

<b>Date</b>	Thursday 28 <sup>th</sup> July 17:30 – 19:00
<b>Venue</b>	Microsoft Teams
<b>PCN Attendees</b>	<p>Ammara Hughes (AH) – GP Partner at Bloomsbury Surgery &amp; Clinical Director for Central Camden Primary Care Network (PCN)</p> <p>Raj Gill (RG) – Physician Associate Partner at Bloomsbury Surgery</p> <p>Rebecca Maynard (RM) – Projects &amp; Communications Officer at Central Camden PCN &amp; Camden Health Evolution (CHE)</p> <p>Beth Nelson (BN) – Director of Operations at Central Camden PCN and CHE</p> <p>Sarah Wakeley (SW) – Project Support Officer at Central Camden PCN and CHE</p> <p>Kazuwa Mandikate (KM) – Nutritional Therapist at Central Camden PCN and CHE</p> <p>Therese Conlon-Barratt (TC) – Nutritional Therapist at Central Camden PCN and CHE</p> <p>Jodie Allen (JA) – Operations Manager at The Living Centre</p>

<b>Topic</b>	<b>Discussion</b>
Introduction	<p>RM welcomes everyone to the meeting and the staff introduce themselves.</p> <p>RM 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: Amptill Practice, Bloomsbury Surgery, Brunswick Medical Centre, Camden Health Improvement Practice (CHIP), Kings Cross Surgery, Regents Park Practice, Ridgmount Practice, Somers Town Medical Centre &amp; Swiss Cottage Surgery.</p> <p>RM shares the agenda.</p>
Physical Activity Programme	<p>SW explains that the Physical Activity Programme started in April 2022 and is a programme designed to help patients lose weight. We have our own personal trainer, Darren, who is hosting a mix of virtual and face-to-face sessions. His face-to-face sessions take place at The St Pancras and Somers Town Living Centre on a Monday evening, and on Wednesday evenings he runs a virtual session on Zoom. The programme lasts for 8 weeks and is in groups of 10. Measurements of weight, height, BMI, and waist circumference are taken on the first session, mid-session, and last session so that we can track the patient's progress.</p> <p>To be eligible, patients must have a BMI of over 30 (over 27.5 for BAME patients), and be diabetic or prediabetic, have hypertension or have increased risk of cardiovascular disease.</p> <p><b>Question from patient: Can the timings for the face-to-face appointments be changed as these don't work for me?</b></p> <p>AH says that we had limited funding for this programme and at the moment this is all we have, we are working with Darren and his schedule and the space that we have at The Living Centre. We can look at this again in the future but for now this what we have.</p> <p>SW explains the referral process. This is all done by clinician referral only, and patients are then contacted by the team to book in their appointment either virtually or face-to-face.</p>
Nutritional Therapy Programme	<p>RM explains that the Nutritional Therapy Programme is a programme designed to help patients with their diet. It consists of four appointments and usually runs over the course of 4 months. The programme is suitable for patients who want to lose or gain weight, have IBS or IBD, are pre-diabetic, have high blood pressure or have high cholesterol.</p>

	<p>KM says that prior to the four sessions, you will get sent a questionnaire and a link to the booking system. In the first appointment we take some measurements from you and will find out what your health goals are and form a plan with you to suit your lifestyle. You will then have a telephone appointment 4 weeks later, here we will review your progress and make any necessary changes. You will have another follow up call 4 weeks later, this will be the same as the last. Finally, you will have your final appointment 4 weeks after your last telephone call, here we will go through your health goals and take some final measurements, upon finishing this consultation you will be discharged from the programme.</p> <p>TC explains the example nutrition and lifestyle plan.</p> <p><b>Question from patient: I lost weight during the Fast800 diet and lost 4 stone in 5 months. Now I have become ill and have mobility issues, this sounds like a kinder approach to losing weight.</b></p> <p>RM says if you think you are eligible for this programme, please contact your GP and have that discussion with them, they are the only ones who can refer you into the programme.</p> <p>AH adds that due to the amazing work KM and TC are doing, it is now being showcased on a couple of posters through one of our GPs.</p>
<p>The Living Centre</p>	<p>JA welcomes everyone and says thank you to the team. There is a lot of collaborative work going on between The Living Centre and Central Camden PCN.</p> <p>The Living Centre has been around since 1985/86, and about 5 years ago they took over the running of some of the organisations in the area. They are trying to get the best service for the community.</p> <p>JA encourages people to come into The Living Centre, there is so much that they offer and not a lot that they can't help with. They are now working with roughly 79 providers.</p> <p>Upcoming events they have include: Black History Month, A Day in the Life of, Women's Health and help for men to support the women in their life. They want to inspire the community to do more if they want to. They are looking to start some fitness sessions as well, which won't be the same depth as the PT sessions but supporting people who have trained up to be a fitness instructor.</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><b>Q1: What are your thoughts as about patients as partners in healthcare?</b></p> <p>AH says all of the services we have spoken about we have put together with our patients in mind. Before we set them up, we look at the data and look at things from the heart of the community. For example, the Covid-19 vaccine hub was set up with access needs in mind. We work in partnership with Healthwatch Camden, and we keep ourselves under scrutiny and answer the needs of our patients.</p> <p><b>Q2: When are you going to start working weekends?</b></p> <p>BN says that as part of the sign-up text for this Virtual PPG, there was also a link to answer a survey on the Extended Access Programme. We want to make sure we listen to what our patients want. We had a response from 592 patients and from all 9 practices. From the 1<sup>st</sup> October, the PCN will look to take on the Extended Access Programme, this will include appointments from 6:30pm-8:30pm on weekdays and on a Saturday and will consist of face-</p>

to-face, telephone and online appointments. We will take these answers and use them to shape the programme. At the moment, there is an extended hours service run by AT Medics which some of you may be aware of.

**Q3: How do these programmes address/target current inequalities in obesity within the school age population of Camden? And how does the nutritional therapy programme relate to free meals provision for Camden children?**

RM says the nutritional therapy programme is for patients aged 18 and over, it doesn't cover children. There are other nutritional programmes in Camden, such as the Camden Child Weight Management Programme, this can be discussed with your child's GP. Free school meals are run through the council and individual schools, not through the NHS.

**Q4: Mental health services availability and priority to support young people and families bearing in mind that the pandemic has caused concerns and risks that are new?**

AH agrees, this is unfortunately a sad side of the pandemic. We are lucky in Camden to have a good service which is still running called Open Minded. This is run by Camden & Islington; we can refer children into it and adults aged 18-25 can refer themselves into the same service. There is also The Hive which is run by the Council.

**Q5: What support is provided to adults who might find the technology difficult to use and cannot order repeat medication via the online system (which by the way is wonderful for me). And Sometimes GP's have policies which don't help certain patients, such as when GPs say, we don't accept telephone calls, everyone should use online consultation but there are many people who don't know how to use computers.**

JA encourages anyone who doesn't have access to technology, please come to The Living Centre, we can help you. We have also spoken to Google recently and are in talks with them about getting access to technology, this might be every fortnight but will come in a run through any tech questions from the community.

AH adds that there is no practice in the PCN that doesn't accept phone calls, if a patient is struggling with the online form, they will fill out the online consultation for them over the phone.

**Question from patient: I'm wondering what is being done to bridge the gap. There is a long gap between specialist referring and I'm now in no man's land where no one is looking after my care. Is there anything that can be done so I don't fall under the radar?**

AH says as this is a specific case, please speak to your practice. From a GP perspective, there is a backlog in secondary care and as a GP we don't have any control over this. Once we have referred to the specialist, we do need to hear back from them before we can start any treatment. We have access to care navigators at our practices, and they may be able to help you better.

**Q6: How is the science of medicine working to evaluate post Covid patients?**

RG says Long/Post Covid-19 continues to be a big problem for some people. It is still a new condition and there has been £50m put into research this by the government. The research will be looking at why / how to diagnose / what treatment / what rehab is available / what vaccines are available.

If any patients are suffering with long Covid-19 symptoms, there is a useful government website available which allows you to go through the stages and shows you the 19 studies that are going on.

We are seeing an increase in Covid-19 infections again, so a reminder to patients that although the government has suspended the free tests, lateral flows are still free for certain

	<p>patient groups. If you register a positive test, you will be contacted by the NHS directly if you fall into any of these groups.</p> <p><b>Q7: Will you start doing regular 2 yearly health check-ups again?</b></p> <p>RM says the NHS health checks have been reinstated, these are for over 40's and are every three years.</p> <p><b>Q8: Are there plans to make medical care as accessible as it was when the excellent “walk-in” system at Swiss Cottage Surgery was in place? And when can I see my doctor face-to-face? Is the current way of phone consultation is a permanent feature or will it every return to pre-Covid structure?</b></p> <p>RG says that we can't speak for all the individual practices but as a general rule of thumb, the government are pushing us to do more telephone and online appointments. This increases the number of patients we can see in a day, and we can send prescriptions direct to pharmacies if needed. All practices are offering face-to-face appointments now, but it may involve a telephone appointment beforehand.</p> <p><b>Q9: Can the consultations for the programmes be carried out via the phone/virtual means?</b></p> <p>RM says yes, both of the mentioned programmes are available virtually if preferred. Two of the appointments for Nutritional Therapy are already remote and you will have the option to choose remote when you book for the others.</p> <p><b>Q10: How do you advertise the service and health/prevention advice to the general public?</b></p> <p>RM says all information about our services are on our websites. These are going to be updated over the coming weeks. We work with local community centres and advertise our services through them, but as our services are for our patients only, we can't advertise too widely.</p> <p><b>Q11: Correspondence with patients over future of surgery and existing/proposed staffing changes or site amendments. It is unfortunate that patients have learnt through local press.</b></p> <p>AH says that when individual practices have staff changes, we will update our websites, most of us are trainee practices too so we have junior staff members, which makes it look like there's a lot of changes but hopefully all the websites are up to date. With site amendments, this is up to NHS England to alert patients. We have to get permission from the commission, and they then will reach out to patients. They need to communicate this with the wider public.</p> <p><b>Q12: How have you shown this work to our d/Deaf community in Camden and what communication support are in place to enable inequality to work in the light of the upcoming BSL Act 2023. And Who do you co-product in this work on behalf of d/Deaf people as representatives?</b></p> <p>AH says the BSL Act 2022 is where the use of sign language is being more commonly used in the community. A lot of us will need training on this, but like we do with patients where there are language barriers, we use interpreters, and we do the same with sign language. We are also working with Healthwatch Camden, and AH was asked to speak to the local deaf community in Kentish Town. All of our services are accessible to our patients, and we work with them individually to make sure we reach their needs.</p>
<p>Upcoming Services</p>	<p>RG says a new Microsuction service will be starting in September, this has come from a health gap in the local area. Previously, you may have seen your practice nurse for ear irrigation, but this can put pressure on the ear drum and the nurse is working blind when doing</p>

	<p>the procedure. We have seen a lot of patients, especially those wearing hearing aids, that were struggling to access a service like this.</p> <p>This is new technology that has been developed and a new system we can use to conduct microsuction. Like all of our other services, this will be via GP referral. They will be able to tell you if you have wax build up, and they will then refer you into the service and give you some advice to follow before your appointment.</p> <p>The equipment is not covered to do children and there is no waiting time yet as this a new service. It will be up and running in a few weeks.</p> <p>RG says we are also looking expand our childhood immunisation service. In the news there has been reports of a decline in childhood immunisations, we expect this is partially to do with Covid-19.</p> <p>There has been a change in the immunisation status of the country, we are no longer a measles free country, so we need to increase the uptake in this. We will be running services which will make it easier for patients to attend, some of these will be hosted at a community centre near Mornington Crescent. Information will be sent to eligible patients.</p>
<p>Questions</p>	<p><b>Question from patient: I don't want an E-Consultation, I want to talk to someone. It then gives the option to use Patient Access, but this doesn't work and then I speak to my practice on the phone, and they say they don't use it. Please can this be taken off the website?</b></p> <p>RM says we can look into the Patient Access issue, but the wording for the online consultation is done via accuRx, we can speak to them and see if this can be changed.</p> <p><b>Question from patient: My online repeat prescription is always rejected, why is this?</b></p> <p>RM says this is to do with a specific practice, please contact them regarding this.</p> <p>RG adds that a rejection is made by the practice itself, and it means for some reason the doctor is not happy to issue the repeat prescription. Make sure you speak to them as they may not realise it is a repeat prescription.</p> <p><b>Question from patient: I'm being forced to use accuRx and I don't like it, is there an alternative system?</b></p> <p>RG says that these are the systems we have been given to use, they have been commissioned by the CCG. Please speak to your direct practice to find out if there's a different way of speaking to them. You can still contact them via phone or email.</p> <p><b>Question from patient: Who do I go to about an enquiry around Type 2 Diabetes?</b></p> <p>RG says if you are worried about and at risk of Type 2 Diabetes, but have not been diagnosed, please speak to your practice and they will arrange the appropriate testing. If you have been diagnosed and have a specific concern, please speak to your practice and they will channel you into the most relevant service.</p> <p><b>Question from patient: I am chasing a referral.</b></p> <p>RM says please take this back to your individual practice, even if this means submitting an online consultation to raise your issue.</p> <p><b>Question from patient: I am worried that I often have to use Relay system to communicate with my GP and this breaches confidentiality via third party, how can this be addressed?</b></p>

	<p>RG says speak to your GP practice to make alternative arrangements. This is why we have the online consultation system to overcome these issues. If they don't work, then a specific arrangement will be made.</p>
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Meeting closed.