

Haringey Patient

Participation Group (PPG)

Conference Report - 2021



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Introduction

Every GP practice should have a Patient Participation Group (PPG). A PPG is a group of patients, carers and GP practice staff who meet in person or online to discuss practice issues and patient experience with a view to improving services at their GP practice.

The PPG acts as a critical friend to the GP practice, providing feedback on services and making suggestions for improvements.

Healthwatch Haringey ran a PPG Development Project in 2020/2021 to strengthen and diversify patient representation on Haringey PPGs. We developed resources, training, and webpages to provide practices and PPGs with support to set up and run an effective PPG. We held Haringey PPG Network meetings to bring together PPG chairs and PPG members from Haringey GP practices to share ideas, experiences, and good practice, and to work together on common challenges.

Healthwatch Haringey held an online Haringey PPG Conference on Saturday 19 June 2021 from 11am to 2pm, comprising opening and closing sessions, a keynote speaker, and three workshops (participants chose to attend one of the three workshops as they all ran at the same time). The Conference was an opportunity for PPG chairs and PPG members in GP practices across Haringey to further develop links; share experiences, resources, and skills; and discuss the most relevant issues and challenges facing primary care at this time. This Conference report documents the topics explored at the Conference, the discussions held, and makes recommendations for improvement.

Over 55 people attended the Conference, representing 18 Haringey GP practices, roughly half the number of GP practices in Haringey. Of the 60 people who registered for the Conference in advance, 46 were Haringey patients (24 were PPG members), four were GP Practice staff (three Practice Managers and an Operations Manager) and two were GPs (including a Managing Partner).

Key themes and recommendations from the Conference

The agenda for the Conference was produced by the PPG Development Steering Group and included guest speakers and key themes suggested by PPG members at Haringey PPG Network meetings and PPG meetings facilitated and attended by Healthwatch Haringey in the nine months leading up to the Conference.

Key themes

Four key themes emerged from the Conference. These themes had also been a feature of Haringey PPG Network meetings and PPG meetings over the past few months.

- 1. The impact of COVID-19 on access to GP services and on the NHS in general.** The Conference heard from a range of PPG members with different experiences of accessing GP services, many of whom were concerned that digital access was not possible for many and that face-to-face appointments were hard to come by. It was felt this was having a disproportionate impact on the more deprived and vulnerable sections of the patient population.
- 2. Changes to the way GP services are delivered including US health insurance corporations in primary care and the introduction of Integrated Care Systems.** Real fears were raised by PPG members about transparency and accountability in the new arrangements, and people questioned what role there would be for both the Council and patients in scrutinising the commissioning of NHS services.
- 3. The need to address inequality in access to services provided by the NHS, Voluntary and Community Sector and Haringey Council.** It was recognised that there was still an East-West divide in terms of health outcomes and access to services. PPG members expressed a desire to be recognised as Experts by Experience and to be properly involved in the design of services.
- 4. The importance of PPGs in helping to support and scrutinise GP services.** PPG members were clear that their role of 'critical friend' is so important during this time of COVID-19. PPGs can support practices by feeding back to the Care Quality Commission, by helping to communicate service changes to patients and by suggesting improvements.



My main concern is that those most in need of clinical support are more likely to experience digital poverty/exclusion than the general population and so find it harder to engage with services. This could easily lead to delayed care and poor outcomes.

PPG Member

Key recommendations

- 1. Patient representation.** The Haringey PPG network should make a representation to the ICS Chair to raise the issue of member representation and ask for meetings. The Haringey PPG Network should seek to join with other PPG networks across the five boroughs to link in with the ICS chair.
- 2. PPG role.** Practice staff should be open to patient feedback, helping to organise and facilitate PPG meetings and making sure the patient voice is heard. Practice staff and GPs should prioritise patient voice and work in partnership with their PPG. It is really important for GPs and practice staff to hear from patients at a time when GP services are changing so much.
- 3. Experts by experience.** Carers and service users' voices should be at the table as experts by experience alongside health and care staff. All similar future events and meetings should have service user speakers represented equally around the table.

A full set of recommendations is set out in the section on Conference workshops.



Opening Plenary

**Keynote Speaker, Roger Kline,
author ‘The Snowy White Peaks of the NHS’**

Roger Kline spoke on the disproportionate impact of COVID-19 on NHS staff from Black Asian and Minority Ethnic backgrounds.

He said that in the first three months of the pandemic more than 300 health and social care workers died of COVID-19. 60% were of Black, Asian and other Minority Ethnic heritage. But not a single intensive care doctor or health worker died. This is because those staff got priority access to Personal Protective Equipment (PPE).

In London only 14% of senior NHS managers are Black, Asian or Minority Ethnic, even though 54% of entry grade nurses are Black, Asian and Minority Ethnic.

During COVID-19, Black, Asian and Minority Ethnic staff had poorer access to PPE. An ITV survey also confirmed that these staff were disproportionately assigned to ‘hotter’ areas of the hospitals. They were more likely to be denied PPE. It seemed that leaders were out of touch with the risks these staff were exposed to.

Roger urged managers of NHS trusts to demonstrate that their disciplinary processes are not discriminatory.



The NHS took the extraordinary decision to stop collecting workforce race equality data during the pandemic on the grounds that it wasn't a priority'.

Roger Kline

He said that treating all staff equally benefits the NHS and benefits patients, but it's not just about having increased representation. He asserted that "Improved representation without inclusive practices within the organisation will not release most of the benefits that are possible".

He recommended the Haringey PPG Network should take an active role of holding local NHS bodies to account on discrimination.

How staff are treated directly affects how all patients are treated. If you do not treat staff fairly, he said, there are consequences for patient care and safety.

Sharon Grant, Healthwatch Haringey Chair, suggested developing a toolkit for PPGs to monitor practices on race equality.

Dr Sheena Patel, Clinical Director of five practices referred to the very diverse population of staff and patients. In the pandemic the Haringey GP Federation took staff safety very seriously, she said, and is pioneering lots of health equalities work, and there will be funding coming down the line. She suggested that PPGs could get involved in holding practices to account saying, "What are you doing to look after our doctors or people who maybe can't raise the issues themselves?".

Geoffrey Ocen, Bridge Renewal Trust, talked about the need to develop trust with service users. "What is really important is issues around equitable access to services. Having a different level of conversation to develop trust. It's about how do we treat people with respect and dignity and what do we learn from this time that we can take forward".



Workshops

Workshop 1

How Haringey NHS Primary Care is changing (including Primary Care Networks, Integrated Care Systems and the role of GP Practices)

- **Panel:** NCL CCG - Owen Sloman, Assistant Director Primary Care, Haringey KONP - Rod Wells
- **Chair:** Councillor Pippa Connor, Chair of North Central London Joint Health Overview and Scrutiny Committee
- **24 people attended this workshop**

Highlights

Owen Sloman from NCL CCG talked about the benefits of the emerging Integrated Care Systems. “Integrated Care Systems (ICS) are partnerships that bring together providers and commissioners...It’s about us all working together to deliver the best possible outcome, greater integration of health and care services”.

Owen talked about how different care providers had been working together in Haringey, particularly around the delivery of the COVID-19 vaccine. He reassured the audience proper scrutiny would continue.

Rod Wells from Haringey Keep Our NHS Public raised two main objections to the new ICS structure, around service cuts and accountability.

“Integration at patient level is positive but the Government White Paper is talking about financial and structural integration, and it’s a means of saving money by reducing hospital beds and face-to-face consultations with GPs. Private companies can be on the Boards of the ICSs. The ICSs are not democratically accountable. Local authorities will lose control of social care...The ICS Board will have just 10 members. They’ll be running the ICS, commissioning, and budgets...and then there will be this partnership which may have councillors on it, but it will just be advisory, and it can be ignored”.

Discussion in the workshop revealed very real concerns about the future of primary care and GP services. There was a fear that joint working would lead to NHS funds and resources being used for adult social care to support underfunded services.

As the NHS changes the way it organises primary care, one PPG Member worried that “there is no detail yet whether ICSs will hold their meetings in public, where the papers will be published and whether they will be subject to Freedom of Information (FOI) requests. Private providers don’t usually allow themselves to be subject to FOIs”.

Sharon Grant from Healthwatch Haringey said the involvement of PPGs is critical in the development of patient voice in the ICS. The role for Healthwatch and patients in the new ICS is vital. We need to make sure patients are very vocal.



Everybody wants more integration, but we’ve got to keep it a public health system, a publicly funded and publicly provided service. I’m very worried for the NHS.

PPG Member

Councillor Pippa Connor summed up the key themes of this workshop by asking “What do we mean by ‘joint partnership working’ on the ICS Boards?”. The challenge is to those with the power to influence who goes on the new ICS Boards: How do we get proper representation from local authorities, Voluntary Organisations, Healthwatch and other partners?

Recommendations

There were three recommendations in relation to Integrated Care Systems:

- 1. Patient Representation.** The Haringey PPG Network should make a representation to the ICS Chair to raise the issue of member representation and ask for meetings. The Haringey PPG Network should seek to join with other PPG Networks across the five boroughs to link in with the ICS Chair.
- 2. Accountability.** When decisions are taken at ICS Board level, how is that information communicated to all the different organisations? How will this information be scrutinised? The role of the Joint Health Overview and Scrutiny Committee (JHOSC) in this should be clear.
- 3. Funding.** How will the funding from the different boroughs, which will all be put into one pot in the ICS, be spent? There is a real challenge to understand the finances. What is NHS money and what is social care money? Councillors have a duty to be transparent and accountable with how they spend public money on social care. Councillors should understand the funding process and stay accountable.

Workshop 2

What we have learnt about running our PPG - sharing best practice

- **Panel:** Esther Meyerson, Staunton Group Practice PPG Chair; Rose Echlin, Queens Avenue Surgery PPG Chair; Mohammad Rahman (MJ), Assistant Practice Manager Rutland House PPG
- **Chair:** Raks Patel, Research and Engagement Manager, Healthwatch Haringey
- **9 people attended this workshop.**

Highlights

The panel agreed that communication was key to running a successful PPG. Both Staunton Group Practice and Queens Avenue Surgery PPGs have done a lot of work in trying to improve their communications through newsletters and having more information on the website. During the pandemic they continued to meet via Zoom.

At Staunton Group Practice, the PPG chair has made her phone number available, and the

practice has sent out PPG information by post for those who don't have access to email or the internet.

Healthwatch Haringey helped Rutland House Surgery and Queens Avenue Surgery PPGs organise online open PPG meetings to inform and consult patients about the merger of the two practices. This generated a lot of interest - over 194 patients of both practices attended and were able to ask their GPs about how services would be changing. "We asked both practices to include prominent links to the PPG pages on their websites and messages about the merger", said Rose.

The Queens Avenue Surgery PPG have developed a 'service commitment' or Patients Charter alongside Rutland House Surgery PPG when their two practices merged. This sets out what patients can expect from the merged practice. (An adapted template service commitment has been uploaded to the Healthwatch Haringey website for other PPGs to use):

www.healthwatchharingey.org.uk/patient-participation-group-ppg-toolkit



One of the most important things for the success of any PPG is communication, and this is highlighted even more since the pandemic. We have regular PPG meetings...We have agreed means of communications and ad-hoc meetings with the Practice Manager and clinicians when needed.

Esther Myerson,
Staunton Group Practice PPG

In the workshop PPG Members spoke about the role of PPGs during Care Quality Commission (CQC) inspections. For example, at Staunton Group Practice, the PPG wrote to the CQC seeking an intervention.

Esther Myerson from Staunton PPG noted the Healthwatch Haringey toolkit for PPGs has very useful information. She believed it was a challenge to attract new members to the PPG who truly represented the patient demographic.

Rose Echlin, from Queens Avenue PPG talked about the merger of two surgeries. She said there was a huge amount of anxiety about the merger with Rutland House. For her, the key takeaways about handling a merger of two PPGs are about communication with patients across both surgeries and between PPGs. She said, “A big setback was having to do everything online, but Healthwatch

was helpful with that. The next takeaway is really listening to patients...and the last thing is making sure that when patients do raise concerns they are not fobbed off - that it's not a political answer, it's a real answer. It's always better to tell patients the truth because they are going to find out sooner or later so you might as well tell them upfront!”.

Recommendations

As GP services are changing so much, patient voice is essential and needs to be a key part of the service. The key recommendation is for practice staff to be open to patient feedback, helping to organise and facilitate PPG meetings and making sure the patient voice is heard. Practice staff and GPs should prioritise patient voice and work in partnership with their PPG.



Workshop 3

Understanding Haringey social services, community health services, and the voluntary and community sector

- **Panel:** Geoffrey Ocen, Chief Executive, Bridge Renewal Trust; Chris Atherton, Adult Principal Social, Worker Haringey Council; Alison Kett, Director of Operations, Whittington Health; Poppy Thomas, Voluntary & Community Sector Coordinator, Haringey Council
- **Chair:** Gordon Peters, Board Member, Healthwatch Haringey
- **17 people attended this workshop.**

Highlights

Equality of access was a big issue raised in this workshop. The division between the east and the west of the borough was perceived as getting worse over the last few years. The difference in life expectancy between the poorer east of the borough and the more affluent west is growing. The work going on in Northumberland Park is a good example of trying to improve equality of access.

There was a robust discussion about access to services for people with learning disabilities and carers. Concerns were raised about service users' involvement in the design of services.

A PPG member said, "People commissioning services and decision makers funding design of services need to recognise that people who use services such as Carers are experts by their own experience and know more about the services, being at the sharp end, than officials and professionals".

Geoffrey Ocen, from the Bridge Renewal Trust agreed co-design was key. He noted, "One of the ways to address the inequality is to involve people who have been affected by this situation. We need meaningful and true co-production".

Recommendations

1. **The local authority and voluntary and community sector need to find ways of 'cutting through the complexity'.** This means close working partnerships and an easy explanation for people of what actually exists and where it exists.
2. **Putting spaces and places together** e.g., Whittington Health, GP surgeries, and out-of-hospital functions. The local authority and voluntary and community sector should work together in the form of co-production in reality, not in rhetoric.
3. **Carers really matter.** Carers and service users' voices should be at the table as experts by experience alongside health and care staff. All future events and meetings should have service user speakers represented equally around the table.

Closing Plenary

1. What would you tell your GP to help improve their service? With Dr Sheena Patel, Clinical Director and GP

Dr Sheena Patel ran an interactive session on What would you tell your GP to help improve their service? She noted the pressure on GP workload is intense, but GPs realise not everyone has digital access and are working towards giving everyone a choice of how they want to be seen (in person, over the phone, or online).

A quick poll on changing GP services in the meeting showed:

- 70% of participants said making an appointment with their GP has got harder in the last 15 months (only 9% said it has got easier, with 13% saying it has stayed the same, and 9% not sure).
- 43% of participants were finding it difficult to get through to the practice on the phone (with 4% saying it was easy and 52% saying it varies)
- 14 participants had tried to use e-consult, the NHS app, or another digital platform to make an appointment to see their GP. Nine had not.
- Of the participants using digital platforms to make an appointment to see their GP:
 - Three using eConsult, found it easy to make an appointment, whilst 11 did not.
 - Four using other digital platforms found it easy to make an appointment, whilst six did not.



2. Healthwatch Haringey Report Accessing GP services: Evaluating phone, video and face-to-face appointments in Haringey

Tanya Murat, the project lead for the PPG Development Project, talked about the Healthwatch Haringey report 'Accessing GP services: Evaluating phone, video and face-to-face appointments in Haringey', which had been published in June 2021 (earlier that week), sharing key findings and recommendations. There had been a negative impact on some patients in the move away from face-to-face consultations to phone / online consultations. Most patients expressed a concern about this, either for themselves or for other patients who experience language barriers, mental health issues, multiple illnesses, or some disabilities.

Resources for PPG Members

Tanya highlighted the resources, training and webpages that have been developed as part of the PPG Development Project to support practices and PPGs with setting up and running an effective PPG. These can be found on the Healthwatch Haringey website here:

www.healthwatchharingey.org.uk/ppg

3. Close of conference

Sharon Grant, Chair of Healthwatch Haringey, closed the conference by thanking all the participants and encouraging PPG Members to use the online resources. The Haringey PPG network and patients voice are particularly important now because of the huge changes taking place in primary care and the emerging Integrated Care Systems.



We need to be linking up with PPGs in other boroughs, drawing out the common themes so we can have our influence at North Central London level where a lot of the important decisions about money and policy are going to be made.

Sharon Grant Chair,
Healthwatch Haringey

Appendix 1

Healthwatch Haringey and North Central London (NCL) Clinical Commissioning Group (CCG) Patient Participation Group (PPG) Development Project – Background and achievements

The PPG Development Project is a partnership between Healthwatch Haringey and NCL CCG. NCL CCG provided funding for one year from the beginning of August 2020.

The project is about strengthening and diversifying patient representation and ensuring patient feedback is used to improve GP services. We also explored how the move to phone / online GP consultations, as a result of COVID-19 and lockdowns, has impacted on patients and how they have found this experience.

The ambition is to have an actively engaged and diverse PPG within each practice, and to have a stable and thriving Haringey borough-wide PPG forum / network. When it comes to issues like getting the public health messages out around COVID-19 and enabling patients and carers to give GPs useful feedback on how each practice is doing, a well-functioning PPG structure is essential.

Some of the achievements of the PPG Development Project:

- PPG Development Project Steering Group established. Four Steering Group Meetings held (December 2020, February 2021, April 2021, July 2021)
- Pan - Haringey PPG Network meeting held on 22 February 2021, focusing on COVID-19 vaccine rollout and e-consult - 35 attendees, 16 practices represented.
- Second pan Haringey PPG Network meeting held on 10th May 2021, focusing on the new ICS proposals, developing your PPG and COVID-19 vaccination update - 39 attendees, 13 Practices represented.
- New PPG webpages on Healthwatch Haringey website <https://www.healthwatchharingey.org.uk/ppg>
- Join your PPG resources – leaflets and posters – distributed to all GP Practices and pharmacies in Haringey <https://www.healthwatchharingey.org.uk/news/2021-04-28/join-your-patient-participation-group-pick-leaflet-your-gp-or-pharmacy>
- PPG toolkit (online) <https://www.healthwatchharingey.org.uk/patient-participation-group-ppg-toolkit>

- Three 'test' training sessions for PPG members on Zoom and a further three workshops - 1) Attending a Zoom meeting and 2) Hosting a Zoom meeting. 19 PPG Members from nine Practices have attended at least one of these sessions.
- Four Pathfinder Practices - Tynemouth Medical Practice, Rutland House Surgery and Queens Avenue Surgery, The Morris House Group Practice.
- Two PPG Open meetings - Tynemouth Medical Practice, with over 49 in attendance and Queens Avenue Surgery/Rutland House Surgery, with over 194 in attendance.
- New PPG members recruited through large open meetings online. Over 400 registrations were received for the two Open PPG meetings and their email addresses were made available to be added to the PPGs mailing list.
- Existing PPGs revitalised through support for PPG members and pan Haringey PPG Network meetings.
- Accessing GP Services Report published in June 2021. <https://www.healthwatchharingey.org.uk/report/2021-06-16/haringey-gp-access-report-looks-face-face-phone-and-video-appointments>
- First PPG Network Virtual Conference to share project findings and learning held on Saturday 19 June 2021 with over 55 attendees.

Appendix 2

Conference feedback and evaluation

A quick straw poll was carried out at the close of the conference, and an online survey asking for feedback was sent out to all participants following the conference.

Straw poll

Sharon Grant asked participants to rate the conference on a scale of 1 to 5 where 5 is excellent and 1 is very poor. Thirteen people voted, with nine people scoring the conference at 5, and four people scoring it at 4.

Post Conference Online Survey

Twelve people completed the post conference survey.

- 75% rated the Haringey PPG Conference as good or excellent.
- In terms of the most valuable sessions of the conference, different people had different opinions, and broadly equal numbers of participants found the different sessions useful.
- People commented that service users and carers should have been represented on the panels, especially the one on the Voluntary and Community Sector. Experts by experience should be placed on an equal footing with health and care professionals. For all future events and meetings, service users and carers will be represented around the table, alongside health and care staff.
- Due to strict time constraints - only having three hours for the opening and closing sessions, a keynote speaker, and the workshops - discussions were short and succinct. For all future events and meetings, more time will be allowed for questions and discussion, so more people are able to participate and have their say.

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