

Minutes of Meeting: 20 February 2025

Present	Colin Berthelsen (Chair)	Dr Liz Hermaszewska
	Sharon Pink (Minutes)	Susan Smee
	Shami Devani	Caroline Field
	Gerry Kurzon	Ginny Nevill
	Jeremy Stern	Jamil Zubairi

Note: explanatory notes for regularly used acronyms are provided at the end of the Minutes.

Introductions

PPG Chair Colin welcomed two new members to the meeting – Jeremy Stern and Jamil Zubairi.

Updates from Dr Liz on Mountwood matters since last meeting

Approval for Practice training sessions

In February the Practice was able to hold its half-day training and teambuilding day for staff that had taken so long to organise given the protracted approval process required via the ICB to be able to hold any such session on site within contracted hours. To be able to run this took 18 months of negotiations to secure approval and only for a half-day session. The issue is that the ICB we are part of is one of only 2 out of the 42 ICBs in the country that does not allow phone cover to be switched to a “weekend service” facility for the training to take place with all the team, even though assurances were given by Mountwood that the on-call emergency doctor would be present and would take any required calls throughout.

The Practice is concerned that the ICB does not adequately support primary care in that they make it so difficult for group learning and team development to take place when this is so valuable. The Partners hope that with the new GP Contract in April, there will be a stronger contractual commitment to Protected Learning Time and support from the ICB.

Dr Liz then described the session they had, which was planned and organised by Dr Kant.

- Each Partner facilitated a group activity and discussion, including topics such as “Aligning the team vision and values”, “Expanding micro-teams”, “How to make our funding secure”, “Lean Processing” and “Forward Planning”.
- As part of teambuilding they create small teams, comprising a doctor, nurse and admin team member, each with a functional or clinical focus such as Respiratory Diseases, Cardiology, Diabetes, Pharmacy etc.
- They held a workshop on Mountwood’s core values, including looking at care and support and improving patient-staff communication.

Ideas coming from that workshop included:

- Providing an advice pack for new patients which would also clarify expectations on both sides
- Redecorating and upgrading the room next to Reception that is used for people who are very unwell or who have particular health or welfare needs when visiting MW.
- Staff to have ID badges or lanyards – Ginny raised the issue from her previous experience in a practice that some Reception staff do not like to wear a name in view of how they are treated by some patients and Dr Liz said all due care would be taken on that to ensure anyone invited to wear any ID was happy to do so. Lanyards also can have safety implications as they can be pulled so that may not be an option.
- Looking at the layout of the Waiting Room – is the theatre-style layout of chairs too regimented and does it prohibit any conversation among people who might like to talk to others? Would some chairs arranged in face-to-face or group seating be used more and be considered more welcoming? Perhaps introduce a couple of little group seating areas to test this out.
- To emphasise no talking on mobile phones in the Waiting Room, put a message on the video screen “Please take calls outside”.
- Replace the existing blood pressure machine: there are more sophisticated machines available now that also include some that combine measuring blood pressure, height and weight for example. Dr Liz asked if the PPG would be interested in fund-raising for this? Colin reminded the group that the previous PPG organisation did do fund-raising but this had been stopped and the bank account closed when it was understood that the National Association of Patient Participation (NAPP) had decreed that PPGs were not to do fund-raising. This appears no longer to be the case? The group will check this out.

Expansion of NHS App

Dr Liz also talked more about the expansion of usage of the NHS App and that across the NHS there is a push to encourage more people to use it. This app will eventually replace the Patient Access app.

With this focus on technology, there will be a need to help patients learn to use the NHS App. There is a wide recognition that there is a generation of people who will find this hard – possibly too hard – to do. A lead person from the MW team will be assigned to oversee the training programme, with training sessions offered at the Practice.

Appointments systems

There was further discussion about PATCHS and the proposed replacement BLINX. Dr Liz explained that PATCHS is not the issue as such, the problem is not being able to process the demand and carry out the necessary triage. So the issue is resource funding, not the system used. Time taken in assessing the requests put up in PATCHS can only come out of allocated patient time. The higher the level of triage required, the more patient time it takes.

Moreover, in terms of overall Practice accountability, the system cannot be made available in times when the Practice does not have staff available to review the requests. Once a request is up in the system, the Practice is responsible for it and must process it.

Dr Liz said AI can be very helpful and this will improve over time, but currently it is not helpful when applied to a complex level or volume of patient needs. It is too niche at present and not sophisticated or intelligent enough to apply to a general practice environment.

Dr Liz's view in terms of improvements is that Continuity of Carer would be the most important focus, not just Continuity of Care, and these are clearly different things.

Staff recruitment and performance management

As an experienced HR consultant, Gerry asked how the Practice manages the performance of colleagues and staff. Dr Liz explained there was a combination of reviewing test assessments and recordings of phone consultations, with peer reviews. When patients go to other practices in the PCN as part of the new process to provide more same-day appointments where needed, MW doctors review the notes provided by wherever the patient has been sent to.

MW is still looking to replace one Receptionist. When recruiting Reception staff, while there is currently no psychometric testing for those staff as part of the recruitment and selection process, prioritising people with previous experience in the NHS, surgeries or emergency services does help to identify people suited to the Practice environment and accustomed to dealing with wide-ranging patient calls and concerns.

Workshop presentations to patients

With Dr Liz the Group continued the discussion about planning topics for workshops.

Colin explained the various logistics problems that had happened with the Falls Prevention workshop. He and Sharon have subsequently worked with Chris the Practice Manager to develop a document describing key responsibilities and tasks for setting up these workshops, to prevent any recurrence especially when the target audience is more elderly people as was the case here. We also discussed site communications and directional signage to use on Workshop days to make it more obvious to attendees where the Workshop is in the building and what to do on arrival.

The Menopause workshop planned for 26 Feb was discussed and will be set up by Colin and then supported by Stefan.

Shami introduced a discussion about mental health topics and how this wide-ranging subject might be presented in an appropriate way and at an appropriate level depending on the complexity of the condition. A more general workshop on Anxiety may be a good opener but again would need to be planned carefully in terms of topics to cover, age groups, focus (possibility to discuss impact in domestic/workplace situations etc) so it was agreed that Shami will put the courses organiser in touch with Dr Liz directly to discuss the subject matter and target audiences.

As always, we welcome suggestions from the PPG mailing list recipients as to any topic you are interested in.

Communications with the PCN, ICB and other PPG Chairs

Colin explained to the Group some of the activities he has been leading.

At the end of last year, following the patient survey that was sent out to all patients across the ICB, the PCN held a meeting at Northwood Eastbury practice to present a summary of the survey results to representatives of the 6 Practices in our PCN plus representatives of the PPG from each practice.

Following this meeting, a separate meeting was set up of the PPG Chairs and they agreed to write a letter in support of the Practices to talk about deficiencies in PATCHS and to support all Practices being able to hold staff training/teamwork sessions during contracted surgery hours (ref discussion earlier in these Minutes). which our PCN currently does not support. This letter was sent to the ICB which is of course a higher level than the PCN and was copied to the Secretary of State Wes Streeting and (now outgoing) head of NHS England Amanda Pritchard.

The ICB has seemed to misinterpret this as being a complaint about practices within the PCN or perhaps about the PCN itself, and said they would investigate and follow up accordingly. The email that was sent is attached to these Minutes.

Colin subsequently hosted a meeting of the PPG Chairs at Mountwood and then a meeting that included PCN representatives, to discuss these matters.

Some of our PPG members expressed concerns about this mail having been sent at all, particularly given the topics it focused on which not everyone believes to be matters that the PPGs should be writing to the ICB about. Another concern expressed was that the mail was not shown to or discussed with our PPG members before it was sent, yet was sent as being on behalf of all the North Connect PPGs, which includes us.

Colin explained that Mountwood Partners are aware of everything he is doing but he also undertook to circulate more of the correspondence he has been having with the other PPG chairs and to explain to us more of what he believes they are doing on behalf of all of our PPGs.

AGM and committee roles

Colin confirmed an AGM will be held in April and we discussed PPG committee roles, which could be expanded to include enabling someone to take more responsibility for Communications and for organising Workshops.

Next meeting

The next meeting will be on **Thursday 20 March** at **2.30pm**.

Meetings are held at the surgery on the upper floor,
either in the conference room if it is available or in the library.

Definitions and Explanatory Notes

Integrated Care System (ICS) – partnerships that bring together NHS organisations, local authorities and others to take collective responsibility for planning services, improving health and reducing inequalities across geographical areas.

Integrated Care Board (ICB) – planning and funding health and care services in the area they cover i.e. primary health care, doctors, dentists, chemists and secondary care being hospitals, rehabilitation etc.

There are 42 Integrated Care Boards (ICB) in England, with around 1,250 Primary Care Networks (PCN) reporting to them.

There is one **ICB** in each **ICS** area.

For Mountwood our ICB is London North West, known as NWLICB. It includes 8 London boroughs: Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington & Chelsea, Westminster), responsible for over 2.1 million patients.

NWLICB has 45 PCNs reporting to it.

Primary Care Network (PCN) – The aim of a PCN is to build on existing primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care for people close to home.

Our PCN is North Connect and covers the following surgeries in addition to Mountwood:

- Acre Surgery and Carepoint Practice (both based at Northwood Health Centre);
- Acrefield Surgery in South Ruislip;
- Devonshire Lodge in Eastcote;
- Eastbury Practice in Northwood;
- The Harefield Practice
- Mountwood Surgery, which is the largest practice with over 11,000 patients.

The PCN is based in the same building as Eastbury Practice and works with the seven surgeries to organise the sharing of services and provide support to Practices – including support to Patient Participation Groups (PPGs).

Our PCN has recruited a growing workforce of pharmacists, mental health workers, health and wellbeing coaches, social prescribers, physiotherapists and other clinical roles that will deliver services for patients across the neighbourhood and help them if they need to access other health or social services if needed.

Care Quality Commission (CQC) – the independent regulator of health and social care services and organisations in England.

British Medical Association (BMA) – this is the industry body for doctors and medical students. They say “The BMA represents, supports and negotiates on behalf of all UK doctors and medical students. We are member-run and led, fighting for the best terms and conditions as well as lobbying and campaigning on the issues impacting the medical profession.”