Health and Care Plan Refresh Primary Care Event

Insights and transcript

Event date: Tuesday 26th July 2021 1.00-3.00pm

Healthwatch Croydon, Zoom

Final report

1 July 2022

Background

On Monday 26 July 2021, Healthwatch Croydon organised a focus group to provide feedback on the refresh of the Health and Care plan focusing on the Primary Care section.

A two-hour focus group of residents and service users primarily with experience of GP services and patient participation groups (PPGs) and the community and voluntary sector gave their views on this specific section of Health and Care Plan. One Croydon Alliance was gaining insight from stakeholders on the other sections, Healthwatch Croydon only led in this specific section.

Initial feedback was shared with members of the One Croydon Alliance in August 2020, which covered all the key points raised below and recommendations. This is a complete analysis provides some more detail and so shows how it links to the discussion so points raised can be clearly linked to the discussion. Once the new Health and Care Plan is published this will be also publicly available to show how discussions helped influenced aspects of the final document.

The final draft of the Health and Care Plan Refresh was presented at Croydon's Health and Wellbeing Board on 19 January 2022. It can viewed here within the minutes of that meeting between pages 45 and 95: https://democracy.croydon.gov.uk/documents/g2682/Public%20reports%20pack%2019th-Jan-2022%2014.00%20Health%20Wellbeing%20Board.pdf?T=10

Objective of event

To gain views from patients and members of patient participation groups on the current proposals for the Primary Care section of the Croydon Health and Care Plan to provide insight for refreshing of the plan to run to 2023.

Overall points to consider when looking at this as a whole:

- What One Croydon said they have done.

- Is this your experience?
- What should be their priorities for the next two years?

Three principles behind the plan:

- Services close to the community
- Maximising use of community assets
- Proactive and preventative medicine agenda.

Themes

The following comes from a professional independent transcript that was taken at the event and is included below. The colours reflect areas in the transcript where these issues were raised for further reference:

Theme 1: Focus

- Understanding complexity of network and roles.
- Objectives unclear.
- Lack of guidance by 'those in power'?
- Lack of measuring / outcomes.
- Who is accountable?
- Governance.

Theme 2: PPG

- Variation of PPGs from inactive to proactive.
- Refreshing the PPG.
- PPG reliance on GP relationship.
- Relationship to other PPGs community groups.
- No framework for PPG.

Theme 3: Working Together

- Challenges of complex sector.
- Key players not included in conversation.

- Defining working together.
- Benchmarking success.

Theme 4: Quality

- Lack of quality control.
- Access.
- Examples of good quality general practice.

Theme 5: PCN

- How PCNs fit in to the wider landscape.
- Lack of guidance.
- Lack of confidence in PCNs to make a difference.
- Variation in PCNs.
- Clarification of purpose of the PCNs.

Theme 6: Community Assets

- All stakeholders not being included in discussions.
- Libraries, churches, and social meeting places.
- Volunteers and refreshing volunteers.
- Resources for volunteers.
- Not utilising potential volunteers.
- Community groups as first port of call.
- Value of quality GPs and practices.

Theme 7: Communication

- Inform patients about what is available in clear and accessible ways.

Overall findings

We heard that there needed to be clearer communication on objectives and outcomes to increase engagement, including the role of Primary Care Networks (PCNs). There was also a key role for Patient Participation Groups (PPGs) with examples of good practice and a concern that grassroots level organisations in the voluntary and community sectors are not being effectively involved in conversations. There was also a consideration that the volunteer base may not have capacity to meet expectations defined in the plan.

Recommendations

Provide clearer communication on objective and outcomes to increase engagement: It is a complex document covering many aspects of health and social care, but clearer communication of objectives and outcomes, particularly from the perspective of patients and service users will help understanding and engagement with what is being proposed.

Define the role of Primary Care Networks (PCNS) in delivering the Health and Care Plan: PCNS have an important role, along with integrated care networks (ICN+) but it is unclear on how they are delivering this, and particularly how patients and service users can engage at this level.

Involve, encourage, and support patient participation groups at both GP and Primary Care Network (PCN) level: PPGs can have a useful role if they are supported effectively. Their members are likely to have experience, insight, and commitment. There is good practice taking place within Croydon at one PCN which could be applied across the others.

Apply good practice with PPGs so they know their role: Since PPGs have such a role to play particularly in service user insight of primary care, they need to be of sufficient quality. Respondents said there was significant variance in PPGs across the

borough both at practice and PCN level in their role and effectiveness and this need to be more consistent in line with good practice.

Ensure grassroots level micro-organisations in both voluntary and community sector are involved in conversations: There are many very small organisations that can provide insight from their perspective, provide ideas to challenges and support engagement at the neighbourhood and community level.

Don't overestimate volunteers: Community and voluntary organisations and volunteers are being asked to help deliver services. However, small organisations with inconsistent funding and a static volunteer base are feeling stretched to capacity. How can they be best supported, and volunteer base be increased?

What difference did this make?

The views from this full transcript have been presented to the One Croydon Alliance of health, social care and voluntary service providers and also presented at the Proactive and Preventive Care Board in February 2022 and Primary Care Commissioning Board in March 2022. As a result, recognition of the role of PPG groups are now mentioned within the final version of the Health and Care Plan due to be released on 1 July 2022 with the launch of the new Integrated Care System.

Further discussions are continuing through Primary Care Leads in Croydon as part of the South West London Integrated Care System and also with the Local Voluntary Partnership to ensure the community and voluntary sector can meet the expectations of an integrated care system.

Full Transcript

Colour Key:

PPG - Yellow
Focus, Framework, leadership - Green
Community Assets- Pink
Communication - Khaki
Quality, good and bad - Blue
Working together - Grey
PCN- Blue 2

Moderator: These are the challenges of-, right thank you got it. So, just to say we've got that little message saying, 'Recording in progress', so thank you very much for coming and giving your views on this area. Just as you might have heard there it says, 'Recording in progress.' We are recording this purely for analysis purposes, this won't be published but it just makes it really easy if we have a recording which we then get transcribed. It helps us make sure we get all the detail that sometimes isn't picked up as you can imagine over a meeting that lasts for two hours. That's said, feel free to give your views on the areas that we're discussing. We will when we analyse it if we do produce a transcript and sometimes, we do, we anonymise the data. So, if you happen to mention someone's name or you mention your name it will all be anonymised down to person and people 1, people 2 so you can be sure of whatever you say won't-,

Resident 1: Won't be taken down and used against you.

Moderator: Thank you very much, Resident 1. The other aspect here which I think I'd just like to say is we've got quite a lot to cover in the two hours, we're doing it as one whole meeting. We could have theoretically done it as breakout rooms, but I find that it can affect the flow. What we want to do is get everyone's views and I know you're all coming potentially from different parts of the borough so what is really useful here is that we get to hear so when you talk about your experiences talk about it from the area that you're in. Because, with this and I'll explain it a little bit more, it's not fully running out consistently across the whole of Croydon. As you may know, this is about the health and care plan and the bit that we're looking at is about primary care which is particularly around the development of ICN+, Integrated Care Network Plus and the real impact that has on PCNs. These are all new aspects that have been happening in Croydon, but they're not happening at the same service level across the whole borough, so it's really useful to know what's happening in your local area. You may be aware that the health and care plan was produced about two years ago and because of what's happened since then there was a view that this should be refreshed, and we've been involved in listening to the discussions that have gone here. Healthwatch probably most of you realised this

is independent of the whole health and social care network. We're not there with a particular agenda and like this today while we're showing the plans of the health and care plan, we don't have any particular agenda with it except that the public is heard, and the public views are considered in developing the plan. Now, as you might have seen from the papers, we sent you and I hope you had a chance to read those, the technicalities of this plan are written for those that have got to deliver them, so the language is not obviously directed fully at the public, although it is publicly available. These challenges if you were involved two years ago when we first looked at the plans, we fed back on that, and they did make improvements with the final plan to make it people friendly.

But, because the plan is primarily for those who have got to deliver services there is language in there, there are technicalities and there's a lot of acronyms. If there's anything that you don't understand, do ask, and I'll try and answer it, I do have some, sort of, reference information. I also sit in a fair number of these meetings as an independent observer, so I've picked up some of the language along the way but if there's anything that, you know, when you hear someone else make a point feel free to ask. We have got a chat box so feel free to fill that (redaction 03.54) is monitoring the chat, so we'll raise any questions. I'm not sure because I'm doing this from the phone how well it will come up for me, so it may be (redaction 04.04) that you'll just need to interrupt and say, 'We've had a question here on this.' We've got broadly, let me get this right, I should know this off by heart now, yes three areas to cover, and I'm hoping we can give that roughly about 30 to 35 minutes and leave time for any other questions. While the focus of this is on the plan, obviously we do give opportunities to talk about other aspects. DCs, that's a good start I actually did see the text come up on that one, thank you Resident 1. In what bit are you referring to? I'm just going to see where DCs were. Oh, I think okay, yes, so I'm just checking yes, that was on the last one. That is Clinical Director Cabinet. The CGPC which is the Croydon GPs Collaborative that's nearly every GP surgery, I don't think it's all of them, but it's nearly all of them. They work together and not only are they representative of nearly every GP surgery, but they also provide services across surgeries. I think they've been involved in helping some of the GP hubs, so I think the GCD here is the Clinical Director Cabinet. Again, lots of technicalities here it's the group that will make the decision-making so, I think that might be what that is. Now, so I hope you've had a chance to look at the notes, what I sent you which comes directly from One Croydon Alliance is generally what they've reached up until now.

That's just to give context, what they want to know is what to do going forward and that's where it comes to be really important. So, what we want to do is get your views and ideas around this and particularly to your local area, and I think that's another aspect that's really important here. I think there have been lots of discussions, but it's not necessarily always involved patients and residents and that's why we're getting involved, and we hope that this may be the start of other discussions that will go on. So, what you say today we will analyse, we will feed

back, we will publish because that's what we have to do as Healthwatch. We're legally obliged to, but I mean what we will hopefully be able to show some months down the road, what the impact of what you've discussed today has helped. We realise of course we are a small sample of the wider population, but your views count, and it's going to be really important to get your insight because it also helps show what good public involvement is all about. Sorry, (redaction 07.07) could you read that whole message that just came from Resident 1 there. I only saw half of it.

Resident 1: It's from Resident 2, actually.

Resident 2: It's from me.

Moderator: Resident 2, go on you say it.

Resident 2: As a pilot scheme for One Croydon, we started in the North of the borough what's happened to the south of the borough and is it a postcode lottery?

Moderator: That's a good question. You're right it has started in Thornton Health they had to start where the aim of this plan and the crucial (inaudible 07.39) is to roll it out across all the other areas. Work has started, but it's fair to say that they're not as well-developed, which is why-,

Resident 1: We did say, Moderator, that I remember writing I was in the room where (redaction 07.56) and (redaction 07.58) volunteered to do that report and that must have been about three years ago without looking back in your report. But it's taken a hell of a long time to get out into the rest of the borough.

Moderator: I think that aspect that (redaction 08.16) and (redaction 08.17) worked on was the personal independence coordinators. Now, that is now rolled out across the whole borough.

Resident 1: Isn't that part of the one-,

Moderator: That is one part but it's one piece in a very big puzzle.

Resident 1: Oh, it is a big puzzle but that is one of the problems that I think any member of the public coming to this first time cold would have a completely baffling-, I mean, we discussed it the other day I think we identified up to five different partners who are involved in this. I wonder how on Earth has this system with this enormous matrix of agreements between all these organisations can ever get going outside of its own thing. One of the other things I've written a whole series of comments and questions down here is who is the guiding mind on this? Who is the actual leader of all this group, so it actually has a focus?

Moderator: As I understand it, well the leader of this is the place basically so ultimately the leader is (redaction 09.30) because he is the place base leader for

health but it's also working in partnership with all the other organisations. But I think we shouldn't focus so much on leadership that's one aspect of it all and it is ambitious I mean, the challenges, you know, trying to get multiple organisations to work together in an integrated way is always going to be a challenge. Especially, when you've got a council, especially (TC 00:10:00) when you've got two health trusts. One who's totally focused on the borough but another one of which Croydon is only one part, the mental health trust, you know, it covers three other boroughs. You've got a primary care trust that's now merged across South West London. You've got Age UK as well who are delivering services and then, you've got to try and bring this all together. You are right in the respect that it is incredibly complex. I think a lot is happening, the challenge is that it's somewhat under the radar.

Resident 1: Can I interrupt Moderator? The thing is they're so focused in Croydon with our local problems which I won't go into but one of the highlight things is quality control. Where is the money going and what quality are we getting out of it and members of the public don't follow this? You know, because a lot of the interactions with the public are highly confidential so we're not going to know whether Croydon is actually getting value for money out of this.

Moderator: These are good questions.

Resident 1: Yes, these are very good questions as we know listening in other quarters.

Moderator: Next to these and it wasn't in this paperwork, but it is in the wider full plan are a list of objectives they've got to achieve, and I can share those with you. Well, I think the previous planner had them in and then obviously, they'll set some new ones based on what discussions are here. Remember, this is a refresh of a plan that was published two years ago but if you go back to those they have got and I know that question was raised then, they have got about 30 or 40, if I recall, different measures that they've got to try and succeed in achieving. So, I think there is a measurement of quality obviously there have to be some benefits in this. I think the challenge you're absolutely right with the public is that a lot of this happening I wouldn't say behind the scenes but it's happening to certain people who need the services but it's not necessarily being actively promoted to the public. We've said for a while that's something they need to do.

Resident 1: Can I but in a moment? Sorry, for ruining your flow, Moderator but I also this morning looked on about ten of the GP websites to see how active in the borough and to find out how active the PPGs were, and I do not detect a hell of a lot of activity. So, to your average man in the Croydon street, I doubt whether he would-, because we have this problem, don't we, of people turning up in A&E not given getting to 111 if it lasts more than a few minutes. So, understanding where One Croydon is and all of the complexity there, you haven't got a hope.

Moderator: I know thank you, Resident 1. Our aim here is not to do that. I mean, it is immensely complex and discussing when we said we'd take on this little bit of

doing some insight work for One Croydon in doing this and it was our choice to do it. We know there are complexes, but we also know that part of the role of Healthwatch is where best possible to try and take the complexity and present it in a way which might have some ideas which could provide some insight. I don't think we're going to solve all the challenges and problems. The ones you've raised today are very important, I mean, PPGs well many of the people here today are a member of PPGs and that's why we wanted you to come along because we knew that you would at least have some informed idea. But, yes trying to show this to the man or lady on the Croydon tram I think would be a challenging endeavour at the moment.

Resident 3: But, Resident 1, communications are quite important and Moderator, I was just going to say that, when I could get in, that I mean, communication with the public about what services are available and how you access them is going to be very important. One of the key elements of this, and a confusing, complex picture and the other point I was going to make is that I don't see how the voluntary sector fits in unless their role is going to be to refer people into these services. I've attended some localities' community partnership meetings, noticeably (redaction 14.50), but that area it's not a homogeneous area. It's very different, you know, different parts of it have their own concerns and their own identities. It's not clear, it's been very interesting listening to what the voluntary organisations are doing and how they can interact, share information and experiences and there's been a suggestion of a community hub or hubs where they could get together. But, at every meeting (redaction 15.24) from CVA (Croydon Voluntary Action) talks about ICN+, but so far there's not much idea of where this is going. What's the intention? What's the endpoint? What's the role of the voluntary sector in ICN+ or indeed in health and care, and that's not really becoming clear in this, so this is something, you know, which needs to be elucidated.

Moderator: Yes, I would agree, and I think that the important thing is all of this is that, you know, essentially, it's been established in one area and it's rolling out to other areas and that is partly why they want the views now. Now, your question about what role does the voluntary and community have, well one of the aspects in all of this is for the voluntary and community sector to support the health sector in aspects of services. Now, the question is to what extent that is and where, I think it's more of the social aspects. Remember, that the one reason why a lot of these aspects occurred is because you might be aware of the term social prescribing, well you know about social prescribing of course. Social prescribing is where a lot of people were turning up at GP surgeries or A&E essentially nothing wrong with them. They were just lonely, or they were just feeling out, or they had very minor complaints. The idea was to create social prescribing networks, but which are usually run by community and voluntary sector groups to support people and connect them together. So, happens you go to your GP and rather than him prescribing you pills, he'll prescribe you, I don't know, a dance group or a keep fit group or, you know, a crochet group or something like that that might help. Now, it's not going to be a coverall for all, just a second, Resident 1, but it's the idea of this is how it was supposed to develop. But I think as you say it's a little bit more

complex than that and that's why we want to get your views. Because there is a view, and it says here that, you know, in their own definition the IC plus is a wide programme of transforming integration uniting essential health and social care needs via a team supported by our community and voluntary sector. There is a view that the health and social care services can only go so far that after that community and voluntary could help. So, I think what they'd like to do is to get an idea and I guess that's the first question, but we'll talk about that in a moment. I know that Resident 1 had a question and I hope others do as well, by the way.

Resident 1: I don't know why; I had expected there will be some type of presence from actually health and care here so we could get a grip on what is the progress and get the details so we're not discussing old stuff. I think most of the people here know about social prescribing. It's been around now for about four years, you know, and we've seen that the video they produced about three years ago on it but we're no wiser now as to how active it is across the community, and it surely would be successful. I can only think that it would be.

Moderator: Obviously, the point is we didn't invite someone to come from health and care today because our health and care partnership, you know, One Croydon because we're doing this on their behalf in one respect in that we said we would take this on. Also, because the whole point is that we're trying to have a few discussions around-, I've sent some details about what was on there. It may be confusing, that is a good piece of feedback in its own right. I don't think we're here to fathom out the way that it's working. A good question that we could know more about what's going on is a very valid question.

Resident 1: At this meeting, we could formulate the questions that we've got to ask and then, have another meeting where we'd be brought up to date so that we could then focus more accurately (TC 00:20:00) what comments are, I don't know how the others feel about that?

Moderator: I mean, yes, this wasn't about trying to get answers. This is really about getting your views and if you think there isn't enough information out then, yes, by all means pose the questions that you think we can't answer here within the context of these questions that we're being asked. So, we are trying to answer these questions and getting your views about, for instance, what community and voluntary support you would like in your way, but we can also take on your questions most certainly because there's clearly a big information gap. So, I'd like to move onto the questions but yes, you've made a very good point, Resident 1. This isn't about covering everything, this is about getting your feedback, your views, your experiences if you know someone, or maybe you've used these services yourself. If you haven't again it doesn't matter, you may have views on how it could be, and we've already had valid questions about communication and about quality measures. Any feedback we get is good feedback. If there are things you don't know or wish to know more of that is feedback that we can use. It is clear that there

needs to be more information, I mean, they would say themselves that they've been very focused on trying to deliver this to the people they've needed to deliver it to rather than communicate out there. They will want to do that, and I think it's important that we can raise those questions, as you say, Resident 1. So, it may be that you will have more questions than answers, and we certainly don't have the answers, but the important thing is to be able to have those discussions by which we might be (inaudible 21.42). I do think that's a good idea that maybe we can do some, kind of, follow-up once they have taken back what we've heard, and we can evidence some things that some changes might have been made as a result and then, it would be really good to have a follow-up meeting. Sorry, did anyone have any other comments?

Resident 4: May I just ask?

Moderator: Yes, sorry just to get a question that question to do with GP-, the One Croydon Alliance is seven organisations, so it is important that we get these things right. So, the One Croydon Alliance is made up of Croydon Health Services NHS Trust which is the hospital and community services. The NHS South West London CCG, we're got the council, we got SLAM which is the South London and Maudsley Mental Health Trust and Age UK, have I covered all of those? Also, the GP Collaborative. GP Collaborative is GPs working together but they have created their own association. Now, GPs just to remind you I'm sure you all know this anyway are private organisations that take NHS contracts. So, they're not obliged to be part of a collaborative it just so happens that most of the GPs in Croydon wanted to be part of a collaborative so they could work together on certain areas and on supply services across the board. But it's an association as I understand it, I don't think it's-, in fact I have the definition it's not set up by the NHS England or anything like that. Hello, go on.

Resident 4: Hello, Moderator can you hear me?

Moderator: Yes.

Resident 4: Okay, what I want to say is that I'm grateful for your explanations and expositions, but I look at the list of everybody who's attending here and I'm absolutely certain that every one of them knows what you're saying, the detail of what you're saying like the back of their hand. We purely do not need to keep going through it. The one thing we do know about the Croydon GP Collaborative is that it is an organisation that provides services, it indeed is referred as doing so within one of the sheets that you gave us. May I suggest that we press on with actually using the questions that you want to have answered as our first port of call and from those questions, we may well find many issues that require further answers as Resident 1 has indicated rather than going around the houses about what certain bits of the organisation were doing two or three years ago. We can rather gather that much has been instated for that period. So, what we really want to know is how can we help you answer these questions without

repeating ourselves and how can we identify what we don't know and everyone else is going to contribute on that score. Is that okay with you?

Moderator: Yes, thank you Resident 4. I mean, that was always my intention I think we have to state we hold to assumptions that I mean, you know, we invited a whole range of people to come not everyone is always known to know everything. You know, there are some people I recognise here, and I know well who I'm sure do but we can't always make that assumption, but I think we should move onto the questions you're absolutely right that I'd like to focus on. But I did say at the beginning if anyone was confused and anything we'll try and answer it as best as possible.

Resident 4: I think the chat feature gives us a good opportunity to insert those questions. That's certainly the focus I've seen on other Zooms.

Moderator: Yes, so please put the questions in if you don't understand anything so we're going to start with the first question. So, their original objective was to develop a fully integrated locality based primary care services building on integrated community networks and living independently for everyone life programmes. Now, I'm not going to read the full definitions there, I hope you've had time to read those, but these are two aspects of this whole new element which have been quite crucial. One is around really just getting health and social care working together in a team, now there is always the question that I find rather funny. Most of us probably assume this should be happening anyway but it hasn't been, and it doesn't happen in other parts of the system, so I know it seems surprising to us, this is considered innovative compared with other parts of the country. But that said that's what they've tried to do, and they've had these multidisciplinary teams of sitting in huddles for a few years and this life team is about essentially getting people from hospital to home and to stabilise them, so they don't come back to that. So, that's what they've been trying to do but they want to know what more could be done. So, the first question is what local community and voluntary support would you like to see in your area? So, it would be good to get your views across the borough because you're all probably in different parts so I mean, I'm going to take a few notes obviously we're recording it all but actually, I'll read all three questions and then, we can see how they all work together. So, what local community and voluntary support would you like to see in your area? Do you have ideas on the health and social care and community groups could work better together so there's something that, you know, maybe there's a bit of fragmentation or people doing similar services? How can statutory services learn to work better with community and voluntary groups? So, from your experience you might be hearing locally, for example, there's a really good group but they're not connected to the wider system.

So, it's really these questions about how local voluntary and community services can help us support why the wider plans of the health and social care team with

their legal obligations? How could they enhance so any views, questions, things that are going good in your community?

Resident 3: I was just going to say Moderator, how to PCNs fit into this because they overlap the ICNs on localities, don't they?

Moderator: Yes.

Resident 3: My PCN has got a social prescribing link worker and a mental health link worker. I think a pharmacist, sort of, link worker person and one or two others. So, I heard at the last PPG that all PCNs, you know, are similarly developed, and how are they working with the voluntary sector? Because one social prescribing link worker for a whole PCN covering (redaction 28.53) and (redaction 28.54) obviously can't achieve very much. Likewise, you know, how does the mental health link worker link up with the other mental health developments that are going on in Croydon like the mental health well-being hub and the mental health picks and so on. There doesn't seem to be the link-up, let alone with the voluntary sector.

Moderator: I think that's a really good question that we could ask. I don't have the answers, but I think that's a very good question that when you've got one link worker for a wide area, and you talked about (redaction 29.29) and (redaction 29.29) is one area that is quite a large area. There is a relationship between the PCNs. Just to clarify here, the PCNs have been clustered together defined by NHS England. So, that's where you had individual surgeries, NHS England has insisted that two or three surgeries sometimes more get together. I think the population size has to be a minimum of 30,000. It could be as large as 60,000 or 70,000 (TC 00:30:00). They have to work together, and they're obliged to, from NHS England. ICN's is more Croydon level that sits over the top. So, PCNs, there are nine, and there are six for Croydon, and Croydon's more defined by the regional as well. Some of the PCNs are defined by the nature of different surgeries being together, but you raise a very good question, Resident 3, because if there's an ICN here, how does the relationship work between them? I don't know the answer, but I think it's a good question to raise, and therefore their connection to the community is going to be challenged as well if we don't know how they work. So, how do the PCN link workers connect with the ICN? It's a very good question. In terms of services in your local area, where do you see-,

Resident 5: Sorry, just before carrying on, I've had my hand up for a while.

Moderator: Oh, sorry.

Resident 5: No, it's okay.

Moderator: I can't see it on my phone, which is real problem. So, do speak up.

Resident 5: Not to worry, and sorry, I joined the meeting late as well. I had a little bit of feedback on what was being discussed before as we came into questions. So, for those of you who don't know me, I'm (redaction 31.27), I'm (redaction 31.28), representing (redaction 31.31), and what I seem to keep on hearing, not just across the collaborative, but actually across the whole of London, is primary care, primary care, primary care, but we do not include primary care. You know, we keep talking about general practice, that's not primary care. You know, so when we're talking about working together, and care closer to home, if you really look at the seven organisations that are in there, the healthcare organisations that are in there are all organisations that are trying to shift our residents away from approaching them because they have capacity issues. Then we have areas like community pharmacy who are ready to accept our residents but don't seem to be part of the conversation or part of the collaborative, and I think that's where we're missing, enabling having care closer to home, enabling having our residents looked after, in terms of keeping out of hospital. You know, there are services to do this, but they're just not moving forward, and that's, you know, the reality of what's happening. In terms of PCNs, we have the PCN DES, but having one line on page 26 of the contract saying, 'You need to work with pharmacy,' with no guidance behind that, again doesn't really give us anywhere to move forward. So, we have a huge national contract saying that we need to relieve work issues from general practice and create a service where GPs are referring to us for minor illnesses and medicines issues. We have a service where hospitals are referring to us, but those services aren't getting going. We have health champions in all of our pharmacies, but actually, we have social prescribing, which is held in general practice where people can't get appointments. So, how do they have access to social prescribing if they can't go where doors are open? I think access is a huge issue for us, and we really struggle to just be part of the conversation, but we seem to have a solution.

Moderator: Yes. I mean, obviously we, yes pharmacy, has a very big role to play, and thank you for sort of contributing to that, and yes-, just to sort of clarify by the way, Resident 5 referred to DES, this is the contract that NHS England has with its GPs. I think the challenge here is that this is, again, another thing to do between NHS England and how it's trying to contract its GPs to do this, which is half of the story, of course, but that's almost, as you say, it's a national issue, but it is something that, yes, should be considered. So, the role of pharmacy, we could go back and ask about the role of pharmacy, and pharmacies and how they should be connected more into all of it, because yes, certainly-, bear in mind this is the section on primary care, it is true, pharmacy isn't mentioned in here at all. I see Resident 4 made a reference to the PPG not being connecting, that's another-, or the role of PPGs in all of this. We will pick that up later, I'm just aware that we want to keep to the comments that we've got here at the moment, that we do talk about PPG, about the impact that COVID has had, and I think there will be an opportunity to discuss about PPGs towards the end. So, in terms of, like, do people have any view of local community (inaudible 35.13)? What's happening in their locals' areas that they think would be helpful, which-,

Resident 6: Moderator?

Moderator: Yes?

Resident 6: We've got a question in the comments. So, Resident 1 said, 'Is this all part of the problem of steering the public away from A&E and the GP, which I have been a part of for the last seven years?'

Moderator: It's possible. I think there are different pressures on the system over time. I mean, if anything, A&E is-, if you were at the health board last week in public, they talked about new numbers coming into A&E, you know.

Resident 1: We did, we did.

Moderator: So, you know, the challenges are still there.

Resident 1: Moderator, can I interrupt, Moderator? Sorry to interrupt your flow, but I went to, in 2013, the (redaction 36.08) thing, and this was the very first thing that we were discussing, how to get people out of A&E and to go to pharmacies or stay at home to avoid the flu crisis. Virtually every year we have discussed this, and we've tried the three hubs, that was one initiative to try and get people to go away from the GPs, we spent a lot of time on that. And then of course, what you've just mentioned, Resident 5, about to go to the pharmacy, and now we've got 111, which we heard at the meeting that if they don't get answered within a couple of minutes, they go straight down to A&E. The magic spell in trying to break people's habits, and it's not only in this part of London, but also nationally, how to get them-,

Moderator: Yes, you're right, it's not a local issue. I mean, we've discussed this. As it happens, we are actually doing a piece of work on urgent emergency care this week, which hopefully will be able to provide some insight, and we're asking exactly those kinds of questions, why you chose this, what difficulties you had? I'm aware we're moving into the whole, sort of, A&E end of the thing. I would like us to focus us back, if we could-, oh, sorry, Speaker 3, did you have a question?

Resident 3: Sorry, yes, I was just going to say, it's really a problem of access, Resident 1, I don't think people just go to A&E for no reason. I think, you know, part of our research we're doing at the moment is looking into pathways, why people actually, you know, go to ED, and why they choose that, and I think we need to look at routes and access. How many people do actually go to pharmacies as the first port of call? I don't know that there would be very many, to be honest.

Moderator: We have asked that question in our survey, and I hope we can feedback to you at some point.

Resident 3: You know, at the moment, it can be quite difficult for some people to actually access some GPs. It should improve when GPs are no longer booking vaccines,

but currently, the default aspect, the situation with GPs, is that they're continuing with telephone triage or online, which is not for everyone, and I think you really have to look at, you know, difficulties with access. I don't know about the hubs. Are the hubs actually at the moment over-subscribed? Are they up to capacity? If they are, then where do people go, where are people advised by 111 or the hub's phone line to go?

Moderator: We will get more insight into this. From our experience of doing this, and I mean, we're talking about A&E and urgent care, this is the opposite end of the scale, but it isn't interfering with the health system for one bit, it's going to affect the other. What I would say is that you raise a very good question about access, Resident 3. I think it's really important that is, sort of, central, and-, I think they always said they wanted people to use the right service in the right place and the right time, and there a question about that, which obviously has, especially with the way the changes that have gone in with GPs, I think Resident 5 is very much right to raise the role, that when we're talking about primary care, it's not just GPs, but it is (TC 00:40:00) a wider network. I feel we've moved very much back to the whole A&E end, and you're right, access is important. Going back, let us just look at it from the other end of the telescope, for a moment. In your local communities, do you think there is any capacity of voluntary or community groups to support, knowing what the health and social care services are aiming to do, do you actually think there is any capacity there for them to give any valuable support, or do they in turn need support to be able to bring that?

Resident 2: We haven't got any in this area.

Moderator: Which area is that?

Resident 1: Is this Resident 1?

Moderator: Yes. Which area is that?

Resident 1: What we do have is part of this keeping the libraries open is also to get them to focus on social meetings and social support, and outreach of fellowship, which funnily enough we do do at our local church, we have every two weeks people of a certain age, i.e., mine do all go, and we had about twenty there last Tuesday enjoying a nice cup of tea and a few biscuits.

Moderator: It's great you could socialise again. So, that was happening in your church, and you're campaigning in your area, then. If I remember rightly, that's (redaction 41.28), is it, that area?

Resident 1: (redaction 41.29), yes.

Moderator: So, for the library to that, it's very interesting, because of course, there is a big discussion over the closure of libraries, and the idea that maybe they could be used for social assets, it's very interesting.

Resident 1: Well, this is what is being said in our part of the area, and libraries aren't the thing-, and yes, this is part of the social prescribing thing, it's not only for older people, but also for sending children home to a place of safety on their way home when the parents can't be there, and all this kind of thing.

Moderator: So, it could be a community (talking over each other 42.06).

Resident 1: It is an enormous-, they've just acknowledged they are an enormous community asset.

Moderator: Thank you for that, Resident 1. I would like to get views, because I value all your contributions, and Resident 3 also, but I know there are a number of people here who may not have had a chance to speak and might be representing different parts of the borough. Would anyone like to contribute what's going on in their local area, whether there are local groups that could work together, or whether they also-,

Resident 2: Resident 7's got his hand up.

Resident 6: So, Resident 7 has got his hand up.

Resident 1: Come on Resident 7, hooray!

Moderator: I'm so sorry I can't see everyone's faces. I'm going to see if I can change the function, but yes, I can only see four people, it's the challenge of doing it on this phone. Go on, carry on, Resident 7.

Resident 4: On mute, Resident 7, on mute.

Resident 7: Can you hear me now? Can you hear my dulcet tones, yes, no?

Moderator: Yes.

Resident 7: Right. I'm responsible for (redaction 43.09) as a (redaction 43.10). But also, my other guys, I'm also deputy chair of (redaction 43.27), that we've got, I don't know now, probably about 1,600 members, and we've got quite a good volunteer group that was helping out during the COVID crisis when everybody was in lockdown, going out and getting shopping for someone, but one of the biggest things, Moderator, is volunteer burnout.

Moderator: Yes.

Resident 7: You can ask your volunteers to do more, and more, and more, and that's what the government wants you to do, and everyone else and calling itself the Communities Together programme, but you can only ask volunteers to do so much, and once they reach their limit, you've lost them forever, they just won't come back again.

That is the biggest thing. I mean, like, Resident 1 has been doing it for years, I know he has been doing it for years, Resident 11 has been doing it, Resident 4 has been doing it, but we're just getting to the stage now where the government wants us to do more and more and more for nothing, just banking on our goodwill. I can see Resident 3 nodding her head there, so she's totally in agreement with me. One other thing is, also, volunteering comes at a cost. I mean, a goodwill cost, I mean the financial cost. Finances are not going back into volunteering to pay for their petrol, taking-, here, there, and buying shopping for people, they just won't do it anymore. The goodness of their heart only stretches so far. Once that piece of elastic snaps, we've got no chance of any more volunteers.

Moderator: So, how would you, Resident 7, what suggestions would you make to make sure-, are you suggesting a resource, there is to be adequate resourcing and support to them?

Resident 7: There has got to be adequate resources, especially financial support, not so much big bucks, just little payments. If they come to you with a petrol receipt and say, 'Okay, I spent £10 on petrol this week running about and getting people stuff,' then it should be reimbursed. I mean, at the moment, we get £15 from the COVID centre in Croydon, from (redaction 45.39). So, if a volunteer goes out to get shopping, they get refunded £15 straight away without any arguments. They can spend up to £15 to get the shopping for the people that are stuck indoors. You know, other than that, Moderator, there's not a lot you can say. I mean, we've got this (redaction 46.01) programme, empowerment and engagement workshop going. We've got South West London going on the urgent and emergency care. We've got loads of other little groups going on, everybody's redesigning things and that to get into the ICNs before the end of the month, but, you know, it is what it is.

Moderator: So, you think there's an element about resources, but I also sense, from what you're saying there, there's also only a limited volunteer base as well?

Resident 7: There is. You had five groups. I mean, we've got 1,600 members in the (redaction 46.42), but out of that, we've probably got about twenty volunteers, out of 1,600 people.

Moderator: Yes. So, what do you think can be done to encourage more volunteers? What would you like to see if you were trying to say-, again, is it about resources as well, or encouraging-,

Resident 7: No, it's all about resources. I mean, even with the faith groups, they haven't got a finite, limited volunteers, if you like. They can only do what they can only do. I mean, you've got the die-hards that will do whatever come hell or high water, but then you've got the casual ones that come in and out, try it for a few weeks, don't like it, go off again. Now, that happening, there, is a big gap that's being left unattended. So, you've got to try and refill that gap with somebody else.

Moderator: So, there's a sense, here, that it's about trying to find people who can be regular volunteers as well, but also there needs to be wider support. Have you seen good examples of where voluntary and community services have been working well? Oh, I think Resident 4 has got a question. I open that out to all, it's not just specifically to you, Resident 7, but Resident 4 has got a question.

Resident 4: I wanted to pick up about what Resident 7 said about volunteering, and your response to that is really, 'How can we encourage more people to volunteer?' Surely one of the things that one should be asking the local place organisation is for some guidance, and how they can put to use the NHS volunteering programme. I mean, in the early months of the pandemic, the NHS volunteering programme came on very strong about how good the response had been, in many cases how overwhelming the response had been, and I seem to remember a number of comments from our own university hospital saying how so many people had come forward and helped them. So, to what extent has that experience been put to use by the health economy in Croydon and elsewhere to be re-deployable outside into the, sort of, community service areas that Resident 7 is speaking of, and what is it that encouraged-, well, I think we understand what encouraged people to come forward in the first place, but what is it about that, and there has been, again, a fair amount of research being carried out on volunteers since then, to allow them, to enable them, to want to continue in that activity which can be related to the needs to volunteer groups in the local community, rather than just the organisations that are labelled NHS. End of question.

Moderator: Yes. Yes, no, I think that's a very interesting point, because obviously with the-, and I also think the role of, I mean, I don't know, there was lots of talk about the mutual aid societies as well, that helped very much in those early months. They seemed very informal networks, I don't know whether anyone knows within their local communities whether those are still happening, but that's a good point. Rather than just looking at what voluntary services are happening in the community, what other volunteer groups in other places could go out into the community.

Resident 7: Sorry, Moderator, the one in Croydon is still operating.

Moderator: Sorry, go on, say that again?

Resident 4: You're on mute, Resident 7.

Moderator: You're on mute, Resident 7.

Resident 7: Here we go again, the one in Croydon is still operating, the COVID.

Moderator: Yes, the mutual aid, yes.

Resident 7: That's still going, still.

Moderator: That seems to have come as a bit of a surprise, because it almost, sort of, came out of nowhere. I guess at that intense time when we were all in lockdown, it came as such a shock.

Resident 7: That started with (redaction 51.14) and (redaction 51.16) from (redaction 51.19), they were the two founders of the mutual aid group. They got together and got it actually going when the council were still sitting on their hands.

Moderator: Yes.

Resident 7: So, they were out there delivering food parcels and again, the volunteers in New Addington were great delivering food parcels and making up food parcels to go out while the council were just sitting on their hands. I mean, it was going three months before the council got one food parcel out.

Moderator: I have to say, the New Addington Residents' Association did come up, we did a bit of surveying in those circles, they came up very positively from residents' feedback. I do think the council may have got them out a bit quicker than you'd noticed, Resident 7.

Resident 7: No, no.

Moderator: Judging from what I heard in our feedback in April and May, but there obviously were different challenges. The Residents' Association work in New Addington did come up as a very reliable source.

Resident 7:
Yes, they're always there.

Moderator: Yes, and it came out a number of times. Resident 8, I believe, had a question. Sorry, Resident 8, I'm going to try and move the screen to try to find you.

Resident 8:
No, never mind, thank you very much. Yes, I would like to take a different view. I have been attending these meetings since 2011 when I retired, numerous meetings, and at the end the question is what else you would like to see done, you know, give us your ideas. I would like us to turn it around, we are all working as volunteers, yes? All these people in, you know, the various parts of the health community, the professionals, they are doing a job to which they are accountable. I'm sure they would have a list of things that they want to achieve, and at the end of each year they will be able to say, 'Yes, we wanted to do X, Y, Z, but we were only able to do X and Y. Now, the services rendered are so many, I mean, so when they ask us to give feedback, what are we feeding back on? Is it, you know, the A&E? Is it community development practices? Is it mental health? Is it-, we can go on and on, it's a whole list of hundreds of services? What I would like to see now is say, 'Okay guys, we have been working together in the area of X, this is how we interacted over the year, and these are the results that we

came up with. We are not so happy with these results, so how can we work together to improve?' Quite specific, you are focusing, you are giving us the results of your experiences, you are giving us the results of, you know, all the resources that have been applied to you to do a service to the community. So, you should be able to tell us how you fared on, what areas you feel there are gaps in and then we can feed back to say, 'Okay, in that specific area it didn't quite work, so yes, this is how (inaudible 54.40).

We continue all these meetings, at the end of the day, the burden is on us, the voluntary sector where most of us are volunteers, where we don't have the bigger picture and there is no way we can have a bigger picture because we are not all operating in all of these zillion areas which the specialists are operating. So, please tell them that-,

Moderator: That's a very interesting aspect, Resident 8.

Resident 8: (Inaudible 55.06) by attending these meetings, because it's the same talk over and over again. They start an initiative, by the time-, they tell you the initiative will last for six, seven years, within three years it has changed. The focus changes, they don't tell you the results of what happened the first three years, and then they come back to you and say, 'Yes, now we are changing it, what do you feel?' No, no, we want more feedback, we want more data from them to say, 'Yes, this is what we have achieved together, but here are the gaps.' How can we sort out the gaps? I hope you're getting me loud and clear.

Moderator: I get your point very well, Resident 8, I think it's a point well made because, I mean, they have listed in that document I sent you a summary of achievements. It is true that it doesn't go down to then, perhaps, some of the detail by which you could say, 'Look, this is where-,' So, what you're really saying, and I think to sum it up is that you want to see here is our specific challenge to a specific service, how can you help? Rather than what services would you like to see, which is so general.

Resident 8: Exactly, thank you.

Moderator: So, yes, and I think that's a very good question. Now, that really does help answer the question, how can statutory services learn and work better with community and voluntary groups. I think your answer to that question, Resident 8, is very specific on what you want us to do, tell us where the problems are. Does anyone want to build on that? Anyone have any views on that one, because I think this has been a very interesting point. anyone want to add to that with their views on that?

Resident 4: Yes, I'll answer that, as you might have expected. First of all, I agree entirely with what Resident 8 is saying there, but there are two aspects to the question that you've posed for us, to which Resident 8 was giving the answer on A and B. The

third point, C, is something really that the people who are asking the question shouldn't really need to ask, because in the first instance it muddles community and voluntary groups as being the same, and they aren't. When you think about the fact that the statutory services have certain objectives that are either laid down by statute, as their name, or are laid down by the boards and panels to whom they work. To the same extent, community services also are responsible to boards and panels of trustees, etc, to whom also they are responsible and with whom they also set out their objectives for the forthcoming year, month, five years, whatever timescale they adopt. It is often the case that the objectives of a statutory group, that is to say some group coming out of the NHS or out of the local authority will have very different objectives. They might want them to be the same, but they will actually be measured and identified very differently from the ones that a community group, with its own charitable intentions wants to achieve. In the first instance, it's for us to point out but it's not for us to solve difficulties that innately exist between those two sorts of groups.

I think it's very important that before we get into the banalities of how groups work together, we actually have somebody at the top. Those who, for example, are trying to lead this discussion having some better understanding of the implicit nature of the contradictions that exist in trying to get these things to work together. Your turn.

Moderator: Yes, well, I mean, as I say, these are the kinds of questions that would be-, and I think it strikes me here that what you're raising good points over, Resident 4, is really around the assumptions that are being made of grouping these together.

Resident 4: Of course.

Moderator: There seems to be the health and social care service works like this, and then the voluntary services work here and do this, when indeed, they each have their own aspects in that. I think this is just really good feedback, which strikes me that building on what you've said and what Resident 8 said, and I would like to hear other people's views, as well. (TC 01:00:00) There have been assumptions made and it's all very general, that there needs to be some specificity here, that there needs to be a detail, and that because it's so general, putting community and voluntary groups together, saying what do you think we need to be doing is looking at it the wrong way around. Actually, it's more here are the problems, here are the challenges, here are the specific challenges, how can you help? How can you contribute, and bring that in there? So, it is a very different way of looking at it from how it could be presented here, so, you know, this is the kind of feedback we'll feedback on. I am aware-,

Resident 8: Can I come in here, quickly, you know?

Moderator: Yes.

Resident 8: In terms of who's talking to them, are we working together? I mean, sometimes you even send, you know, a partner an email saying, 'I'm doing that,' and they don't even respond to you. Do they know how? Only, you know, quite a few people will come back and say, you know, 'Are we working together?' Do we understand the difference ways in which we can work together without us thinking about, you know, funding and all of this, loss of our attendees, do we understand ways of looking beyond it? So, I think maybe we need to also look at the fundamentals, what do we mean by these partnerships and collaborations? Maybe we need to revisit so people can fully understand, because if we find ways in which we can work fairly simple terms, we will work together but not many of us are working together. It's very, very difficult, everybody, instead of working in their own little corner and, you know, develop their own little empires whereby there are others who are actually trying to see if they can work. Besides, we are all different sizes, some of the voluntary groups, those made up of maybe the (inaudible 01.02.09) well-being, you know, we don't have a group. We just, sort of, the different services and expect or invite other people to come in, so it's mainly two or three people, you know, trying to do something. Where perhaps you have other groups, they have a whole team, they have their CEOs, they have their community worker, their volunteer, they have all the different things. Yet if you look at what the outputs are, you just wonder, so I think we need to go into just this nitty-gritty. When we talk about partnerships and collaborators, what do we actually mean? They have successful ones going out there, maybe that's what we need to use as examples.

Moderator: Have you got an example of where there has been a good one? By the way, I'm just going to say, I think my internet has returned, so I'm going to try and enter the meeting through my computer again, you may see me twice. It just makes it easier for me to-, Resident 10, just be aware I'm joining the meeting again on a different computer. So, and then I might be able to-, when I know I'm on both then I'll come off the phone. Have you got a good example, Resident 8, of where you think a successful-?

Resident 8: Yes, I have a simple example, and I'm happy that my collaborator is right here in the person of Resident 9. We have our GP partner, (redaction 01.03.46), and the guys. We don't much, you know, we just have one or two things which we feel can make a difference in people's lives, and we have been struggling to get people to even help us to say, 'Okay, when I have a meeting I will promote you,' because it's all about helping local people to take more responsibility for their health and wellbeing. I say thanks to COVID, and the reason why I say that, because it has taught us to take responsibility for ourselves. It has taught us that it is important for us to start washing our hands, a practice which, where we are taught as toddlers, many, many years ago. COVID has taught us, said, 'No, no, you have-, and now they have videos teaching people how long to wash their hands. COVID has taught us that it is not your GP who will tell you whether you are smelling something, you've lost your taste, or you have this thing. It is you, yourself, who should be able through your own self-assessment to be able to say, 'You know what, I haven't done this, noticed this,' or, 'I haven't-,' you know, based on what you have observed then you can change. So, that's what that basics tool is

telling us, and I say thank you to Resident 9, because Resident 9 is, like, the only partner, you know, the only colleague who has said, 'Yes, Resident 8, I would help you.'

She originally said, you know, give me 250 books, she took, and she gave to them, during COVID, mind you, because this was after September. She said, 'I will help you,' and wherever she goes, you know, these are the simple-, so, when they talk about collaborative we're not talking about big things, we're talking about maybe the basics of the social because this is all part of social prescribing which they have given us these big names, they've put so much resources into it when it can be very simple, you know. All the emphasis and resources they've put on it, sort of, act as a barrier. Some people are even afraid to step into it, because maybe they won't even fit in that little-, you know. So, yes, this is an example, and I say thank you to Resident 9, and I'm happy she's at this meeting. Mind you, Resident 9 and I live in what now is called (redaction 01.06.24), what used to be (redaction 01.06.25), and Resident 9 is in (redaction 01.06.27). So, it's even out of our locality, but yet still, why? Because we are both thinking of helping local residents. So, that is the simple example, you know, of how we can work collaboratively, and we keep in touch with each other on the telephone to say this is how we suffer, yes, I'm going to this place. This is it, it's not rocket science, it's just simple day-to-day interaction.

Resident 10: Moderator, we can't hear you.

Resident 8: I'm done, thank you.

Resident 10: Yes, Moderator, we can't hear you.

Resident 8: Okay. Yes.

Moderator: Can you hear me now?

Resident 10: Yes, we can.

Moderator: Thankfully for that. Nothing worse than trying to chair a meeting when you can't be heard. Right, so, yes, thank you for that, Resident 8, it's been really useful because it illustrates the challenges, and also, again, the simplicity of it all. That actually, it's the simple acts and the simple words which most of these organisations set out with. It's when that simplicity meets with a complexity of a system, but that's for them to work out, isn't it, to a certain extent. I think you've raised some really good points here that we can build upon in our interaction, because I think it really does help to answer that question, which is how can services work better? Well, understand what they do and come with problems that they might be able to solve, this seems to be the overriding aspects I'm hearing, here. Rather than giving generalism and asking for generalism, so I think we've got there. I am aware it's quarter past two and we've only done objective one. Now, luckily, objective two isn't up for discussion because it's a rather technical aspect about behind the scenes, but I would like to spend the next 45 minutes on three

and four, particularly as four talks about how things have gone on since COVID began. I sense there's going to be some discussion there, so thank you for that, I think we've really got some insight. I don't want to bring that section to a close, has anyone else got any other additional points they'd like to make about how community and voluntary services can work together that we haven't already discussed?

Okay, then we shall move on to objective three, which is, 'To support the development of primary care networks, joining up primary care and community services.' There's obviously a definition of a PCN and taking aside Resident 5's very good points about how pharmacy should be engaged much more in this. I'd like to get some idea from you as patients, residents, and PPG people, are you aware your GPs are now in primary care networks? Then, what has been the experience of this new way of working? Have you sensed there's been any change, or has not much change happened at all? It could be as much as saying, 'We are part of a network,' or are there actually changes to the way they're doing things? Then there's a third question about what services you would like to see these new networks prioritising. Let's start with the (TC 01:10:00) first two, and Resident 3.

Resident 3: Well, my GP is in a primary care network, and actually, the GP lead in my practice is the lead in the PCN as well. As I said before, the primary care network I'm in does have some people doing functions such as social prescribing links but, I mean, I think there are very few of them for a large network, so they're a bit of a drop in the ocean. I don't know that most patients in practices in the network maybe even know about the network or what its purpose is. I'm not sure how these networks have been publicised or communicated. As I said before, a lot comes back to communication with patients in a clear way about how they can access services and what services are available for what, when. So, as far as I've gathered from PPG meetings, which actually have become a bit few and far between, shorter and on the phone, obviously, rather than face-to-face, my practice is very busy, pretty overwhelmed and trying to function on a kind of, phone triage system as far as possible like I expect most other practices say. I'm not sure that, you know, there are few people that have got actual roles you have in primary care networks, they're going to be a bit more than a very, you know, a bit of a drop in the ocean. How far they can support the needs of the population I think is questionable. Also, on pharmacies, I don't know how many people, you know, actually first approach pharmacies with a medical problem or how satisfactory they find that. There's a high level of satisfaction with urgent care hubs, I think, but I don't know about pharmacies, which are often on Google.

You can google, for example, 'access to hubs', and so on, you know, you get a series of steps starting with pharmacies and ending with A&E, and so on, but how many people actually do go to their pharmacy to ask about specific health problems and how satisfactory do they find that? How much variation is there in pharmacies? And about opening hours and so on.

Moderator: It is a good question, yes. Again, it could be communication, couldn't it?

Resident 3: I mean, sometimes these solutions like pharmacies are put forward, they're very panacea, you know, all the ills. How everybody can start off with the pharmacy, go to the pharmacy and they'll resolve, you know, your medical problem for you, give you advice and information, sell you the right sort of medication so you won't need to get it on prescription, you won't need to go to your GP. I think that's a bit of a myth, to be honest.

Moderator: I think there's something in there, of course, our piece of work we're doing on urgent care we do ask whether people go to pharmacy first or if they go to urgent care where they don't go to pharmacy or other services first, so it would be interesting to see what comes out there. I mean, you raise a very good challenge also about pharmacies around the whole issue to do with, you know, some things you need prescriptions and the only one that can give you a prescription is the GP. So, you could go to the pharmacy be told for this you're going to need to go and see your GP, you think why didn't I go to the GP or somewhere else first? So, I mean, setting that aside for the moment, the issue about primary care networks, have you felt there's been any difference? I'm thinking also in terms of the PPGs as well because I think there was a little bit of, not so much concern, but the idea that with PPG, with networks, that individual PPGs might be drawn into wider networks. Now, there may be pluses and minuses and that kind of thing.

Resident 3: I haven't heard about that, about joining into a wider network.

Moderator: No.

Resident 3: As I say, I mean, I'm not surprised that Resident 1 has found that some PPGs appear not to be, sort of, operating, maybe. I think, you know, some may have dropped off due to COVID.

Moderator: Which is going to happen.

Resident 3: They're meeting less frequently, which is a pity because PPGs, you know, can be that barrier, somewhere where social prescribing can happen in regard to other activities.

Moderator: That's true, yes. So, now, I know Resident 1 and Resident 4 have both shared into this, but Resident 9 hasn't asked a question yet. So, in fairness to Resident 1 and Resident 4 who have had many a contribution and I'm sure will have many more, I'd like to give Resident 9 a chance to say something, because this has been her first opportunity.

Resident 9: Right, I'm afraid, Resident 3, I don't agree with you, necessarily about the PPGs. Within our PCN we are a group of five practices, so we're quite a large PCN. As

far as our PPGs go, we actually work together, and there's no reason why other PPGs cannot do that. My practice is (redaction 01.15.53).

Moderator: So, that will be, do you know what the PPG area is for that, roughly?

Resident 9: My PCN?

Moderator: Yes.

Resident 9: Yes, I can name your practices. There's my practice, (redaction 01.16.07-01.16.16), okay?

Moderator: Okay, it's just I want to, if there's good practice here or something that is working it's well to hear, it's good to know that so we can reference it. Thank you, carry on, Resident 9.

Resident 9: Okay, well I can only tell you what we have done. We did this before, obviously, COVID came in. I'm not going to tell you at this stage what we're doing because it isn't up and running yet because of the COVID thing, but we are working on a joint initiative which we actually started prior to COVID. Then it all-, we were about to launch and then COVID hit us so it's still on hold, and because within the five practices I run a monthly tea-party for isolated and vulnerable people and their carers. Patients are referred by the GP and they are referred by those five practices, so that, to me, is working together. I've also worked on a social services forum, again, because of the changes it's changed, but because of that and because of my past experience I have been asked on several occasions to visit patients within my locality, I have to say that, within my locality. If I feel that they need to see a GP I will actually make that referral, obviously it goes mainly to my GP practice, and then I can also assess whether or not they may need to require social prescribing. If they do and I know where to send them, I will automatically refer them on, so to me, that is good practice. As far as pharmacies go, I can assure, you, Resident 3, that in this area patients do go to the pharmacist. They go to our local pharmacist. How do I know that? We did a survey in January to our virtual group, because obviously, we couldn't go around to people.

Moderator: Is this the PPG group, is it?

Resident 9: This is my PPG. We did a survey, we sent it around to our virtual group which at that time was about 350 patients. We had, I think it was about 26% returns, which in actual fact, for that number of patients was quite a good return. One of the questions was, 'Do you go to your pharmacist instead of your GP?' A very high number of those patients said yes. I can also tell you, and I can speak from my own family, my husband, in actual fact, goes to the pharmacist quite regularly, and he asks for advice because he says the cream that I've got from the GP isn't doing what I would like it to do, can you suggest an alternative, which they have done. He then has to contact the GP and say, 'The pharmacist suggests this one might be better,' so that, again, is working together, you know. I've got a local pharmacist here, it's widely used by all our

patients, and I can tell you that pharmacist is always very busy chatting to a patient, so I can't agree with you, Resident 3.

Resident 3: It shows the difference between different PCNs and so on, really, across the borough, you know. I think there's quite a variation, probably, in the way in which they work and the way in which, you know, different practices get together.

Resident 9: Yes, I mean, I'm lucky that our practice is the lead. Our practice is the lead.

Resident 3: Obviously, I haven't done a survey of pharmacies at all, (TC 01:20:00) so it would be interesting, as I say, to find out.

Resident 9: No, and I'm sure Resident 7 will tell you; our PPG is a very-, and has been, always has been a proactive PPG, you know, we've always-,

Moderator: So, it actually is a good model.

Resident 9: We've always got something on the go, always. Okay, that's my piece, and Resident 8, thank you very much, dear, my pleasure to distribute them.

Moderator: I was just going to ask one more question, because I think this is useful to know. Why do you think your PPG has been so effective in doing what it's doing? It seems like you're doing some great stuff, and what learning could there be to help other PPGs in the network, and therefore other PCNs?

Resident 9: Well, I think I've got a good group of patients on the PPG, and I think we also do our best to keep patients informed about what is going on. So, when it came to PCNs, patients were notified of this by a newsletter, and we actually do the newsletter, the PPG does. One of my PPG members is also the secretary of a residents' association, and of course, she helps to distribute information as well, so we work quite closely together. If there's anything specific, we want sent out it will go to the other residents' associations as well. As far as-, and I know a lot of patients or people here will have heard about, I know it's all on hold now but when it all came up, the business about opting out.

Moderator: Oh, yes.

Resident 9: Yes, I mean, that's all, you know, on hold again and likely to be until next year. As a PPG we sent out information about that to our virtual group, I also sent it out to the local Rotary, I asked them to distribute it as well, and no doubt they distributed it again. So, you know, it's just working with other people really, we work well with others. We just, I don't know, we invite our patients to come to us rather than the GP, and then if we have a complaint that's raised, we raise it with the GP because if it affects one patient it affects others.

Moderator: Actually, one other question. I know that Resident 1 and Resident 4 have got questions as well, but I'm really interested here because clearly this is a good model and you're doing very well with this. What's your relationship like with the GPs themselves, the partners, because clearly, that-, I mean, how has that worked? Obviously, especially as you're raising complaints and that kind of thing, what would you say is your relationship? Has that been a key part of the success, as well?

Resident 9: Well, I am lucky, I have had-, I've been with the (redaction 01.23.01) since 2013. (redaction 01.23.05) since 2014. I had an extremely good relationship with the previous practice manager, and I have an excellent one with the current one. I've also got good relationships with all the GPs, and I think that is your key. If you don't have a supportive practice manager, and I know there are one or two surgeries that don't, then, you know, you're up a gum tree, you're down the river without a paddle. I think that's the key, you know, if a patient makes a complaint to me about the practice, I have no hesitation whatsoever in emailing the practice manager, and I will include the senior partner because this practice has a very good reputation. If I give you an example, and I don't want you to have this recorded, but (audio skips 01.24.09). And because they live locally, I said, and it was to the son, I suppose I automatically said, 'Oh, is your mum a patient of (redaction 01.24.23) Medical Practice?' And he said, 'Oh, no. I've been told we can't get an appointment,' and I just, 'What?' I couldn't believe it. So, of course, what did I do? I actually emailed the practice manager and said, 'Did you know we've got peo0pe that didn't want to register with us? We can't have this information going out about this practice.' We were all shocked because people around this area, they clamour to go onto this practice register. So, if you haven't got a good relationship with your practice manager you've had it, that's my answer.

Moderator: Just one other question, and thank you, I just had one other question that comes off this. How do you feel the new PCNs have changed that relationship in either the way they're working or the way they're working with you, from a patient experience? Has the PCNs changed anything or is it just an admin aspect that doesn't really make much difference at all?

Resident 9: Well, I'm going to say I don't think it does make a great deal of difference, not really. No, I don't think so. I mean, you know, one of the first things I did when the PCN was first developed, and I actually discussed this with the practice manager. I did say to him, 'What do you think if we actually, the PPG, approach the other chairs of their PPGs?' He said, 'I think that's a good idea,' and that is what I did. We had met once a month for an hour, that's all we ever did it, an hour, and we used to meet at the practice. That's how we talked about what we could do as a PCN, what initiatives could we come up with?

Moderator: The individual PCGs in the individual surgeries are still working well in their own right, but you were working much stronger as a group, as well?

Resident 9: Yes, because I know that within these five practices, everybody works together. The practice managers all work together, and I think that's a key as well, you know. It's not that, 'Oh, God, that practice, we want to be the top lead.' They are working together, and that's important.

Moderator: It sounds a very-, it seems like it's a success, you know, Healthwatch, it always gets known that we're here for complaints and bad practice, but it's good to hear, we want to hear good practice too, and it's quite clear that there are some examples there. So, yes, that's very helpful, thank you very much for that.

Resident 9: I just wanted to add, I know we're well because CQC, when they last visited us, we had excellent, and it was our PPG.

Moderator: Great, again, but this is something, isn't this great though that this kind of thing is happening here in the borough that other PCNs could learn from? It does strike me that there's a degree of organisation, a trust mindset that's enabling this to happen and of course, very good volunteers, which goes back to that question earlier, which I know Resident 8 and Resident 4 raised about the role of volunteers. I guess I get the sense that you're empowered to do it, because you're being respected and engaged to do it in the right way.

Resident 9: Moderator, you talk about volunteers, where are all these volunteers going to come from? That is the key, you cannot provide services and rely on volunteers if you haven't got them, and you cannot keep on expecting older people to do it, it's not, and that's what Resident 7 said, people are burning out.

Moderator: Yes, thank you, Resident 9. Alright, I can't remember if it was Resident 1 or Resident 4 first, so who-,

Resident 4: Resident 7 has got a question?

Moderator: Go on, Resident 4.

Resident 4: Resident 7 has got a question.

Moderator: Resident 7 has got a question as well, okay, brilliant. Let's start with Resident 7 first. Resident 7, then Resident 4 then Resident 1, thank you.

Resident 7: Okay, I'm just going to go on from Resident 9. Resident 9, you're totally right, I'm afraid. The PPG chairs and the committee get older and older and older and drop off the twig, we can't get anybody to replace them. The other thing is, if you haven't got a practice manager who is willing to go that extra little mile, like, to set out an email blast, for instance, that I've been asking for about five years, we've got no chance whatsoever. As for our PCNs, I mean, we've already had one upset where our local surgery has gone and fallen out with another local surgery so they're now, sort of, in a bit of a disarray. One other quick thing, as I'm now (redaction 01.29.19), we've got

a (redaction 01.29.22) PPG site up and running, so if anybody would like to have a look for (redaction 01.29.26) it's there now on (redaction 01.29.27), thank you so much.

Moderator: Send us a link, so we can see it, if you can put the link in the chat.

Resident 7: Okay, yes.

Moderator: That would be great, thank you.

Resident 7: I will do that right now.

Moderator: Brilliant, thanks.

Resident 4: Going back to all the questions that are still there, and also to the health and care plan that you gave us an extract from, and how they all knit together with PPGs, etc. First of all, much earlier in this conversation, I said what experience (TC 01:30:00) has anyone from the group of people assembled here got about the workings of their PPG during the COVID period? Now, Resident 9 says, and Resident 9 has given us examples, Resident 7 has given us examples, and Resident 3 has talked about meetings of the PPG. I'm not sure how widespread the PPG activity has been, and I rather think that whoever wants to take advantage of PPGs is now reaping the seeds of their inaction over many previous years. I know that the PCN in my neighbourhood, (redaction 01.30.45), was probably the one, but I don't have any categorical confirmation of this, was probably the one that put together a good vaccination clinic during the early days of the vaccination rollout. It's still going, and much praise to everyone who has been involved in that. It appears, as I say, to have used the organisation of the PCN for that purpose, but I can't see any other purpose or activity that has emerged from the activity of the PCN, and in terms of the question, are you aware that GPs are now in primary care networks? Well, frankly, I don't give a damn.

If I'm interested in how the NHS works, and indeed, I am, as many of you know, but for most of Uncle Joe and his family, it doesn't matter a cuss how PPNs, how GPs now work with other GPs and how they build up a primary care network. It shows the blindness of the questioning to assume that we have any interest in that, and indeed, to ask a supplementary question, what has been our experience of this new way of working? Well, I haven't noticed much, but then, as I've said, I haven't been out much, either.

Moderator: That's a fair point, I mean, you know, the question was put there really because is there a difference, and the question is, whether there should be? I mean, it's one of the objectives, yes.

Resident 4: They should put out a survey to say what's happening in your neck of the woods? Not, you know, something new has been happening, and how would I like to see these new services, what new services would these networks be prioritising. Well, I haven't got a clue, except of course I have, but Uncle Joe and the rest of the world haven't because it's not something that really matters to them. Just let them know that

there is a GP working satisfactorily in their area, and if it manages to produce to them somebody who goes around and visits them if you're housebound, every two months instead of three months, then maybe that's useful. That's something I don't know about, and it's, again, the blindness of the questions that are being asked, that assume that we all care about how the NHS works. Well, we do if you'll tell us, but you're not. One of the things that I find really interesting about the survey, no, not the survey, the extracts that you've pulled down for us, is that it gave us a summary of what had been involved. I can't see, apart from one or two special instances that are highlighted, I can't see anywhere where it says what the outcomes. They're very busy telling us what they've done, but they haven't told us, for example, how many people, if they've attended 183 housebound people, how many should they have attended? How many are there to be attended? I don't get any outcome measure of anything.

Moderator: So, you'd like to see some outcomes. I don't know, I mean, look, these questions have been put here to get an understanding of whether, you know, yes, primary care networks, do they-, yes, I mean, it's as it was, are you aware of them, what experience do you have, and what would you like to see these doing, you know, within the definition? You've raised some very good questions, and outcomes is one of those. They will have had outcomes, how well they're communicated with the public is a different story. So, I think there's a communication aspect there.

Resident 4: I think, I mean, sorry, let me just try and finish off by saying, clearly, when you present a plan, ostensibly, you're going to be discussing the plan, and when you report on the outcomes of what you've been doing over the past year, five years or whatever, you give that information. If you're going to give a plan, you have to base that plan on some real evidence about what you have been doing and what you intend to do. There's no objective, either. These are lovely, crisp, I wish it were nice if we could do all this, but there's nothing there that actually says, 'Well, in year two we're going to send around, we're going to have everybody from the local pharmacy, make sure they have a visit from at least five people from every GP in the PCN. I mean, there's absolutely nothing there.

Moderator: There are some measures. There are some, I mean, obviously, what I gave you was a small section of the wider document, mainly because it was related to this, but you raise some very good points. It goes back to that question earlier about specificity, that there needs to be specific outcomes, objectives and outcomes which could be measured and then from those, that's the gap between those two is obviously the work that needs to be done.

Resident 4: Yes, Moderator, but I've been speaking with you and others in this group for five years, now, making precisely those points and none of it's still there. I mean, you know, what the hell do they think we're here supposed to be doing?

Moderator: I mean, I'm not, obviously, I attend a number of meetings in our role as Healthwatch. I am aware that this kind of work is going on, and I know that also

Resident 3 attends certain groups as well. I think it's not widely publicised, and I think there is a role off of that point of view. There are, I mean, outcomes, I have seen things where there's a list of outcome measures which they've got to do, but how-, and the previous Health and Care Plan did have that, but how well they're monitored in here and how they're shared in here, I agree with you. I think it's a good bit of feedback to put in there.

Resident 4: Okay, one final point. One final point and I'll finish off. One of the schedules from the attached indicates that they formed a group, how can I say, a clinical senate for the clinical directors. They meet once a month.

Moderator: Yes.

Resident 4: The clinical directors of the PCN can meet, but I don't see anywhere in there, although that might be an opportunity, I don't see anywhere in there where they consider it appropriate to invite people from, or the PPGs of any of their PCNs, any of their GP practices to become involved, in any of the organisational frameworks that exist for the PCNs. I'm sorry, I said that was going to be my final point, it isn't, there's one more that struck me.

Moderator: No, no, that's a very good point, thank you, and I think that is-,

Resident 4: The one more is that those papers talk continually about localities and PCNs. Now, we know that you've got nine PCNs, and you've got six localities. Now, how the-, you know, somebody much earlier said, I think it was Resident 1, said that there is a difficulty for the population to navigate their way around all this stuff if they even need to. I don't think they need to; I think it's a service and you should be able to access it, forgive me, bugger who provides it. What I really think is important is that they get to grips with trying to tell us how they are going to get the localities to work with the PCNs, and how the PCNs are going to work with the localities because whilst that mishmash continues, then there's still going to be chaos in the succeeding years ahead.

Moderator: That's a very good point, and I think also within that is the aspect of there are different networks of multi-discipline teams working both at PCN level and ICN level, and again, it's how they're working together. So, yes, you've raised some very good points, and there I'm going to move over to Resident 1, because I think he's been very patient. Thank you, Resident 4.

Resident 1: Just three anecdotes. I went to the pharmacy, showed him my leg. He said, 'How long have you had that?' I said, 'About a year,' he said, 'You'd better go to the GP,' so that was that. The other one, you know, Moderator, I did that look around of the GP website, and I was absolutely astounded last December how, within the space of a year or eighteen months, all those websites had been set up and were on, everything had gone straight from the physical GP to the television GP in the space of eighteen months, it was absolutely incredibly. I've just had a quick look this morning, some of them have changed but, you know, changes in PCs, whether it was PCN that's the other one, (TC

01:40:00) to bring us up to steam... Our GP is in (redaction 01.39.46), across the border, we didn't plan that, but that's where he is. He's done, his PPG has been doing videos, and very good they are too, or talks given on Zoom, Some of them have really opened my eyes to what medical challenges there are. Next one, Resident 2 went to the GP, the nurse said, 'We'll see you in three months' time to do these blood tests.' She found there was a whole list of things that were being tested now, things we'd never heard of, probably don't want to know, actually, but your body has got all these things which have got to remain in balance. Now, I said to Resident 2, 'I know why they're doing that, it's so that if in three- or four-years' time one of those things goes out of balance, they've got a record to check as to when it started to go out of balance and what the problems are.'

If I just turn up and have a blood test and I take one sample, I don't know whether that was what it was three months' ago, whether you've got a trend in there, or it's just a normal case for you. So, that was, I think, part of the big trend. The other one was me, Resident 2 said, 'You've got to go to the doctor with that foot,' so off we went to the doctor. Now, while I was talking to the doctor, he's a great one for military aircraft, he's got these pictures all around the place. So, I was talking to him about these aircraft, and then I suddenly realised what he was doing was holding my feet. He was measuring the pulses in my feet and down the backs of my leg, and I thought afterwards, you couldn't do that on a video, could you? You may look at it, but you certainly couldn't see, feel the pulses in the backs of your legs and in your feet. That is-, and I was told years ago that a doctor, as soon as he sees you walk through the door, he's assessing you in every aspect, and as you sit down, co-ordination, everything. Do you know, he's diagnosed you or she has diagnosed you before you even open your mouth? I think that's enough out of me.

Moderator: So, some interesting points you raise are the ones of the nature which we were going to move onto, because we're getting on to the third section about how GPs have coped over COVID and the changes that have gone on in there. Undoubtedly, I think I draw from that point of view that (a), there needs to be a number of pathways that are accessible, that you can go to the pharmacy, or you can go on to your GP, but crucially, if you need to see your GP physically for certain reasons, you can. I think it's drawing back again, from what I gather, Resident 1, exactly what Resident 3 was saying earlier about access. Obviously, the routes of access, each of us is going to have our own needs, our conditions, our particular situations, but the access has got to work for us, rather than necessarily the GP saying, 'Right, yes, we'll switch everyone online.' It will work for some people, but it won't work for others, and it will on the condition there's got to be and understanding, there's got to be an ease of assessment so that you get the, you know, going back to what they said at the beginning, right care in the right place, and the right time. Resident 3 had a question, and then Resident 7.

Resident 3: Yes, Moderator, just in relation to what you said about access. I think it might not be directly related to some of the questions you were asking the group, but

I think we need to look at different groups in the community. Croydon's community isn't homogeneous, and we need to understand how people, for example, with learning difficulties, autism, mental health problems, people whose first language isn't English, people with sensory problems, hearing difficulties, sight loss and so on, you know. How they access different services, how they access pharmacies, how can they access GPs? How can they find out about registering with a GP? How can they find out how they get to a hub? How can they, you know, get to ED, and so on? How can they find out about what happens when they ring 111? I think, unlike possibly one of the other speakers, I think people do need to know about the structure of services, what's available and how they can access it, what means of access are available and what happens where. What do PCNs offer? What PCN services are offered and what GP services, you know, are offered and what web services are offered? We need to look at the needs of different groups, not everyone is the same. I don't think at the moment, coming out of COVID, and certainly not during COVID, we were doing that at all.

Moderator: No, I think it's something, again, it is about-, I think the nature is it's important to learn about the structure if the structure is going to help with the service. It's almost like, you know, we wear a pair of shoes, we don't want to know how it's been designed but sometimes you want to know a little bit of the design when you're comparing one shoe with another. So, there is an element, well, it is useful perhaps to know about PCNs if it means I'm going to get a better service as a result. Almost, you could make the other argument that actually, it's not that important at all, because actually, the service you're being provided should be the service you're provided, because in the end, you only are turning up to one address to see one GP at any time, and frankly, whether they're part of this surgery, that PCN or that network, it's about the service. Can I get the service I need? Can I get access? Can I get the care I need? Almost as, sort of, like Resident 4 said, maybe it shouldn't be that important but obviously in trying to understand the plans, and remember these plans are written for those who are planning them to try and implement them, you know. This isn't a document, this never was, this is part of the challenge in doing this kind of work we're doing in involving the residents and public and you being part of this is that we're trying to look at a plan that is essentially written for policymakers to deliver to other stakeholders.

It doesn't really have the patients in there, we're having to do a lot of translation, but what you're bringing out is some very interesting stuff. Now, I am aware that we're not far off from 3:00, and we haven't got to the challenging question of how you feel your GP has coped in COVID, and what changes you would like to see in service and training, and overall improvements. I am prepared to go a little beyond 3:00 if we can. Resident 10, we're okay, I know we just need to check that we've booked this space. Have we a little extra capacity just to go to a little after 3:00?

Resident 10: Yes, we have the (inaudible 01.47.10).

Moderator: Okay, it can't be too-, it can't go for too long because the practical reason is that I actually have to pick my children up from an activities club at some point, but we can, I'm going to add extra time because I don't think six minutes, perhaps, is enough.

Resident 3: I'll stay a few minutes, and then I need to go.

Moderator: So, I'm going to just say, really, I'd like to get your overall feeling of how your GP has coped, really just maybe something positive that's come out of it, hopefully there are some positive aspects. What improvements you would like, you know, if there are one or two things you would like to see your GP improve upon or what they've done well. Let's put it down to two points, what have they done well? What would you like to see an improvement on? Maybe if each member of the group could give their view on that, so we've got some ideas. The important part of this is we have some ideas we can take back and put as proposals to help the system. So, particularly bearing in mind this is all around training, as well. This was the section around the GPs being trained well enough to deliver what they need to deliver. So, I'm going to go, this time I'm going to go around the group, so I'm going to start with Resident 7, and then work along my list. So, Resident 7 first.

Resident 7: Hello, Moderator, just a quick thing to Resident 3. A volunteer with an iPad can get people in lots of places where they don't normally go, such as doctors' surgeries, pharmacies and all the other bits and pieces, that's where the volunteer comes in handy. Pharmacies, yes, I agree with pharmacies, but people tend to use it as a shortcut to get a doctor's appointment. They go into the pharmacy, start whinging, 'I've got this, got this and got this,' and the pharmacy will make a GP appointment on the site, on the centre. Since my surgeries have been taken over by an American conglomerate, things are not so good but they're getting better. Hopefully, when the telemedicine thing has all come to an end, we can get back to normal face-to-face appointments, everything will be tickety-boo. Until then, we wait and see.

Moderator: Any improvements you would like to see, Resident 7? What would be the one improvement you would like to see, from your experience, that you're going to say to you, you know, GP or your PCN?

Resident 7: My GP and the PCN, I would like to see more-, my GP uses lots of locum doctors, if you like, which are very disrupting because you go and see a GP, but you never see the same GP three times running, you always see a locum or somebody else. I would like a more permanent structure, in the old days where you got a permanent GP that would (TC 01:50:00) do on that site. I mean, at the moment we've got three sites in (redaction 01.50.04), and we're all being pushed up towards (redaction 01.50.07), rather than (redaction 01.50.08) and (redaction 01.50.09). When (redaction 01.50.11) is just a two-minute walk from my house. But, you know, I have to go to (redaction 01.50.16) which is a pain in the ass to get to-, sorry.

Moderator: Where were you registered originally?

Resident 7: No, I registered at (redaction 01.50.23).

Moderator: So, you're registered at (redaction 01.50.25), (redaction 01.50.26)-,

Resident 7: I've been chair of (redaction 01.50.29) since 2006, so I've been there a long time. And I was one of the people that went through the procurement for the new doctor's service to take over from Doctor (redaction 01.50.50) who sadly passed away. But there again, we were promised all sorts of things and all sorts of all-singing, all-dancing things. But now you get, 'Yes, we haven't got any doctors at (redaction 01.51.02), can you get to (redaction 01.51.03)? If you can't get to (redaction 01.51.04) and it's not suitable, you have to come to (redaction 01.51.00).'

Moderator: But (redaction 01.51.12)-, so that is interesting because obviously they're about a mile and a half away from each other, so for those that are further away, that might be a longer journey.

Resident 7: That's right, a bus ride at least, you know. We got a pharmacy put in (redaction 01.51.31), I was one of the people responsible for that, purely because (redaction 01.51.36) Medical Practice was quite busy, so we needed a pharmacy. And that took, like, fifteen years to get that. But there you go, that's the story. But again, Moderator, we need doctors like Resident 9's got, a doctor that will listen and, you know, listen and make the changes. Not to just listen and fob you off, and again, a good practice manager is worth their weight in gold. I mean, my one wouldn't even give you a weight in tin, that's how good she is. But there you go, sorry.

Moderator: Thank you. Well, we'll have to edit that carefully if it's in any of the transcripts, but it's good to know that it's not-,

Resident 7: No, she knows it as well.

Moderator: I think the interesting thing here, and it's so good that it's come out that we are hearing some positives. I mean, what Resident 9's saying is a good example, and wouldn't that be better if that's happening across there. But thank you, Resident 7, for feeding back on that, so that you would like to see doctors who listen, okay. Resident 9, something good and something that's come out of this period since COVID, and an improvement you would like to see.

Resident 9: Okay, well, I've probably got two or three good things. I have to say that at our practice some patients have been seen face to face. Obviously when they have their telephone consultations if the GP feels it's been necessary to see them, they have made an appointment. So, there are some people who have been seen face to face. As far as the GPs go, and the GPs they change, the nurses, the receptionists-, mustn't forget the receptionists as well, they have all worked together as a team, which is very good. But they have all felt that their general health and mental well-being has been very badly affected by COVID. Because regardless of what patients have said, you know-

, some patients have said to me they're not there half the time because they're on the phone or they're working at home. Their days are long, and they are long, because I think what patients forget is that there's still a lot of work behind the scenes that goes on. It's not just seeing a patient going in and seeing the GP. I'm going to be honest, Moderator, I can't really think of anything negative about my practice, I really cannot. Because, you know, I think they've all done a great job in very difficult circumstances. You know, what we have also to remember is that some of those GP, nurses, and staff have also had COVID. Some members of their family may have COVID which just means, you know, they're isolating. So there have been times when they are not been working at full capacity, finding a locum has been very difficult because there aren't locums about. So, I've got nothing negative because, you know, I think they were great.

Moderator: Brilliant, and that's lovely to have something so positive to hear from, but it's great because it's a good model. And what I view is, and this is what's coming out, this is happening in Croydon. So, if it can be happening in Old Coulsdon, it really should be happening in our places, so I think there's a good model to learn from there. Thank you, Resident 9. Resident 8, any comments, and positive points, or some improvements?

Resident 9: Well, our surgery's quite small, it's (redaction 01.55.14) Medical Practice. And they have been excellent, particularly to me personally, because they've kept in touch throughout, periodically they will check to see, you know, how I was with my medications, and stuff like that. And when I had serious problems, some kind of unusual problems with my leg at the end of December, they were very good
, even though I started off with telephone consultation. The GP was quite thorough, and in no time, the referral was made to the physiotherapists, they got in touch with me. At one point I had to go to the surgery, then they did the blood tests, and everything. And, you know, I got my COVID jabs on time. And there's one time where the even suggested, well, why not have the-, my goodness I've forgotten, you know, this other jab that was-. You know, so they were actually doing all they could to make sure. And I spoke to a few other over 70s clients and the patients in the surgery, and they were having that kind of care. So, I think really, you know, for our age group the service has been very good. I don't know whether any of the staff there contracted COVID, I will try to visit to see how things are going. In terms of improvement, it would be very difficult for me to say, to assess how things were during COVID and how they could improve, because they were not working under normal times, things were odd. And people were just actually trying-, I know one of the problems that we've had and that was where we've not succeeded in having a vibrant PPG. In fact, I used to be the chair of the PPG, but then space was a concern, it's really, really quite small. Even when you go in there to try and talk to patients, it's hard. So maybe space, which is money, which means extension, so that's, like, long, long term kind of thing to do. But generally, yes, it's positive, I just hope we will have a practice manager who would be more inclined-, so encourage, you know, PPG activities, because for now it's more a virtual basis, because the previous service manager was not too interested in that. And soon after the new one came in, that expressed some, kind of, desire for it, COVID

struck. So let us hope that things will go back to whatever normal is. I'm still so (talking over each other 01.58.22), yes.

Moderator: Thank you, Resident 8, and again, you're exercising the role of having, you know, staff or PPG practice manager or partners, who are willing to engage in this and think that's it important to do, and it adds value, and hopefully you'll be able to get that. But, you know, it strikes me that's a core part of the training, that actually patient involvement is important. And that kind of engagement, you know, what's happening as I say in-, go back to Resident 9's area, but clearly they're doing something well. That's something that should be shared across and, you know, it is possible even under all the constraints that everyone is under. Obviously COVID, and, you know, things aren't probably going to be whatever normality is, is a very good question. I hate this term, new normal, but it doesn't, you know, I don't think it's something that's going to end just like that, we've got to adapt accordingly. So, thank you, Resident 8, for that contribution. Resident 4, sorry I keep calling you Resident 4 because it comes up as your name. But, Resident 4, some positives as well as some negatives, possibly?

Resident 4: Well, the positives are that I haven't visited my GP surgery for probably about eight months. They've kept in occasional contact with me by phone and with my spouse. I've got nothing bad to say about them, and the good I say about them is that they performed (TC 01:02:00) as I would have hoped they would have performed. They contacted me when the jabs were due, they went through the appropriate health checks when the jabs were due. Their major innovation that I'm aware of, is that because I experience two, what are called long-term health conditions, diabetes, and asthma, I'm told that reviews of these circumstances will be held in the month of my birth on an annual basis. Whereas previously they were annual from some sporadic date which they lit upon historically. But in terms of general things that they've done, I have no knowledge. I do know that the lead doctor at the surgery spends no more than half of her day, week, in terms of booked hours at the surgery, the rest of the time she's involved in the GP collaborative or the PCN. And I'm aware of, and I'm lucky that my surgery does not receive locums, at least not as far as I'm aware. And that there is a significant shortage of doctors for recruitment, and it's because of the shortage of recruitment of doctors that we see so much effort being now made, quite late in the day, into, if you like, shuffling off stuff that doctors did, into healthcare assistants of various sorts along the way. And that's what PCNs are meant to support.

So, that's a good aspect of what's happening with PCNs, and I only wish, as a more general sense, that although Resident 9 gives us, and Resident 7 does, an example of, either through active participation you can make the changes, or in terms of welcome social relationships, you manage to establish good work with your PPG. Most PPGs still haven't received any support from any formal centre that was capable of ensuring that PPGs did get support. One of the reasons that PPGs don't get support, and it's mainly to do with practice managers I suspect, they're little to do with their professional leads, is because they still work in the doctor-knows-best attitude. And the doctor-knows-

best attitude is one thing I would really like to see. Doctors learning to moderate in favour of being more democratically, I can't say accountable, but assessable.

Moderator: Well, they do have a right-, I mean, it is in every GP's contact, PCNs or not, that they should have a PPG, and it should be active, and they get assessed by-, ,

Resident 4: But that's by the by isn't it, you know as well as I do.

Moderator: Well, but maybe that is something we can build upon because it's all the more important.

Resident 4: I think not, I think it's past praying. In all truth, my view is that PPGs, apart from the ones that exist, are past praying for, and that something new must come out of the inevitable discussions that will arise around this in the Health and Social Care Bill that is now going through Parliament.

Moderator: If you could be the person that was creating that new thing, what would it be? A little blue-sky thinking here, I would just like to get your view on what you-, if you think the PPG model isn't working-, You didn't use the term beyond hope, but it sensed like you were saying that. If you could create something, what would you like to see?

Resident 4: Gosh, stupidly and to my cowardice I haven't really given that half a thought because I run along the tramlines of why don't PPGs work. In fact, I should.

Moderator: I tell you what, I'll give you a second, Resident 4, to have a think. I'll move on to Resident 1, but maybe I'll come back to you right at the end. I'll give you a few minutes to think about what you-, because we're supposed to come up with improvements and suggestions. And see, it's my favourite question that I ask, we put it in all our surveys now, what improvement would you like to see. It's alright telling us, it's very important that you tell us what your experience is, but sometimes the best answers come from that. But I'll give you a moment for Resident 4 to have a think about it, and I'll move on to Resident 1 and Resident 2. And then, we've got Resident 11, and I think that might be it. And Resident 3.

Resident 2: We're very lucky actually.

Moderator: Unless Resident 3's gone, is Resident 3 still here? Sorry.

Resident 2: No, she's gone.

Moderator: So, Resident 1 and Resident 2, do you have any good practice improvements?

Resident 2: We're very lucky with our doctors, you know, we haven't had any problems, really. We haven't got anything negative.

Resident 1: We did the self-medication by walking five miles every day.

Resident 2: Yes, our doctors is about a mile and half, or something like that. We live in (redaction 02.05.28), but we had to go to (redaction 02.05.31), which is about a mile and a half up the road. So, we walk up there, a round trip is about two miles, three miles, or we get a bus. And the other one is (redaction 02.05.46), which is down the hill, and when we moved in, we didn't really think about (redaction 02.05.53), we just went to the first one that we came across.

Resident 1: Walk into (redaction 02.05.58).

Resident 2: So, we walked into (redaction 02.06.01), and we registered with a doctor there, we've got no problem.

Moderator: A whole different county. Again, that's great. I'm going to move on, because I have to physically go shortly anyway, and I realise we haven't heard from Resident 5 and Resident 11.

Resident 1: You're not going virtually, are you?

Moderator: No, I'm leaving physically very shortly, well, virtually and physically. Resident 5, you've heard a lot, I know you're coming from perspective as a pharmacy, but also, I don't know if you have a GP anyway, but give us your views both as a pharmacist and as a patient.

Resident 5: I do, so I'm lucky enough to have a background of general practice, pharmacy and as a patient. You know, general practice has done really, really well with the vaccinations. I mean, I can't overlook how they stood up, how they've managed call, recall. And how we've got to where we are. In terms of improvement, I mean, the system itself beats up general practice a lot for what's out of their control. And I think we need to look to the commissioners for where they haven't enabled general practice to do the job that they really want to do. Just coming back to things that were said by Resident 7 and others around, you know, how pharmacies are used by patients to get a fast-track appointment to general practice, or how people circumvent the system. Again, we have the ability to have clinical consultations, but they have to be referred in by general practice. If a patient's going into general practice to be referred back out to a pharmacy, well, the GP would rather just deal with them straight away. So, the systems that are being created aren't helping general practice at all. The other thing that they've done really, really well is, whilst they have been working under different systems, they have been creating relationships that have struggled before. We've seen a huge influx of medication changes, people going online, repeat prescriptions being managed, we've seen a reduction in wastage because we've been able to have conversations that wouldn't have been had before. I think general practice is really innovative to start to have the conversations that they now have the ability to have, in different ways. They've done really well, taking up, bringing on different staff through

the new funding and the new roles. And using them in a way they didn't expect to, like paramedics, and pharmacists, and physiotherapists. And bringing them into consultation, whilst, you know, looking after a whole new range of staff that general practice has never had to hire before.

Moderator: Well, thank you, that's, yes-, because I think that's some very interesting points there of how the system is working. And obviously you have an insight a little bit behind the scenes about-, Yes, it's good and we'll feed that back, and the ways of working, and the challenges again, always the commissioning. Resident 11, do you have any comments to make?

Resident 11: Yes, I've got my comment to make regarding the GP surgery. They are doing okay broadly there, but very hard, long hours, and all the rest of it. But one-to-one appointments is out of the question. They can refer you to some hospital or physio, but unless-, Then the physio will phone you, and there is no one-to-one appointment which people would prefer, so that is the one point. The other thing, that the GPs are working hard, on the phone they can explain something to you, within a limit. And you can tell them, within a limit, because you are not a medical person, I am not. So, if you say your pain is in the leg, and my physio (TC 02:10:00) said, where? I said between the knee and the foot, and then he said, okay, I will send you this, I will send you that. Had it been a one-to-one appointment in the surgery, then you can say what I am doing at the gym, am I doing something right or wrong? That is a different thing, but they are working hard, but the patient is not 100% satisfied because of the limitations.

Moderator: Yes. Thank you, and I think that raises that interesting point about that right service, the right access, and the right way, which you've really encapsulated well. Thank you. I really do have to finish here, but I'm just going to go back for one point, and almost a single-line answer, Resident 4, have you come up with a solution instead of PPGs?

Resident 4: No, I haven't, I apologise for that, my quick answer is that we shouldn't throw the baby out with the bath water. I said PPGs were done for because I thought that the new Healthcare Bill would provide some framework for them. I don't think at the moment it does, I think it ought to, but there is another thing to be considered which is the governance of health locally. And I'm very upset by the notion that our local Integrated Commissioning Board will be the only ones responsible for setting their own governance terms, and I think that's crap. And I think a lot has got to change before it becomes law, and some statutory framework for the citizen to be introduced. And it's not good enough to rely upon some notional representative through the Health and Wellbeing Board.

Moderator: I think some very good points to finish on then. And yes-,

Resident 11: Moderator, just one point.

Moderator: Yes, go on.

Resident 11: I heard you mention about the visiting the pharmacy, I've been to the pharmacy twice. One, yesterday, I hurt my finger, but the question is, are they qualified people? I don't know whether they are qualified or if they use their common sense?

Resident 5: They're clinical professionals, they're qualified.

Moderator: I was going to say, we have a pharmacist who happens to be in the building, they are. But, obviously they're not, I mean, go on, Resident 5, give us a very brief answer because I have to-,

Resident 5: A very brief answer is that they're more than qualified, the problem is they're not commissioned.

Moderator: So, there we are, a good place to end with. Thank you very much for your very rich discussion, there's great here, it's going to take quite a long time to analyse through all of this, but it's been very rich. Real interesting detail, a lot covered it, okay, so I'm going to say as we're twenty minutes over, thank you very much, really appreciate it all. We will keep in touch with you, we have future events on this, we'd very much like you to be involved. And we will write this up now and feed back to the One Croydon Alliance on our elements. I think there's enough there for a full conference, quite frankly. But really very useful stuff, and some really good stuff, some very positive stuff that we can take forward. Good stuff and good ideas, and that's really what it's all about as well, to get some really good insights. So, thank you everyone for your time, and hopefully, we will meet again physically somewhere rather than the online stuff. That's what I'm hoping for, that's to me what normality is. Thank you very much again.

Resident 7: Just before everybody disappears, just get on to the South West London website please for the Croydon. It will give you a load of valuable information on there as well as PCNs, so you can just have a look before you go.

Moderator: Bye.

Resident 7: Right, bye, thank you.

Quality assurance

Does the research ask questions that?

Are pertinent? Yes, these questions were ones being asked about the whole of the Health and Care Plan refresh but the flexibility of the focus group environment allowed for follow-up questions to gain more insight and perspective.

Increase knowledge about health and social care service delivery? The questions help the One Croydon Alliance to gain knowledge to help support their new plan refresh aimed at delivering better health and social care services

Is the research design appropriate for the question being asked?

a) Proportionate: We aimed to get a focus group between 5 and 12 – we gained 11.

b) Appropriate sample size: Has any potential bias been addressed? As above. They were varied in gender. Many were from similar age graphic and ethnicity, but many have been involved with patient participation groups and other community organisations where they had some insight of primary care and the Health and Care plan which helped them have context to respond to the questions. It may have more difficult for those without that experience to be able to give insight so well.

Have ethical considerations been assessed and addressed appropriately? The event was recorded, but names of participants would be removed to ensure anonymity.

Has risk been assessed where relevant and does it include?

a) **Risk to well-being:** None.

b) **Reputational risk:** That the data published is incorrect and not of a high-quality standard. We publish the full transcript and show where we have made inferences, based on what was said.

c) **Legal risk:** Have appropriate resources been accessed and used to conduct the research? There was no need to refer to legal resources for this research.

Where relevant have all contractual and funding arrangements been adhered to? This was funded directly from Healthwatch Croydon's own budget. We offered One Croydon Alliance the opportunity for us to support their engagement with stakeholders of Health and Care Plan refresh. They said they needed help with primary care aspect as staff had needed to prioritise the Covid Vaccine roll-out. This was put to the Healthwatch Croydon Local Leadership Board as a proposal and was agreed as it aligned with the year's priorities.

Data Collection and Retention

Is the collection, analysis and management of data clearly articulated within the research design? This was a focus group; the recording was transcribed, and highlights draw out.

Has good practice guidance been followed? Yes.

Has data retention and security been addressed appropriately? Yes.

Have the GDPR and FOIA been considered, and requirements met? Yes.

Have all relevant legal requirements been adhered to ensure that the well-being of participants has been accounted for? ie the Mental Capacity Act. None required for this research.

Has appropriate care and consideration been given to the dignity, rights, and safety of participants? Yes. Participants were recruited and supported throughout the process, including access to the guide and preparation and support from Volunteer Lead to ensure that they could participate fully in discussions.

Were participants clearly informed of how their information would be used and assurances made regarding confidentiality/anonymity? These were made clear throughout the process.

Collaborative Working

Where work is being undertaken in collaboration with other organisations have protocols and policies been clearly understood and agreed, including the development of a clear contractual agreement prior to commencement? We

worked closely with the One Croydon Alliance and agreed questions and format. There was no contract as we were undertaking this work from our core funding.

Have any potential issues or risks that could arise been mitigated? These are shown below:

Risk factors	Level of risk	Contingency
Cannot get enough participants	Medium	Look to recruit more – 4 was minimum required by contract
Question set does not work with group	Low	Questions and themes were considered an and issues shared in preparation so expectations could be managed
Background information might not be understood by participants	Medium	Explanations of aspects in preparation for event and introductions to each section on the day
Data is seen as being out of date	Low	Interim reporting within weeks with full report following up later

Has Healthwatch independence been maintained? Yes, this research is shared with One Croydon Alliance before publication for their comment, but only factual inaccuracy would be reviewed. This does not affect the comments of experiences we receive.

Quality Controls

Has a quality assurance process been incorporated into the design? This was a simple process, sharing information in advance running an event and producing a report, but necessary quality assurance as described above was included.

Has quality assurance occurred prior to publication? Data collection was checked and re-checked.

Has peer review been undertaken? No peer review was undertaken. It was not required for this research project.

Conflicts of Interest

Have any conflicts of interest been accounted for? No conflicts of interest registered here.

Does the research consider intellectual property rights, authorship, and acknowledgements as per organisational requirements? The research is owned by

Healthwatch Croydon, who are managed by Help and Care. Other organisations support has been recognised and suitably referenced.