Notes of Annual General Meeting

Date: 24 January 2018
Time: 5.30pm – 8pm
Venue: 336 Brixton Road

Present:
PPG members from Clapham Family Practice, Clapham Park, Deerbrook, Dr Masterton, Herne Hill Group, Hurley, Knights Hill, Minet Green, Paxton Green, Riverside, Springfield, Streatham Common, Streatham Place, The Exchange, Valley Road & colleagues from Lambeth CCG

Guests:
Adrian McLachlan, Chair of Lambeth CCG & a Lambeth GP

Apologies:
Received from The Accounting Equation and PPG members of Brixton Hill, Herne Hill Road, Mawbey, Stockwell, Tulse Hill and colleagues from South East London Vision (SELVis)

Meeting commenced at 6.05pm, chaired by Sandra Jones (SJ)

1.	**Welcome & Introduction** Sandra Jones (SJ) welcomed attendees and ran through the running order for the meeting. • Minutes of the last AGM (i.e. 25/01/17) were agreed as a true record by members
2.	**Annual Review** Hard copies of the 2017 Annual Review were available for attendees and would be available to download via the Network's website (https://lppgn.org.uk) after the meeting. Attendees' attention was drawn to the displays in the room which showcased what various patient participation groups (PPGs) had done during 2017. SJ highlighted that the Network had made more connections during the year and working closely with the voluntary and community sector, GP Federations, CCG and local authority; and is a key partner in the developing alliance Lambeth Together and hosted a successful event on 9th November 2017. A summary of the 2017 accounts were contained within the Annual Review, with full sets available – also available on the Network's website. The organisation is solvent, with a surplus, which is carried forward into this current year. SJ asked members to agree to sign off the accounts and agreement was given to continue to use the existing auditors – The Accounting Equation. **Question:** A member asked for an explanation on the balance sheet – SJ explained there was a

	potential liability recorded as Healthwatch Lambeth claim the Network owes them funding for a past period, which has not been adequately evidenced, so the matter will be resolved within the current years accounts. **Comment:** A member raised the point that they had not had prior sight of the accounts and therefore could not opening agree them and asked in future for them to be shared earlier on so that they could be reviewed properly. SJ accepted the comment and agreed to make sure for next and future years the accounts would be made available in advance and posted on the website.
4.	**Trustee Elections** SJ indicated that two current members of the board were standing down, Alison Angus and Robert McConnell. Members gave a vote of thanks to both outgoing trustees for the work, commitment and support they had given the Network. Robert has been part of the Network from its early inception and Alison more recently. Both will be missed. SJ said that the board had a sufficient number of trustees after these resignations to continue, but asked those present if anyone wished to stand as a trustee. No takers. The remaining trustees identified themselves. Officers will be agreed at the first meeting of the board in February 2018. The board will be having a planning away day and will be asking PPGs to feed into the discussions and will be contacted in due course to do so. Members were reminded that the next network-wide meeting will be on Wednesday, 21 March 2018 and the next newsletter in February 2018. Priscilla Baines, current Co Vice-Chair asked for vote of thanks for Sandra Jones for her work as chair in the past year, for her ongoing support, commitment and moving the network forward and thanks to the Network staff - Wai Ha Lam and Cheryl Alfred.

Break for refreshments 6.25pm

Meeting resumed at 6.50pm

Meeting Discussion

5.	SJ introduced guest speaker Adrian McLachlan, Chair of Lambeth Clinical Commissioning Group (CCG) and a Lambeth GP **What's in store for general practice?** AM gave his observations of general practice as firstly chair of CCG and then as a GP. One observation is we often over estimate what we can do in the short term, and under estimate what we can do in the longer term. People want a service that is accessible; the ability to see a doctor when you want to; have joined up care and care that is pro active (i.e. not waiting until something happens). We are aware of the NHS funding crisis and there are four things we need to do – known as the "Quadruple A": • Improve the health outcomes for the Lambeth population • Improve the experience of people receiving care • Provide services within budget • Ensure that those working in the system enjoy doing so The need to health and social care services increases as people get older. In the last 5 years the number of people over 65 increased by 1 million, which has a huge impact if the funding does not increase. People are living longer and in Lambeth life expectancy has increased by 4½ years, this does not necessarily mean the life is lived in a healthy state. Will there be enough money for the NHS to buy the services that are needed? Will those services be affordable? Celebrations are planned in July for NHS 70th birthday. **Headlines** • Workload is much higher than in the past. We now offer more and we are working harder. • GPs are expected to do things that may not be within their skill set, i.e. admin. Are there things the GP is doing that could be better done by someone else? Spend the time doing the things GPs do well • Workforce issues. People in training are not going on to become GPs. Many are opting to become locums, short term work, online consulting or move abroad. What will the future of general practice look like if this continues? Lambeth has the youngest GPs in London, with fewer GPs over 55. Recent Local Medical Council (LMC) survey showed Lambeth has 44 practices. 26 responded to the survey, of which 15 had GP vacancies and nine of the 26 had GPs close to retirement and three were thinking about closing. **Disruptions to general practice** We cannot continue to do things in the same way. There are many things that should be valued.

Technology – there have been huge changes in information technology. A pilot in 111 services may connect you initially to artificial intelligence giving out the front line advice.

There should be choice in how we interact with the practice – you should not have to queue up at the door for an appointment: using online access, video consulting, Skype, etc widen these choices.

There is a new services being run by a firm called Babylon, offering 24/7 access to an NHS GP known as "GP at Hand". This is run from a practice in Fulham and there are around 10,000- 12,000 already signed up to use the online service. By signing up to this service, patients "de-register" from their own local practice and are registered at the Fulham practice. This is a disruption. We do need to do things differently but want to keep the continuity and keep it local.

Models of care – in Lambeth there are different sizes of practice, what's the right size for a practice? We don't yet know. Smaller practices may offer continuity of care and a relationship with patients with the GP knowing you better, but the services a single doctor's practice can offer might be limited. Larger practices may offer a wider range of service, but loose the personal touch. How do we get the best of both types?

Lambeth Together – GPs, practices and GP Federations do factor in this model and we can do things differently and better by working more closely together.

What's been successful?
Access hubs – making access and accessibility to services and records better
Coordinated care – more proactive and better planned care
Local Care Records – this is moving forward how we can connect information.

What do patients want from general practice? What do people working in the service want? What do our partners want? What do we do to maintain the things that are important and join things up?

Q&A
Question: Is it true that smaller practices with less than 5,000 patients be expected to join other practices?
Answer: No, not as a general rule. It is becoming harder for a small practice to meet service expectations. General practices are independent contractors within the NHS, working to a contract.

Question: Do you see a joining up of bi-medical and bi-energetic models? Sometimes this is seen with some suspicion.
Answer: We like to practice evidence based medicine, but there people who want services for which we do not yet have evidence, e.g. acupuncture treatment – but there is currently very little evidence about its success. The use of painkillers is another example and how the use of strong opiate painkillers can be addictive.

	Question: How can other staff in the practice make a contribution to the changing environment in practices? **Answer**: There is a practice team and I'd like to see practices offering a range of services around health and wellbeing. Front line reception staff are important to the team - valuing their work, giving them encouragement and training. We struggle to recruit nurses and practice mangers. There are now pharmacists in some practices and more services being returned to practices like physio's and nutritionist. **Question**: Are physician associates just doctors on the cheap and how are they being received by patients? **Answer:** We do not have many physician associates locally. They have shorter training to get them to a skill level where they can support the qualified doctor or clinician. If I can work with someone who can do the things so that I can make best use of my time, then it's a good idea, but if they are claiming to and doing things that they should not be doing (i.e. the work of a doctor) then that's wrong. **Question**: Is there a gender split in the number of trainees choosing to go into general practice? **Answer:** There are more women training in general practice than men at the moment. Younger people have different expectations and it maybe a temporary concern, other jobs paying better without the need for making a long term commitment. We need to explain to those in training the good parts of the job like continuity, continuous learning and understanding the locality and patients. What satisfaction is there from being an "Uber" style GP?
6.	**Open Discussion** What can PPGs do to support from within practices, where can we add value? What things are important to us as patients? What do we want to see in general practice? • Continuity of care • Access to GPs and appointments • What happens to the patient/doctor relationship if more services are provided online, like prescriptions online. • There should be personal contact with the practice, but we should be able to use technology without replacing the person to person relationship. • We should have a choice. • Patients want to see doctors quickly. • There are inconsistencies with practice websites and people do not always know what to do. They want their GP to be available when they want them and it is not always the case. The information needs to be more consistent. • Sometimes what patients want and what practice want are in conflict. • Age plays a part in using technology. Some practices have no queues because patients are using online services fully, whereas at others they do not.

	• Is there any evidence to show that using technology is cost effect and time saving? • Having choice is a good thing • Underlying issue is about having the information, communication and having a choice. All practices are different, but those differences are not always communicated. It seems users are not considered. • Practice websites are not great. User testing could help improve sites. This offers an opportunity for wider engagement whether at practice or network level to get the evidence to know what patients actually want and what works best for the patient. • Technology should be an option not a replacement • How do we tackle loneliness and isolation? How does a new GPs know what services are available in the local community? • Many practices have navigators who come from various backgrounds, who know about local services and how they can be accessed. • How can we ensure the whole practice team knows about the other services that are available? • PPGs are ideally place to work with the practice to get information out. Delegate some power to PPGs so this can be done more effectively. • PPGs have no authority to reach out to all the patients and no access to data. Decisions need to be made from the top and go out to all patients which reinforce the messages about PPGs. On our own we struggle. No one take notice of a letter coming from PPG, but do when it comes from a GP. • Practices view the value of PPGs differently. We often struggle to make contact with practices, particularly those with limited support from the GPs, practice managers and patients are reluctant to get involved. • PPGs should be far less dependent on practice managers, doing things and have their own authority. • PPGs are in a better place than they were in the past. Some are very successful, some are still developing. • If a practice does not see the value of PPG, how can the PPG make a difference? It has to work two ways – PPGs can support the practice, but the practice must listen to the patients. If the CCG does not "sell" the concept of a PPG, it cannot be effective. • If there are PPGs who feel unsupported, let's share the intelligence

Meeting closed 7.55pm