

## PPG Network Meeting Notes

Date: 18 July 2018

6pm – 8pm

336 Brixton Road, SW9 7AA



### Present:

PPG members/patients from Brixton Hill, Clapham Family, Clapham Park, Dr Masterton, Herne Hill Group, Hetherington at Pavillion, Palace Road, Paxton Green, Riverside, Springfield, Streatham Common, Streatham Place, The Vale, Valley Road & Vassall

### Guests:

Jill Solly, Head of health systems partnerships, King's College Hospital  
Lucy Hamer, Patient Engagement & Experience Manager, King's College Hospital  
Penny Day, Governor, King's College Hospital

### Apologies:

PPG members/patients from Brixton Hill, Corner Surgery, Hetherington Group Practice, Hurley, Paxton Green, Riverside, Stockwell, Streatham Place, Valley Road, Vauxhall & LPPGN volunteer.

Meeting commenced at 6.05pm, opened by Sandra Jones (LPPGN Chair)

#### 1. Welcome

Sandra welcomed attendees and introduced guests from King's College Hospital. Click [here](#) for presentation.

Lucy Hamer gave the introduction and outlined how King's involves patients and communities through using surveys, holding engagement events, sharing patient experience at board level and getting feedback from the membership. It is free to become a King's member (click [here](#) for application details). Members receive a quarterly magazine, invitations to health talks, the opportunity to have a say to improve services, voting rights and ability to meet governors and directors. Community groups can become associate members, which LPPGN is.

Jill Solly manages the primary care liaison manager (Becky Barnes, see slide 5 on presentation for contact details) and explained how they work with GP. There are four key areas Communication, Education, Specialist Care and Discharge.

- Using an electronic referral system – should give patients choice about where they are treated
- Electronic discharge notices are sent to GPs within 48 hours after a patient is discharged
- Using the Local Care Record gives hospital and GP clinicians access to a patients records.
- There are quality alerts (complaints and issues) get flagged up with the CCG and there are regular service updates
- Providing a telephone service for GPs to get advice or to have a conversation with a specialist is invaluable and does have an impact on the number of referrals

- Virtual clinics – enabling clinicians to work directly with specialists
- More work is being done in Lambeth & Southwark around care home support
- Consultant Connect enables GPs to connect to specialist consultants. Calls are recorded and again this is a way of reducing referrals.
- Discharge notices are sent to dedicated monitored email within practices
- Carry out regular review to audit the quality of documentation

Penny Dale is a public governor. The role of the governor is a statutory one, and essentially holds hospital directors to account. There are public, patient and staff governors who are expected to attend four meetings a year. Board meetings are held in public and governors can also sit on committees to learn about the Trust and what it does and many volunteer within the Trust. Lambeth has four public members (click [here](#) for details).

### **Q&A**

**Question:** Specialist care in the community. How are services paid for and how much do GPs pay? What is the level of take up of the virtual clinics?

**Answer:** GPs do not pay for the service. The services are commissioned. Any sessional time is paid for within the GP practice. It costs around £30 for the GP telephone service. In the past we provided many of these services on goodwill. As we are in financial special measures we can no longer do that.

**Question:** I am not aware of any virtual clinics at my practice in Streatham, why is that?

**Answer:** It's possible your practice is served by Guy's & St Thomas (GSTT) or that the service requested by the GP is not offered by King's.

**Question:** How is value for money measured?

**Answer:** We get feedback from GPs as well as monitoring the reduction in the number of referrals.

**Question:** How do you become a King's governor?

**Answer:** You have to be a member and submit a nomination to be elected as public governor (or patient or staff governor if you are a patient or work for King's). Governors serve for three years. Governors are voted for by the membership.

**Question:** How do you interact with GSTT and why do patients get referral for different hospitals?

**Answer:** Patients can choose where they want to be treated based on the services offered at a particular hospital. The referral system should give GPs an indication of where they can refer patients as well as an indicative indication of the waiting time for an appointment.

**Question:** Why are medical records not seen by all hospitals where I am being treated?

**Answer:** The Local Care Record (LCR) connects the electronic patient record systems at GSTT, King's and South London and Maudsley with the majority of GPs in Southwark, Lambeth and Bromley, so clinicians should be able to see your medical records. The LCR is being extended as part of the Sustainability and Transformation Plan (STP) which is working across six south east London

boroughs.

Question: Are there plans for the LCR to go national?

Answer: Within other parts of the country there is a need to be more joined up (i.e. interoperability). There are obviously challenges with taking a system nationwide.

Comment: One London has submitted a £7 million bid for records to be shared London-wide, so the hope is that PPGs can be part of those discussions.

Question: Are there any national standards for the language used on discharge letters? From a patient's point of view the letter can be confusing and really unhelpful. Can King's Health Partners not spearhead a conversation to ensure letters are sent to patients and copied into the GP, instead of the other way round? After all it is the patient the discharge is referring to.

Answer: We are working towards using plain English in our discharge letters and we will take your suggestion about having national standard to the board and feedback to you.

Question: Is the LCR available to the out of hours and community services?

Answer: Yes to the out of hours service but not yet for community services

Question: How can we feedback our experiences?

Answer: Contact the Engagement team (see slide 5 in presentation for contact details) or via NHS Choices, at public forums. Patient stories are recounted to the executive so they get first hand information about what patient experiences are.

Comment: Maybe we can agree a process to feed PPG member experiences to you in addition to getting feedback from you on the outcome or response from the King's board.

Question: What are the benefits of becoming a King's member? Is there a benefit for the GP in patients becoming a member?

Answer: Other than getting the quarterly newsletter, access to workshops and events, your voice can be shared and heard and you can benefit from NHS discounts and find out what is happening within King's first hand.

### **Table discussion**

Main sharing points:

#### **Concerns and recognition of staff health and wellbeing**

- They are under pressure and stressed – what support are they getting with this, as this affects their capacity to do their jobs well?

#### **Communication & consistency of care**

- Greeting patients with a "Hello, my name is..." and explaining what is going to happen next
- Improve communication within wards and between hospitals, e.g. physios between King's and GSTT
- Rapid changes in personnel – makes it difficult to provide 'patient centred' care
- Being given contradictory advice from different health professionals within

the various hospitals is confusing.

### **Improvements needed in A&E**

- Improve the A&E entrance – St Thomas is a good example
- Long waits in A&E are a problem – people can go without food/drink for a long time. Do staff check on patients to see when they last ate/drank?
- When are King's going to put new processes in place for A&E?

### **Improvements needed in outpatients**

- Diagnostic reporting needs to be improved
- There are some examples of rude staff in orthopaedics and in eye clinic
- Administration – one patient hadn't received their appointment letter. Why don't you use SMS to let people know about appointments?

### **Developing King's links in the community**

- Someone described a good example of being referred to the pulmonary team based at Streatham Leisure Centre and then undergoing a seven-week exercise programme and medication review. This was felt to be a good example of King's working in the community
- Can King's advertise more about the courses it runs for patients – so GPs can pass the information on to them? For example, there could be more patient education on topics like diabetes.
- King's could provide more information to patients about the wellbeing hubs
- It can be difficult to get speakers to talk to patients at health information events
- Why not have peripatetic GPs referring to King's?
- Pass information to PPGs and education operations, which can be shared with patients

### **Public and patient engagement**

- How can Lambeth governors at King's be more accessible to local people?
- Share the feedback you get from patients and don't let patient stories at the Board detract from finding out about patient experiences

Break

## **2. Network Update**

Sandra Jones gave the update:

- **Funding Opportunity** – [London Wellbeing Fund](#) now open for applications of up to £5,000 for individuals or groups focusing on helping people manage their own health and wellbeing, avoid crisis or feel part of the community. PPGs in the priority wards can apply. The funders will be holding support workshops during September 2018 and offering one to one or telephone support so you can talk through your ideas. Valley Road PPG successfully applied for funding last year to run weekly chair exercise classes. The Network holds and manages the funds on behalf of the group, monitors the

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|           | <p>activity outcomes and meets with the PPG volunteers to assess progress.</p> <ul style="list-style-type: none"> <li>• <b>Information Governance Training</b> - 20 reps from 14 PPGs attended the session on 5<sup>th</sup> July run by the CCGs information Governance team. The two hour session included information about data protection, the changes to the regulation (known as General Data Protection Regulation or GDPR) and what PPGs and individuals who manage PPG data responsibilities are. The training included information about online and paper work security, consent and privacy policies. There will be guidance notes for PPGs/practices on text and email messaging patients about events and meetings. The presentation from the event will be on LPPGN website and emailed to members.</li> <li>• <b>Online Consultation</b> - A pilot is taking place in 18 practices in Lambeth on providing alternative ways to access services and health advice via online tools. The tools are: <a href="#">eConsult</a>, <a href="#">IPlayto</a> &amp; <a href="#">Ada</a>. We want to encourage patients from the pilot practices to use the tools and share your feedback with us via email in due course as there will be a three month evaluation at the end of the year, and patient input is vital to ensure CCG makes an informed decision about which to adopt, if any, across the borough.</li> <li>• <b>Focus Groups</b> – The CCG has submitted a £1million+ Smart Tec funding bid for a two-year project, which will not only support clinician in working more proactively with patients with multiple long term conditions, but also provide practical support to patients by using technology to help them manage their conditions (i.e. personalised SMS messages, relevant health information notices, support for ongoing self care and monitoring, etc). As the bid is developed and passes through the application stages, the CCG wants patient input, via focus groups to ensure they are meeting the needs correctly. Details to follow as things develop.</li> <li>• <b>Lambeth Country Show (21 &amp; 22 July)</b> – At our last meeting we were joined by Verena Hewat of Compassion in Dying talking to us about Advanced Care Planning (ACP). The ACP consortium will be hosting a tent the country show giving practice advice on ACP tools. Pop along to find out more and get some one-to-one assistance.</li> </ul> |
| <p>3.</p> | <p><b>General Networking</b></p> <p>Sharon Hudswell led on this part of the meeting and asked what members wanted for the next few meetings.</p> <p>Suggestions included:</p> <ul style="list-style-type: none"> <li>• Making the bi-monthly meetings an opportunity for PPGs to network generally. Allowing PPGs to talk to one another, share, learn from one another and find out what each is doing.</li> <li>• Everyone present should introduce themselves at the start of each meeting.</li> </ul>  |

- Need systematic information about what events and activities PPGs are doing. The Network can only publicise this if PPGs tell them what they are doing. Communication is a two-way process.
- The September network-wide meeting could be used to allow PPGs to network - say what they have been doing, highlight any challenges and share learning. Format for the meeting to be organised by the Network.
- Hold a session on nutrition and deafness. How to take care of your hearing.
- GSTT have a new GP referral programme called Healthy Heart, Healthy Weight. The exercise of on referral programme was decommissioned. How are patients and GPs supposed to know what is available. How is the information shared?

Meeting closed at 8.05pm