

Minutes of Meeting: 16 January 2025

Present	Colin Berthelsen (Chair)	Dr Liz Hermaszewska
	Sharon Pink (Minutes)	Susan Smee
	Shami Devani	Mary Egan
	Caroline Field	John Grossman
	Gerry Kurzon	Ginny Nevill
	Stefan Sieradzki	

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

Updates from Dr Liz and discussion on Mountwood matters since last meeting

Staffing

The new Receptionist who joined recently has unfortunately had to leave for personal reasons. Another Receptionist is being recruited.

Approval for Practice training sessions

The ICB that Mountwood comes under is one of only two that do not include staff training as part of their contract with Practices. For now Mountwood is bound by the current requirement that any request for training time within the Practice opening hours has to be approved separately and will only be approved on condition that Reception stays open. All-staff teambuilding sessions, for example, are not usually approved.

Currently, approval has been given for a training session in February subject to the provision about Reception being manned. Advance notification has been posted to the website and within the Practice.

Separately there is a request for a certain number of hours per month to be built into the new GP Practice contract.

Our group suggested the Practice might look at asking a recently-retired Receptionist to come back for an afternoon to cover Reception to enable a full staff training session to take place. Someone very recently retired would know the systems and the patients sufficiently to be able to cover this.

CQC practice inspection processes

The Care Quality Commission (CQC) is in the process of being reformed and the regime of Practice inspections may change as a result. Inspection visits are continuing, and Shami who works in the care sector confirmed that they recently had a CQC visit at his workplace.

Dr Liz explained that the CQC maintains a folder within the Mountwood data system where they can monitor the areas they track on a continuous basis to check the Practice is keeping within 'normal' boundaries.

Patient concern re referral process

Caroline raised a concern about an inconsistency in relation to cataract procedure referrals at our local hospitals. The Moorfields Clinic at Northwick Park said that they needed a GP referral before they could book in any cataract removal or even provide any information about the procedure. The Western Eye Hospital however did not require any GP input and were happy to provide information and set up an appointment while also indicating the patient can choose which of the consultants they wish to see, subject to availability obviously. Dr Liz agreed that there was nothing she would be able to add to the opinion of an optometrist on the necessity of cataract removal and she said that the information provided at Northwick Park was incorrect: optometrists can do direct referral. She will take this away to explore further.

As an update since the meeting, however, Western Eye Hospital has also now said they require a GP referral letter so that does mean this admin overhead remains with the GP practice.

PATCHS

There is a move within the PCN to replace PATCHS with a system called BLINX. Mountwood is trialling BLINX and there are some usage and cost benefits over PATCHS in that BLINX incorporates a feature to contact patients which would then be a cheaper and more integrated approach than PATCHS offers.

There is a general caveat to these newer systems in that they do prioritise the use of technology meaning that patients need to be comfortable using tech – and clearly not all patients are. Across healthcare, though, there is an increasing reliance on technology and this is where the most investment is going, so it is basically the future.

Workshop presentations to patients

We continued the discussion about planning topics for workshops. The 2025 programme commences 22 January with a workshop on falls prevention. The plan agreed is to have one workshop per month.

A number of topics covered in the last year that proved particular popular will be repeated in view of patient demand. This includes the Menopause and Dementia workshops.

We discussed further the idea of patients attending workshops being invited to form discussion groups via WhatsApp to support each other and how this can be facilitated each time either via the surgery or the organisation leading the workshop.

We discussed some of the difficulties or challenges around some of the topics suggested for workshops around palliative care and end of life and the sensitivities involved. This will be the subject of further discussion going forward to understand the most useful information that could be delivered and the target audience, whether this is primarily patients or carers. Particularly would need more discussion if the workshops would be of value to carers, to look at how these would be identified and contacted given that they would not necessarily be registered with Mountwood.

The current list of workshops delivered, scheduled and suggested is shown in the table overleaf.

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

Patient workshops programme		
Delivered	Diabetes Alzheimer's/Dementia Menopause Northwood Live at Home	Hypertension & Cholesterol Multiple Sclerosis Parkinson's disease COPD/Asthma
Scheduled	Falls prevention 22 January 2025	
Suggested	Palliative care provision Arthritis Stroke Osteoporosis Coronary Care/Heart Disease Irritable/inflammatory bowel disease Prostate conditions and cancer Mental health issues: depression, bi-polar, ADHD Lung/respiratory tract cancers Cirrhosis and liver conditions	

Waiting Room on-screen messaging and PPG Noticeboard

As always, we welcome suggestions from patients as to additional information you would like to see on the Waiting Room information screen.

We have a new poster for the PPG Board which Shami has kindly designed.

PPG composition and AGM

PPG Chairman Colin explained that while there had not been a formal AGM last year, there will be one this year, to be held in April, and that key roles and responsibilities will be discussed in good time before the AGM so that members could stand or nominate others.

Next meeting

The next meeting will be on **Thursday 20 February 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.”