owned by T20 Midco (HCRG). She thinks the ICBs do communicate with each other and with NHS England. Brenda said the PCC is likely to approve the recommendation to re-procure the contract and patients are hoping that they will directly award the contract to the Haringey GP Federation. This would avoid a takeover by another corporate entity.

Sharon Grant thanked those who had been raising this issue for so long around the practice, and she said she would like to be able to ensure that this does not happen to any other practice. She would like the ICB to come and discuss what lessons they have learnt from this experience. The biggest lesson we want them to have learnt is to listen to patients, as patients have been expressing their concerns for a long period and they were not listened to. All of us in all our practices, if we raise a red flag about what is going on, would want somebody responsible for regulation to listen to us. People have had to go to an awful lot a trouble to raise the alarm.

Diane added that the new company has loaded debt onto AT Medics, and the ICB has requested clarification about this through the due diligence process. This throws into question their financial fitness and their ability to operate the service.

Post meeting note
The PCC has agreed to reprocure (i.e. terminate) the contract. See the PCC papers of the meeting held on 18 June 2024. https://nclhealthandcare.org.uk/icb/about/meetings/primary-care-committee/
This will mean a negotiation with AT Medics about the handover period, whilst the ICB goes through the procurement process to find another operator (a few months). AT Medics can decide to leave straight away, but it would be preferable if they held on until the procurement is complete.

Article in Islington Tribune deals with the debt-loading issue: https://www.islingtontribune.co.uk/article/concern-over-debts-as-private-firms-gp-surgeries-deal-hangs-in-balance

3. Update on getting a medical summary, including Tanya Murat, Healthwatch Haringey, Rose Echlin, Rutland House PPG, Steve Durbin, Data Protection Officer, Haringey GP federation and all NCL practices

Tanya shared a presentation updating PPG members on the actions by Healthwatch Haringey and Haringey Reach and Connect.

A 'GP Health Record' or 'Medical Summary' is a brief medical summary which lists active conditions, significant history, medications, and tests undertaken at the doctors, and at the top it has the person's name, date of birth, their NHS number, and the doctor that usually sees them.

Workers for Haringey Reach and Connect and patients have been finding it difficult to obtain these documents from GPs.

Healthwatch Haringey and Haringey Reach and Connect would like to make it easier for patients to obtain a copy of their medical summary. This medical evidence is needed to get a taxi card, blue badge, disability living allowance and any sort of benefit for supported housing.

Connectors, working for Reach and Connect reported varying practices at different surgeries, and in some surgeries, it is difficult to obtain a medical summary. Some people are told they must wait 28 days. Some people are told that there is a charge. Multiple visits to housebound clients and the surgery are sometimes required, and this causes delays.

Healthwatch Haringey and Reach and Connect would like to work with the Haringey GP Federation and GPs with a view to producing guidance which is simple and easy for patients and reception staff to understand.

Ideally, we would like guidance which allows for the following:

1. Patients can walk into the surgery; they don't need to fill in a consent form and they can get a printed copy of their Medical Summary.
2. For housebound patients: A phone is call made to the surgery; the patient gives verbal consent on the phone; the third party can then pick up the Medical Summary from the surgery or the GP will send it to the patient's home address or email.

Haringey GP Federation has agreed to work with Haringey Reach and Connect to help resolve this issue. Tanya shared that Steve Durbin has said that he is happy to work with Ashley Grey and Polly Frayne from Reach and Connect to talk about possible solutions.

Rose Echlin asked her practice manager at Rutland House how they deal with this issue. Rose stated that the process is that people who want proof for a Blue Badge or so on, they will be told by receptionists that all they need is a medical summary and that can be **printed off in about 30 seconds**. But there are some elderly patients who insist on having a letter from the GP and that costs £30. The practice manager did say that whenever they have sent a summary to one of these agencies, they have never had one returned as inadequate, so the system is working fine. Rutland House PPG members are waiting for the practice to populate a new website and they will see if this information goes on it.

Steve Durbin stated the inconsistencies in GP responses for the requests occur because the requests are being interpreted according to different bits of law. The NHS app gives the 'current conditions' summary, not the full medical summary. This is commonly good enough.

You have a right to your patient information according to Article 50 GDPR which is Subject Access Right (SAR). This applies once for each piece in information in a short timescale (a reasonable time), otherwise it is chargeable. You can also ask for a medical report which is chargeable. The guidance does not mention a 'Medical Summary' being a separate thing you can have. So that is why there is a challenge.

If a GP is getting 200 requests for a medical summary per day, that could be a significant expense. We need to look carefully about how that is managed.

The 'London Care Record' https://www.onelondon.online/london-care-record/

is available to all social care and health departments, local authorities. Why is this not being used? It would be better if patients who are filling in a form to obtain services could say 'I understand you will be using my shared care record'. So a hard copy of the medical summary would not be needed.

Paul Zickel shared that for his Blue Badge the Council has said they no longer accept a GP record; this is not sufficient when applying for a Blue Badge. After 18 years of getting a Blue Badge, Paul now needs to get a letter from his Consultant, who is now retired. So for the foreseeable future he won't be getting a Blue Badge. Previously he went to Whittington Health for an assessment and this is no longer happening.

In response to a question from Dmitri Sklavounos Steve stated that if a patient's medical conditions have changed, asking for a medical summary every six months or so is reasonable, so it would not be chargeable.

Dmitri also said we can't be expecting patients to influence organisational requirements and if the organisation requires a printed copy of the medical summary, rather than using the London Care Record, this should be facilitated.

Steve agreed and said the process for supplying a medical summary is inconsistent and needs to be dealt with first, but we also need to challenge the lack of use of the London Care Record by local authorities. The first step is to ensure patients can get a medical summary over the counter, and the second step is, lets get rid of the need for them, as we already know this data, so we should use the data sharing we already have.

Sharon Grant restated that the reason we are talking about this because more and more people are reporting they are having difficulties getting a medical summary, and this is the case because more people are being entitled to exemptions of different kinds in terms of the traffic management system. Sharon said she would like Steve to put on paper the kinds of patient records and the status of entitlements to those, for us to consider so we can suggest to him what amendments are

required. We can then pass this on to Reach and Connect clients who can then avoid some of the pain and heartache that results from these difficulties. The great thing about involving patients is you get to hear the real problems and find answers to them and she hoped we are half way there now.

Polly Frayne from Reach and Connect said her colleague Ashley brought this up because this has been a problem over the past five years. Patients have to fill in multiple forms, and the bureaucracy people face is significant. This is just one of the blockers they have to get over.

Steve agreed to take the briefing already provided to him by Healthwatch Haringey to the Digital Board for North Central London and try to get some political impetus to sort it out.

Cassie Williams from The GP Federation has had one meeting with practice managers about this. Some of the challenge is the language so the use of the word 'medical summary' is not common, but most practices understand that this means 'Part of the GP health record'. Some practices indicate on their websites how you can gain access to it, but this is not consistent. It may also be that the GP Federation can provide the best practice wording for websites and make sure that everybody is following the rules.

Most practices were very clear that they should not be charging unless patients are asking for a report to be written. The GP Federation and Steve Durbin will help to resolve any instances of poor practice that are notified to them. We have to stick to SAR law and try and solve some of the individual issues. We have to make sure patients can see on GP websites, like at Highgate Group Practice, what their right to information is.

Steve Durbin agreed to liaise with Polly Frayne and Ashley Grey to take this forward.

4. Same day access hubs with Brenda Allan, Queenswood PPG

Brenda Allan shared that NHS England is introducing a new operating model for primary care called same day access hubs.

They have trialled it in North West London and Oxford and West Bucks. NCL is in line with six other pilots. Perhaps 40,000 patients have a same day access hub and all people with simple problems will be funnelled into the hub and see non-doctors, leaving GP surgeries to do everything else. This was proposed to be introduced in April 2024 in NW London, but there was huge opposition from clinicians and patients, https://www.bbc.co.uk/news/uk-england-london-68424261 so it has been temporarily paused. Oxfordshire are introducing this scheme but leaving it up to GPs whether they embark on it.

They way it works – you can go to a big hub and talk to a non-doctor about your problem, which could mean you'll end up having to go to a GP in any case, making it inefficient. It splits up primary care, like 111, it erodes continuity of care. A new Cambridge research study says the splitting up of primary care and prioritising access over continuity is a bad idea. NCL is apparently next in line. We think it is an expensive bad idea.

Cassie stated the same day access hubs in NW London are not being considered for NCL. People do want continuity of care and this is important. The initiative comes out of recommendations of the Clare Fuller review https://www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/ continuity for some, different ways for others. It is true that NCL is going to be a pilot but what the GP Federation understands - two PCNs would be involved. They will be given money to try certain things, and same day access hubs might be part of that. There is no enthusiasm from Haringey practices to try same day access hubs.

Brenda said there are financial carrots and sticks for GPs. The Fuller Stocktake Report is a bit out of date already in some ways. If there is money in the kitty it should be used to improve access to existing GP practices, not send it off to a factory of non-doctors to make a mess of their first contact.

Cassie said Haringey practices probably agree with that, and the pilot is probably broader than the hubs.

Tanya said we could have a fuller discussion at the next meeting and invited Cassie to report back and update us then.

5. Announcements /AOB

Sharon Grant shared that Healthwatch Haringey is recruiting for the Healthwatch Advisory Group.
https://www.healthwatchharingey.org.uk/news/2024-05-10/advisory-board-member
Many of you might be excellent recruits for this. Applications close on 8 July 2024.

The next PPG Network meeting will be at 6:30pm on Monday 14 October 2024.