

PPG Network Meeting Notes

Date: 25 September 2019

6pm – 8pm

336 Brixton Road, SW9 7AA



Present:

PPG representatives/patients from Brixton Hill, Clapham Family, Dr Masterton, Herne Hill Group, Hetherington, Hurley, North Wood, Paxton Green, Springfield, Stockwell, Streatham Common, Valley Road, Vassall.

Guest Speaker:

Dr George Verghese, GP & North Lambeth Primary Care Network (PCN) Clinical Director and Alison Rive, North Lambeth PCN Social prescriber.

Apologies:

From PPG representatives/patients of Corner Surgery, Herne Hill Road, Riverside, Streatham Place, The Vale and colleagues from Carers4carers and DASL.

Meeting commenced at 6.00pm, chaired by Sandra Jones, LPPGN Co-Chair

1.

Welcome & Introductions

Attendees welcomed. Three new first time attendees.

Network Update

Digital First Project – Fast moving project. The Network is a key member. Some PPG members expressed an interest in being involved in this work and will shortly receive a survey and details to attend an upcoming workshop.

Social prescribing - The Age UK advert recruiting the social prescribers is available. [Click here](#). The Network board's vision is for PPGs to work with their PCNs to ensure there is continued involvement and engagement with local people and communities.

Network's future – Funding for Lambeth CCG ceases in December 2019. Alternative sources of funding are being sought to ensure the organisation continues, however organisation may not be functioning in the current way after December. Membership will be kept informed.

Six-borough CCG merger – A collaborative letter written jointly with Healthwatch Lambeth, and Keep Our NHS Public on our concerns about the six CCG merger and recommending a deferral, was signed by individuals and our Board and was submitted to Lambeth CCG and discussed at the September public forum and governing body meetings. The CCG board recognised the concerns raised but did not agree to defer the decision to merge. NK thanked those members who put their names to the letter. Lambeth GPs voted earlier today.

Care Coordination interviews – The Network is working in partnership with Healthwatch Lambeth to gather patient experiences of care coordination. PPG

member volunteers are carrying our interviews to gather insight, which will feed into an audit report later this year.

Lambeth Together Update – The Health and Wellbeing Alliance is in development. Patient reps attended a recent workshop to help shape the alliance. Discussions were varied, but informative. To get involved see Wai Ha or Cheryl.

Lammy Awards – Congratulations to Deniece Campbell and Roxanne Daniels for winning Lammy Awards.

Question: If the CCG is no longer funding the Network, what arrangements are there for patient representatives within the STP (Sustainability and Transformation Partnership)? It seems that Southwark already has a representative.

Answer: Individuals get involved in the STP Patient and Public Advisory Group (PPAG) for various reasons. There will be a rethink of what patient representation will be within the new six-borough structure, as well as in the Borough based Board. The Network is planning to submit suggestions and recommendations to feed into these discussions.

2.

George Verghese (GV) who is the North Lambeth PCN Clinical Director and Alison Rive (AR) who is his Social Prescribing Link worker / SAILor were welcomed.

GP vote on six-borough CCG Merger – GV shared details of the Lambeth GPs vote on the merger. Bexley, Bromley, Lewisham, Southwark and Greenwich have all voted for the merger. Of the 41 Lambeth practices, 13 voted for the constitution, 21 against with the remainder abstaining or absent. GPs have asked for more engagement and information about the constitution and a workshop is being planned to help move things forward. GV indicated that the 'patient letter' (see six-borough merger note above) was very influential.

Comment: The patient voice is important and there has been very limited local involvement and communication with patients and Lambeth residents. Thanks to those who put a very well-constructed, articulate letter together

NSH Maturity Matrix – PCNs have been in place since 1st July. NSHE are asking PCNs to complete a complex matrix, which includes outlining how they are working with people and communities. Click [here](#) for summary of what PCNs need to provide across four stages.

PCNs & PPGs Working Together

Presentation by GV. PCNs are a way for primary care to share knowledge, learning, workforce and engage with the community services and is a different way of working. PCNs have developed out of existing local relationships and will look for local solutions. Each PCN will in the first year receive £1.50 per registered patient and will employ a social prescriber and pharmacist, the costs of which are 100% and 70% funded respectively. The

expectation is that funding for PCNs will be for a five-year period. What happens after Brexit, a change of government or after the five-year period remains to be seen. Lambeth Together is a way of collaborating, working together and finding local solutions.

In Lambeth, there has been investment in primary care and there are concerns that the merger of the south-east London boroughs will divert funding to those boroughs where a lack of investment and deficit budgets are evident.

PCNs need to engage with their communities and value their local assets, which includes PPGs. There needs to be wider engagement and a new way of thinking and reorganising around PCNs. Having a Lambeth-wide focus is expected and PPGs should know their PCNs and together find solutions to serve their communities highlighting health inequalities and work for the wider PCN and not just the practice.

Social prescribing is a new PCN option. Age UK Lambeth have the contract to employ and manage the nine social prescribers, known as SAILors, through their Safe and Independent Living (SAIL) programme. They will be the interface with PPGs and communities and will provide a holistic approach to supporting an individual's wider needs. An initial pilot is underway in one North Lambeth practice.

Alison Rive – social prescriber

AR previously worked at Lambeth Walk practice, has experience of working in adult learning and mental health services and for Healthwatch in Haringey. Social prescribing in each PCN will be different, focusing on their respective priorities. This is however more than just signposting individuals to services.

This should complement the neighbourhood teams and voluntary and community groups are key to ensuring this way of working works. The social prescribers should build relationships with their local communities and groups and will liaise the work across the nine PCNs.

Question: Why Age UK Lambeth?

Answer: It is important the social prescribers are connected to existing systems and through using Age UK Lambeth already have a structure in place through SAIL.

Question: Will the social prescriber only be working with adults? What about children and young people? Do not overlook early intervention and prevention. Getting to the younger generation before they develop long-term conditions must be a consideration.

Answer: The initial focus is on adults. We recognise there is a need for children and young people, but hope that within the year of this Age UK Lambeth contract, we can think about how to support children using prescribers. Part of the social prescribers role will be to support the whole-family unit, so children and young people will be included, but not as a separate audience.

Comment: Islington is using the 'London Village Network' as a means of working with troubled teens. On the Norwood Estate, we are working with young people and are looking at a generic online option to engage with young people.

On the software to be used: There will be an element within EMIS for the SP to update information about the support they are providing. We are looking at different software solutions.

Question: Where do referrals to the Social prescriber come from and what happens once it goes to them?

Answer: The initial referrals will come from the GPs. Next year we hope referrals will come from a wider range of service providers. The SP will be building links with the voluntary and community sector and statutory services. They will be more hands on in making assessments and establishing what the individual's wider needs are.

Question: PPGs should be key to engagement. If engagement is not considered a priority, there will be no obligation to work with PPGs or patients. The agenda is moving away from health towards wellbeing.

Answer: The PPG is one way to engage. Our engagement needs to be more representative of the demographic within our communities.

Question: Do the PCNs meet and are those meetings open for patients to attend?

Answer: The Clinical Directors do meet, but only get 1 day per week on PCN business, as we are all GPs and have full time roles.

Question: How will the communication links between PPGs and the practice manager and PPGs and Clinical Directors happen?

Answer: There should be more data available via the PCN. We have yet to determine how communication will happen, but want to maintain relationships.

Break

3. **Open Discussion** Chaired by Sharon Hudswell.

The deadlines for change are short and PPGs need to embrace the change to PCNs. We need to think about the future structure of the network and PPGs and engage with the wider community and area, to ensure we continue contributing.

How can we stay involved and engaged and how can PPGs work with PCNs?

- There needs to be clear objectives, with clear pieces of work and a plan to keep things going.
- Individual PPGs may no longer exist, but all practices should have a voice. PCNs will be monitored about how they are engaging with their populations and how patients and PCNs are working together.

Question: How will SPs cope with the volume of referrals?

Answer: Practices need to understand the issues and concerns and tackle them, possibly by working with PPGs and others who can reach out to the wider community.

General Comments

Click [here](#) for comments

- If LPPGN ceases to exist, how will PPGs network across PCNs?
- We need to use social media to engage communities and network across the borough
- Work with other groups on targeted health campaigns within the local community and promote programmes of wellbeing.
- Engagement needs to be more diverse and include under-representative groups
- PPGs need to be supported by their practices/PCNs to ensure the work continues.
- PPGs should contact their respective Clinical Directors and have a dialogue. GV has agreed to be the liaison where groups are unable to make contact.
- What or who will make up the PCN membership? It will include the GPs and build to include groups from within the community.
- PPGs are at different stages of development and engage with a small percentage of the patient population. Managing these new relationships has the potential to change the culture and expectations.
- People joined PPGs not PCNs. Are there boundaries around volunteer work and should there be separation between what you do as a patient and what you do as a volunteer?
- Recognise local people as assets and educate GPs that patients does not = issue and that by working with the practice the links can be positive.
- Need to empower the community to support the community
- Need to look are various ways of engaging with the wider community. If you cannot attend a meeting, how is your voice heard?
- Hold focused/ targeted meetings or events for different groups of people, as these do work.
- The family and friends test used by practices is pointless – ask something more meaningful, i.e. ‘How did you find the service you received?’
- Patients are service users and should be able to have open discussions about those services

NHS England – webinar on engagement

Click [here](#) for future webinar dates. Nicola Kingston (NK) participated in an NHSE webinar on engagement. Click [here](#) for NK slide presentation.

Painting a Positive Picture

How can the Network support PCNs?

- Become a route for practices and PCNs to publicise and market and help promote campaigns
- Identify health and wellbeing issues with the PCNs that are specific to the local population and promote campaigns, events and activities to address.
- Provide communication at PCN, patient, local and borough-wide

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| | <ul style="list-style-type: none">• Bring in and work with partners to bid for funding• Get the council involved |
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Meeting closed at 8.10pm

Date of next Network-wide meeting: Wednesday, 20 November 2019, 6pm – 8pm