March-April 2021 Consultation Responses

*‘What opportunities do you think there are for the PPGs, PRG and the PCNs to work together to improve patient experience?’*

**Patient participation**

* Patients need to re-establish the contact with and confidence in their GP practices that they had before the onset of Covid-19.
* How can we campaign to reduce the current age level of PPG members?
* We could ask the Practice to promote PPG membership to patients via the dot-matrix announcement board in the surgery waiting area.
* The CQC could include a requirement to have an active PPG in the practice, with perhaps a financial penalty for non-compliance.
* Recruitment of Volunteers (many volunteers have come forward during the pandemic – hope this continues). Possibly a selection process to find the right volunteer for the right position.
* Conduct future meetings on-line – more inclusive for people who would otherwise not wish to or unable due to commitments, timing or disability to go to a meeting in person.
* Expenses for those attending meetings to be covered – travel, parking, baby sitting.

**Primary Care Networks**

* Practices could inform patients regarding the PCN structure and the availability of services it provides.
* The PCN could have a Twitter account and a website. Each Practice website could include a link to the PCN website.
* The PCN could encourage Practices not currently engaging with their PPG to engage in the future.
* Cut out the PRG and go straight to the PCN.
* As many services as possible delivered at PCN level rather than at St Helier or other hospitals or locations.
* The PCN could have a list of the volunteers who became involved during the pandemic for future specific individual activities and/or involvement.

**Future meetings**

* Individual PPGs within a PCN could meet as a group.
* CCG and PRG topics to be sent to PPGs for discussion and results returned for their consideration.
* Timing of PRG and PPG meetings to be better co-ordinated. Currently PRG meetings are every 2 months and PPG meetings are every 3 months.
* CCG/ NHS Sutton staff to give updates about services at PRG meetings and members to ask them questions. Potential topics are:
  + merger of NHS and social care services
  + procurement (question certain contracts which seem odd e.g. there was one given to Marsden for chiropody. Who decides who these contracts go to and what is behind their decisions?)

**Practices**

* There should be an early return to doctor/patient face to face consultations as before Covid19.
* Practices could add information messages onto prescriptions sent out to individual patients.
* Charging patients for “failing to attend” appointments. May deter time wasters and free up appointments for those that need them.
* Mandatory training programme, with refreshers, for receptionists, in both triage and telephone manner

**Practice Services**

* It is apparent to those of us on the PPG and PRG committees who receive presentations from various groups and organisations that the general public are unaware of the vast range of specialist services that are available from the NHS and associated bodies and where to make contact with them. This also sometimes applies to GP practices. It is very clear that just putting some details on the Practices’ web sites is just not hitting the general population. I would like to suggest a twice yearly printed publication be delivered to every household in a CCG area giving details of all the groups, their objectives and contact details. A half page should be in various languages directing those non- English speaking to a web site where the translation would be available.
* Immediate investigation, X ray, etc.
* Speedy face-to-face specialist treatment of e.g. sport injuries, inflammation and swelling joints.
* Physiotherapy
* Relaxation and exercise classes
* The long-standing familiar complaint (even prior to Covit-19) of waiting times to eventually get effective specialist treatment would be a significant achievement.
* Telephone consultations seem to work well for many minor health issues. These should continue. It is important however to offer personal visits if necessary or advisable with patients who are not clear in describing their problems and possible solutions.
* The Practice has very good Nurse led services and these should be enhanced and encouraged to develop to cover wider disciplines.
* Nurse-led services might include referral to a Doctor always kept in mind. (especially if a Doctor was available there and then in case of doubt). We don’t want to miss something by delay for a 2nd appointment.
* Phlebotomy should be available at every GP surgery for all our local hospitals clinics, to avoid patients having to go to hospital just to give blood and wasting time hanging about for an hour or more for the clinic.
* Computer records need to be compatible between all primary care establishments and local hospitals. E.g. Epsom & St Helier, Royal Marsden and Leatherhead Clinic
* Elderly/and some other patients need to continue to use telephone access to services even though others might be happy with texts or emails/website access.
* Where possible some hospital services should be made available in the community to save hospital OP visits.
* Don’t forget transport systems to get to health establishments, e.g. why doesn’t the 470 BUS go to Epsom Hospital when the 151 goes from Cheam to St Helier?
* What other establishments could connect to these routes going through the heart of our area?
* First response, low to medium level mental healthcare. Cognitive Behaviour Therapy, Counselling.
* Stress and relaxation course, Mens’ Health Groups.
* Stop smoking therapy.
* Anticoagulant therapy.
* Diet, nutrition and weight loss (including slimming world and weightwatchers).
* Social prescribing.
* Gardening and exercise, pilates, yoga, meditation.
* Parenting, classes.
* Hypertension, Adult education.
* Young people and youth groups.
* Large practice car parks to allow patients who cannot use public transport to access the surgery via car/ mobility scooter.
* Specialist GPs to work out of different practices on different days, to provide their care to whole Borough.

**Broader issues**

* Social Services should be more integrated with NHS to avoid duplication of effort and analysis of needs.
* Integration of NHS with Social services and nursing homes under Government Budgets rather than individual local authorities doing their own thing.
* All health for the Nation to be controlled by one authority and tax system rather than some bits relying on local Council Taxes and Social services budgets.
* Generally look for an integrated management of community health services, Hospital and Local community health under one system of management control.
* Fewer Chief Executives, fewer different budgets with a proper regional Management Structure reporting to Central Government with Policy responsibility in one or fewer places than now.
* Let success like Epsom and St Helier show the way, as they are doing merged, so much better than apart, working closely with The Royal Marsden World Class Hospital in our area.
* BUILD ON WHAT WE HAVE ACHIEVED LOCALLY WITH INTEGRATION AND GOOD MANAGEMENT SYSTEMS - LED BY NHS ENGLAND WHO SEEM TO BE PREPARED TO LISTEN?