

Date	Thursday 2 nd December 17:30 – 19:30
Venue	Microsoft Teams
PCN Attendees	<p>Ammara Hughes (AH) – GP Partner at Bloomsbury Surgery & Clinical Director for Central Camden Primary Care Network (PCN)</p> <p>Raj Gill (RG) – Physician Associate Partner at Bloomsbury Surgery</p> <p>Carol Sheils (CS) – Practice Manager at Ridgmount Practice</p> <p>Rebecca Maynard (RM) – Projects & Communications Officer at Central Camden PCN & Camden Health Evolution (CHE)</p> <p>Eddie Davison (ED) – Analytics & Insights Manager at Central Camden PCN and CHE</p> <p>Sarah Wakeley (SW) – Project Support Officer at Central Camden PCN and CHE</p>

Topic	Discussion
Introduction	<p>AH welcomes all to the meeting and the staff introduce themselves.</p> <p>AH states that we are unable to discuss individual patients during this meeting. We are talking about the network as a whole so we can't talk about individual practices, and we want to keep the dialogue to stay as constructive as possible.</p> <p>AH explains that a PCN is a group of practices that work together with other primary and community care staff and health organisations to provide integrated services to their local communities and patients. There are nine practices which make up our PCN: Ampthill Practice, Bloomsbury Surgery, Brunswick Medical Centre, Camden Health Improvement Practice (CHIP), Kings Cross Surgery, Regents Park Practice, Ridgmount Practice, Somers Town Medical Centre & Swiss Cottage Surgery.</p> <p>RM shares the agenda.</p>
Asthma Clinic	<p>RG says the asthma clinic has been running since July 2021. RG works with a consultant from UCH to use the latest testing methods. There is a big push from the government to use the FeNO testing, which we are already doing.</p> <p>If you are seen by your GP or the practice nurse and they think you are eligible for this service, they will refer you in. We will then see you and either diagnose your asthma or provide advice on how to better care for your asthma. All the comments will get transferred into your patient notes and you will either be discharged, or a follow up appointment will be arranged.</p> <p>We are increasing the clinic times for this service so that the wait times aren't too long. The UCH consultant comes to the clinic once a month, so patients with severe asthma or who are more difficult to diagnose, can be seen by her, and if necessary, she can fast track the patient into the hospital for further tests or treatments that may not be available in a GP setting.</p> <p>Question from patient: It is impossible to speak to a GP about potential asthma at Swiss Cottage, how do we access this service?</p> <p>AH says this can be fed back to individual practices. But that this is a service specifically for asthma, we are unable to do Spirometry for patients with COPD because of the pandemic. Nationally, no practices are doing aerosol generated procedures and FeNO testing is not a replacement for Spirometry.</p>

<p>Community Pharmacy Consultation Service (CPCS)</p>	<p>RM explains that the Community Pharmacy Consultation Service started during the pandemic, and we have been using this service for patients who are suffering with a minor ailment. Patients can be referred into the service by their GP and a pharmacist will contact them to arrange a phone appointment or a face-to-face appointment at a local pharmacy.</p> <p>RM shows slide with examples of minor ailments to show how varied they can be. If you send an online consultation through to your practice, the GP will review it before referring it to a pharmacist.</p>
<p>Covid-19 Vaccination Programme</p>	<p>RG says we were one of the first to offer Covid-19 Vaccines. We have mainly been offering vaccines to our patients out of Bloomsbury Surgery and have now administered over 40,000 vaccines, including booster jabs.</p> <p>Because of the new variant the advice has changed to having your booster jab three months after you had your second dose. They are hoping that all eligible adults will have been offered their booster jab by the end of January.</p> <p>It's useful for patients to know that we are still operating as normal, we are here during the evenings and at the weekend vaccinating. It may be taking a lot of our time away from routine appointments, but the government has decided this is the main priority. There is a big push because of the new variant and if there continues to be more unvaccinated people, then more variants can develop.</p> <p>Question from patient: I want to say a big thanks to staff at Swiss Cottage Surgery and to ask if there are any plans for children aged 12-15 to get travel passports now that they are being advised to have two vaccines?</p> <p>AH was on the North Central London (NCL) vaccine call today with RG and there's not a national system enabled to do this yet, but they are working hard on it, and they are expected to get it up and running in January.</p> <p>ED raised this with the National Vaccination Operations Centre, and they didn't give a specific date but confirmed they are working on it. We have noticed that Scotland has enabled it, so hopefully we aren't too far behind.</p> <p>Question from patient: How will this information be communicated to patients?</p> <p>AH says that all our practice websites are amalgamated and RM updates them regularly and manages the content of the websites, as soon as we have an update, we will update the websites.</p>
<p>Family Planning Clinic</p>	<p>SW explains that this is a new project in the PCN. We are offering this so that all women have access to insertion or removal of the two types of coils and the contraceptive implant. We noticed that waiting lists for these procedures were getting long elsewhere, so we decided to offer them ourselves. We have appointments on a Thursday afternoon at Regents Park Practice and there is no waiting list, patients are getting an appointment the same week they are referred.</p> <p>The referral process is simple, patients will need to send an online consultation to their practice explaining what procedure they would like, and they will then be referred into the service once the consultation has been reviewed by their GP.</p>
<p>NHS Digital Weight Management Programme</p>	<p>SW says this is a 12-week programme which helps to support patients having a healthier lifestyle. It needs to be accessed via phone, tablet, or computer, and there are three types of programmes: digital content only, digital content with human coaching or digital content with tailored personal coaching.</p>

	<p>Referral for this programme is via your GP only, so patients will need to speak to them directly or submit an online consultation expressing their interest in this programme.</p> <p>To be eligible for this programme, you need to be diabetic or have hypertension (or both), as well as a BMI of over 30, if you are BAME then your BMI needs to be over 27.5.</p> <p>This programme started during the summer, and although we have other programmes available, this is the most reliable with Covid-19.</p>
<p>Nutritional Therapy Programme</p>	<p>RM explains that the PCN has its own Nutritional Therapist, Kaz. He has been working with us since 2019 and began running the programme with face-to-face appointments prior to the pandemic, he runs most of his sessions remotely now but has started seeing some patients face-to-face if they are happy to.</p> <p>The aim of Kaz's sessions is to make patients feel more confident in knowing which foods are good for them and helps them to see the benefits of a healthy and balanced diet. These benefits include; preventing type 2 diabetes, preventing heart problems, improving mental health and increasing energy cycles.</p> <p>The sessions with Kaz consist of an initial 1-2-1 consultation where he will help you to map out your plan and the goals you would like to achieve, you will have two follow up phone calls over the course of a couple of months so he can check in on your progress, and you will then have a final 1-2-1 consultation where you will discuss whether you have reached your goals and how you plan to take the advice and information forward.</p> <p>The eligibility criteria includes; patients who want to lose or gain weight, patients who have high cholesterol, patients who suffer from IBS or IBD, patients who have high blood pressure and patients who are pre-diabetic.</p> <p>This service is available through GP referral only, but if you think you are eligible, please make an appointment to discuss this.</p>
<p>Wound Care</p>	<p>RM says we have been working with our local district nurses since July to provide a service for patients who have leg ulcers that need regular dressing. These appointments take place on a Thursday afternoon at Amptill Practice and on a Monday afternoon at Regents Park Practice.</p> <p>If you are eligible, your GP will refer you into this service.</p> <p>AH adds that we have now also gone live with this service at Swiss Cottage in recognition that some of the patients who may need this service are frailer and unable to travel far.</p>
<p>Questions</p>	<p>We hope you have found it useful finding out more information about what we do as a PCN and that some of you will benefit from these programmes.</p> <p>The questions that were submitted prior to the meeting are going to be ones asked to the panel.</p> <p>Q1: Can you confirm that the confidentiality requirement in terms of reference rules out discussion of individuals but does not restrict transparency of proceedings?</p> <p>RM says, yes, we aren't going to be discussing any sensitive information during these questions and all the programmes we have discussed are available to read about on our practice websites.</p> <p>Q2: What is the difference between PCNs and CCGs? What do PCNs actually do? If PCNs mean pro-active care, how can I get that pro-active care around me?</p>

AH explains the acronyms used, Primary Care Networks (PCNs) are your practices working with others in the area, and Clinical Commissioning Groups (CCGs) are the ones who are directly employed by NHSE to essentially tell us what we are meant to be doing and they hold the purse strings. They have nothing to do with us, but they are the ones who set our contracts.

Hopefully the programmes we have discussed today have explained how to access our services in a bit more detail.

Q3: Are our surgeries safe from takeover by private interests?

AH says this is a very topical point as people are reading a lot about this in the press.

PCNs are also private companies, so Central Camden PCN is also a federation called Camden Health Evolution (CHE). CHE is a limited company; however, the sole purpose of this company is to provide NHS services.

Practices are safe from private interests. The fact that your practice by default is part of a limited company does not mean it's about to be sold to a private company. The GP practice and the limited company are the same.

The reason we have a limited company is because we need staff to be able to deliver some of these services. People like RM, ED & SW on this call, we could not run a network without them, and the limited company allows us to employ them.

Q4: What advantages have you seen from setting up CHE so far, and what opportunities do you see from the proposed NCL ICS, if the legislation currently in parliament goes through as planned?

AH explains that NCL is North Central London and is the five boroughs: Camden, Islington, Barnet, Enfield, and Haringey. An ICS is an Integrated Care System. These acronyms come from the government and the idea is that it doesn't matter where you live or where you are registered, you should be able to get the same standard of care in primary care, hospital care and community care.

Each ICS has its own budget, which is set by NHSE, and that budget is designed to reflect the population within that ICS. So, for us it is NCL and those five boroughs within it, you then have your community teams and you've got all your GP practices that you are registered in.

Patient question in the chat: What is being done to ensure that the board of trustees or other governing body is led at least in part by an NHS representative?

AH answers that the board is comprised of the practices in it, AH is on the board, a GP from Ridgmount Practice is, as well as one from Swiss Cottage and Somers Town, there is no one external on the board.

AH addresses the comment in the chat about American companies buying out surgeries in Camden: We don't have the details for this, and I don't know what it means for the patients. But our practice isn't being sold anywhere and our patients aren't being sold out to a private company.

Q5: My medical records are incorrect and incomplete. How do I get this information updated?

ED starts by explaining how you can view your medical records. You can request online access through reception at your practice, it is not granted by default, it's something each patient has to ask for.

We have to ask for a proof of identity, and there are some cases where we may decide it's not appropriate for access to be given. For example, if there was someone who was at risk of domestic abuse and there's a risk of coercion, or if there is a risk that there are upsetting

memories in there for the patient, it would mean a discussion with them was needed beforehand. The majority of the time, getting access to these records is helpful and interesting and can be used to help monitor long-term conditions.

You can also request access to your child's record, or if you care for someone you can ask for proxy access. We would only grant this if there was good use cause and if the consent and relevant ID had gone through.

To view your patient record, you can use the Patient Access app or the NHS app, this can be accessed on a phone or web browser.

Q6: How do clinicians in different units share the patient information?

ED says that predominantly, hospitals and community providers will normally send letters to the GP electronically, and normally, any letter that gets sent to the patient, will also be sent to the practice, and will be added to your record.

Across NCL there is a system called Health Information Exchange, which amalgamates almost everything from hospital records, GP records and community records.

There is also a national system called Summary Care Record, which is a nationwide system for medication and allergies.

AH adds that the Health Information Exchange is something that was commissioned by NCL and when it went live patients were notified via text message.

Q7: What steps can we take to ensure digital inclusion and equality of access to healthcare in the digital age?

RM says that we are using an online patient triage form at our practices, and this is the best way to go about booking an appointment. But if there are patients who struggle to fill this out, it is possible to call your practice and ask the receptionist to fill it out for you over the phone.

RM responds to a question in the chat about whether there will be a way to contact us as a PCN or provide feedback saying yes, there will be a feedback form sent out after this meeting.

Q8: What are the statistics of people receiving care through phone calls/consultations as opposed to physical attendance at the hospital and how successful has it been?

RG says it's difficult to say what's been happening in each practice and different practices have adopted different systems due to the pandemic, but we are seeing more patients face-to-face than we were before, as all of our Covid-19 vaccine clinics and asthma clinics are face-to-face.

The difficulty is, is that guidance and cases are changing on a day-to-day basis during the pandemic. For us it's much easier having face-to-face consultations with patients but we must follow the latest guidance.

CS says that their practice is predominantly a student practice and today they saw 35 patients face-to-face, and yesterday they saw about 40. Their door has been open, like most practices, for many months now and they have people coming in with various questions. They make sure to stagger the times that appointments are booked for so that there's not too many people in the waiting room at any one time.

Q9: Do you have a clinic for long covid?

RG says we don't have a specific long Covid clinic for the PCN because we have got a specialist long Covid clinic at UCH, it was one of the first to be set up in the UK. It has the respiratory specialists who specialise in long Covid, they have specialist services such as physiotherapists, occupational therapists, and specialist nurses. If you have had Covid-19 and your symptoms

have been going on for longer than three months, then you are considered to be in the long Covid category.

There isn't a solution for long Covid, they are learning as they go along. A lot of the input they give you is around graded exercise and improving exercise tolerance. They often find when doing more advanced testing that they can't see anything going on, but they know that people are very symptomatic and are affected in a significant way.

Q10: Do patients have access to local clinics for the removal of minor cysts and small lumps?

AH says that the one service we didn't mention is a minor surgery service that we have been running at Swiss Cottage Surgery, this is available for all of our patients in the PCN. We have also started a clinic at Bloomsbury Surgery, so we can see if you have a lump or a bump that you think needs removing.

There isn't a long waiting list, but we need to be aware of the Covid-19 Booster campaign and Omicron in case we have to pause it.

Q11: Is there/will there be a Social Prescribing service at any of the medical practices?

AH says this also links to what someone put in the chat about osteoporosis. We know that coming to see your doctor for a few minutes won't make a massive difference for some people, addressing lifestyles for patients will be more beneficial.

We have now secured some funding by winning a bid, and we found out this week that this is public health funding to address health inequalities. We want to look at encouraging patients to exercise but know that this is easier said than done as not everyone can afford a gym.

We have a significantly high level of patients living with a mental illness in Camden compared to the rest of London, and we have people living in poverty, so we are working with our mental health trust and a behavioural nurse to support people with physical health problems and their mental health.

We have been working with a fitness trainer who will be working out of The Living Centre, this could help with someone who is suffering from osteoporosis as to prevent this getting worse you can do resistance exercises and body weight exercises.

The Living Centre offer other great services such as Weight Watchers, food bank services and digital literacy courses. All these things are beneficial to the community rather than patients just coming into the surgery.

Q12: When will GP surgeries be running normally, patients getting their full health checks at 40+, verruca clinics an offer help for people under weight?

RG says a lot of these have been continuing as they were previously, but things like the 40+ health check isn't being prioritised because we are pushing a lot of our resources towards the Covid-19 vaccine and booster campaign.

Q13: Could you please consider a further development of the nutritional therapy programme so that it includes specific suggestions about weight control?

RM says Kaz will give each patient a plan and advice on how to maintain a healthy and balanced diet from there. If it is exercise you would like to develop and improve, then there are free programmes such as Couch to 5k and Park Run which can be done in your local area.

AH adds that the Health Inequalities bid we discussed will hopefully help as a continuation when it is up and running. There is also an initiative called Get Active Again which involves a therapist and does motivational interviewing and behavioural change.

Q14: When can we see our doctors face-to-face again?

RG explains that we can't say what the wait times are for appointments in your individual practices are, so it may be restricted by staffing issues in the practice, but GP practices are open, and they are using different methods in order to channel patients in.

We use an online consultation form, but patients are still able to call the practice. Patients are being offered telephone and face-to-face appointments, but this may change with Omicron and government advice.

Q15: How can communicating with GP experience get better? The current online user form isn't user friendly.

AH says we, again, cannot speak on behalf of all practices, even though we work as a PCN, some of the needs of our patients are very different. CS's practice, which is mainly students, would prefer an online form, but we have a lot of frail elderly patients who would prefer to come into the surgery.

If patients want to see a particular doctor, there will be a longer wait time for this.

We don't encourage patients to email questions directly to a GP because it is difficult to have someone monitoring it at all times. It's much safer and much more efficient for clinical queries to come through the triage form.

We have a list of all our vulnerable patients who we proactively contact. There are flags on the system which come up if the patient has a chronic condition and it's recorded which condition it is so that these patients can be properly looked after.

Q16: These services sound great. How long do patients usually wait to access them?

RM says as soon as the referral to one of these programmes is sent through by the GP, it usually comes through to one of us at the PCN hub and the patient will be contacted within 14 days and the appointment is usually made within the following week.

Patient question in the chat: Could we have some kind of virtual forum between his network and the various charities and services in the relevant areas?

AH says she was at a local care partnership board meeting, and they have both health and social care and voluntary sector organisations working in Camden, we come together every 6-8 weeks and look at what should be being done across the borough for our patients and residents.

Meeting closed.

Feedback form to follow.