



ANNUAL GENERAL MEETING

30th September 2020 at 19:00
Via Zoom Webinar

Q&A's

Q1: How have practices managed referring into the extended care appointments since moving to total triage or eConsult systems? We have found we are not referring as many into the extended hours service. (Dr Kitur Patel)

A: *Dr Sagar Dhanani:* The EAH's have been running on full telephone triage and were initially quiet. Capacity has increased and we are now providing around 24 min/1,000 (previously 30 min/1,000). The challenge in seeing patients f2f is that they need to be triaged and brought into the hub. Slots are available on weekends as there is enough time after triage to bring them in but weekday sessions are only 2 hours long, which does not allow enough time to get the patient in.

Q2: How does The Confederation decide on the training and development areas that are rolled out? (Dr Augustina Badu)

A: *Dr Ritu Prasad:* There are a range of training and development programmes provided encompassing admin, nursing, GPs and GP registrars. The team also support the business management aspect, led by Marie Franklin. Masterclasses are set around current GP learning needs and new clinical areas that need to be escalated. The PCN development programmes led by the Transformation Managers; Helen Steward, Sunoj Jacobs and Rachel Broadribb, have worked with PCNs to identify their specific areas of development, these include amongst others: IT, Business information and Sabby delivering a Covid friendly e-learning programme.

Q2.1: Specifically looking at grass root training for receptionists dealing with things like customer care, difficult patients, etc. (Dr Augustina Badu)

A: *Dr Ritu Prasad:* The workforce training and education programme deliver receptionist training, and this is re-run on a regular basis. All receptionists encouraged to attend.

A: *Marie Franklin:* Sign posting and clinical correspondence as part of NHS 5-year plan were the focus to a series of sessions last year. The customer care and difficult patients' sessions are upcoming. There has been a delay due to ongoing budget allocations from the CCG and identifying specific practice needs. Feedback from all training sessions is assessed to identify future training areas. Any specific requirements please highlight to MF for inclusion.

Q2.2: AB: new staff coming that need to be brought up to speed. (Dr Augustina Badu)

A: *Marie Franklin:* Once the new Workforce and Training lead, Natasha England is in place, budgets will be finalised and this will be progressed.

A: *Eddie Jahn:* The original budget proposal was submitted to the CCG in May and only finally approved by NWL CCG last week, this has made planning for the team extremely challenging, now the funding is available this year's training can commence..

Q3: Any thoughts on utilising our skilled GPs in specialities to run specific clinics as GIPs. (Dr Delair Khider)

A: *Dr Selvi Babu*: We have been looking at planned care in the community for gynae, which has just had the business case and funding approved. A series of task and finish groups are in place to work through the service set-up. The team will engage with GIPs in Gynae to help with the Coil and Ring Pessary clinic.

A: *Eddie Jahn*: The go ahead for this came in today and is being led by Dr Selvi Babu and Dr Salman Gauher. There have been Covid related delays, but it is now one of the first planned care clinics to move into the community. We hope several more will follow soon

Q4: Please advertise for the Mentorship Programme, we have many colleagues who have had difficult times during the pandemics and may need support and coaching. (Dr Delair Khider)

A: *Dr Ritu Prasad*: This programme was started by the education team. Trained mentors have been put in place to support primary care staff through this difficult time and offer career planning advice.

Q5: Can you help practices in establishing or reactivating PPGs and going virtual. (Dr Delair Khider)

A: *Dr Anil Raj* (PPE representative for the Confederation): The focus on the care home support has meant there has not been time to look at current recommendations around this. Discussions at the HHCP PPIE Committee have been around action plans, patient feedback in current services and equality and diversity. Generally, PPGs would need to be shaped by individual practice to support their specific requirements. The Confederation would be happy to work with practices on how to move this forward and identify support needed following the Covid delays.

Q5.1 To some extent patient views not given as much consideration as we like. Some services are not providing chronic disease management. We would like to have patient views and let them know why we do things in this way. Can we do something overarching during the Covid period? (Dr Delair Khider)

A: *Dr Anil Raj*: Will raise this with the Board to see how we can work with practices.

A: *Dr Ajay Birly*: Just before Covid, his PCN held a PCN wide PPG meeting at a local church hall with 60 patients attending. The number of people made it beneficial and identified issues that they were keen to address such as being able to get blood tests both at the practice and at the hospital. It was suggested that moving to PCN wide PPGs will increase numbers.

A: *Rachel Broadribb* (Transformation Manager): PPG's are included in the PCN Development Plans so your PCN Transformation Manager can help facilitate these and moving them virtual.

Q6: How do plans around office space fit with current working from home workforce recommendations? (Dr Kitur Patel)

A: *Eddie Jahn*: This is a valid point as we have all now embraced virtual working. However a major development within Hillingdon is the planned hospital redevelopment which will provide for a smaller hospital than what is currently provided; this in turn will require more services delivered in the community. Some services will need to be f2f and will require clinical space, which will be included as a significant element of the property plan. The hospital also plans to decant services during the build and will need more capacity in Hillingdon during that period. There are various other planned hubs, but these will not be in place in time. Currently Ritu is working with 5 different groups of consultants looking for consulting space outside of the hospital and it is hoped this plan will fill this requirement.