



# Enfield PPG Inaugural Meeting Notes

Wednesday 31<sup>st</sup> May 2023 at 6.00pm  
On Teams

## 1. Apologies

Representatives from Medicus attended in his place.  
East Enfield Medical Centre.

### In attendance:

Litsa Worrall, - Arnos Grove Medical Centre & PPG Chair  
Derek Spencer, Gillan House Surgery  
Turkish Speaking PPG  
Medicus  
North London Medical Centre, Palmers Green  
Frank Bocci, Groveland Medical Centre, Palmers Green  
Janice Downing, Forest Road  
Woodberry Practice  
Enfield Turkish PPG Group, Chalfont Road Surgery  
North London Health Centre  
Medicus  
Latymer Road Surgery  
Dr Alpesh Patel, Enfield Borough Partnership Co-convenor  
Stephen Wells, Head of Enfield Borough Partnership Programme, NCL ICB  
Riyad Karim, - Riyad Karim, Assistant Director of Primary Care, Enfield, NCL ICB.  
Laura Andrews, - Snr Comms and Engagement Lead for Enfield Borough Partnership  
Fiona Charlton, - Comms and Engagement Assistant, note taker.  
Abernethy House  
Turkish Speaking PPG  
White Lodge Surgery  
White Lodge Practice

## 2. Ratification Of Constitution

The reason for ratification of the Constitution has come about due to the PPG Network having received funding from the North Centre London (NCL) Inequalities group. The reason a bank account has been opened was because the last successful bid from North Central London (NCL) Inequalities awarded to Enfield PPG Network could not be held by EVA as it would have



meant they would have had to have a full audit. In the long-term, having our own bank account will mean we are more sustainable PPG.

A PPG enables the practice to run with Practice Managers and GPs in smooth fashion for patients & the surgeries. It is about having solutions to problems that may occur and not about specific personal health. The network can widen the scope by bringing patients and chairs together as members.

The decision was made to open a bank account. Tim Fellows and Litsa Worrall are signatories, with Derek Spencer and Janice Downing on the committee. All are welcome to become committee members. Covered with liability insurance.

The group agreed to be constituted.

### **3. Election of Chair**

The group approved Litsa Worrall as chair for coming year.

### **4. Election of Committee members**

DS: There are two vacancies on the committee. The group were asked if anyone else would like to join.

FB: Expressed an interest and asked what is involved and what is the commitment.

SK: Expressed an interest in being on the committee but needs to manage the current Turkish PPG group work and find out what the committee role would involve.

**\*\* Action: LW to email FB with information on roles.**

### **5. Achievements of the last year**

LW: Currently writing a report with LA.

The group heard how the Turkish PPG network has begun and have already achieved much: organised several meetings, leaflets, posters and videos for their members and got people to join their practice PPGs.

The PPG chair is looking at deprived areas of Enfield and which organisations can support the hard-to-reach groups.

SK: The Turkish PPG group are spreading the work across the whole of Enfield to brief the Turkish community about their PPG and how they can help their practices. Language is a barrier and are trying to find solution to this and are looking to hire a translator. Will have more information at the next meeting.

There is a large Turkish community in Enfield, Evergreen surgery have about 15 members already in their PPG group. Their last PPG meeting was with Boundary and Chalfont to which there were no Turkish attendees and that is a sad result. Next time we are looking to hire an interpreter where there are large number of Turkish members who cannot communicate. Hope to have interpreters for the next meeting.



The third session is taking place at Edmonton Churchfield Recreation Ground LW will be joining.

RK: Thanked SK and LW for working on the Turkish PPG group. Is it Enfield wide?

SK: Yes. Meetings are held in the community centre in Edmonton. Leaflets, posters, videos and digital media. It ways we are at this centre on the first Saturday of each month 10-12.30pm, that we can help with information, emails from and to meetings it also includes the Turkish PPG email, phone number to contact us whenever they need to.

Next month will advertise in several different Turkish newspapers and platforms.

LW: This group have set a high bar for future groups.

FB: I checked with my practice and there are many East Europeans. I have asked for all staff in both surgeries, and they have agreed, to have their photos and names up and also if they can speak a second language.

## **6. The future of the PPG Network**

A report needs to be completed and a new voluntary community group set up. Jane Williamson has an idea.

JW: A patient questionnaire which is carried out every year by a practice in Dorset. It was very thorough and as a result of that, they got funding to write it up as a report and action plan.

LW: Asked for an update when JW has more information about it and put it to the committee.

JW: There are lots of brilliant ideas on the [NAPP website](#) has brilliant ideas from around the UK.

LW: Those that asked to join should have received their NAPP membership, ask your practice manager about it. Surgeries can apply by contacting Litsa Worrall.

## **7. Enfield Borough Partnership Co Convener, Dr. Alpesh Patel, White Lodge Medical Centre**

The current move is for providers to collaborate and move away from competition as has been usual in the last 20 years.

The Fuller Stocktake Report, which GP Clare Fuller (CEO of ICB Surry Heartlands) did an exercise across the health spectrum to look at how Primary Care could provide integrated care more effectively. Thinking about how providers could work collaboratively. In Enfield, we are trying to arrange services, so patients have a much better experience if they need to engage and access services from a number of providers. If accessing care from your GP that will not change substantially. If there are urgent healthcare needs that



are not complicated and are likely to be managed by clinicians who do not know you very well then care may be provided by nearby practices. Those with more complicated healthcare needs and needing to access hospital and community services, the aspiration is to make it as seamless as possible all coordinated through the GP practice. Conversations happening at strategic level are around that.

The PPG can influence that – a key part is to get resident perspectives on what we are trying to do. PPGs are a helpful way of doing that by looking at what services are doing and what patients and residents want. What PPGs allow is collecting resident thoughts, views and perspective. Where things are working well in some areas and less well in others. We value a patient/resident perspective on this borough partnership.

LW: How do you anticipate the PPGs will be consulted?

AP: How do the PPGs want to engage? Which is the best way? No fixed view. We are new to the role. What is the best in terms of what the PPG want to get out of the dialogue as well as the borough partnership. Want it to be helpful.

LW: Shared a slide showing the Enfield Borough Place Based Partnership, the highlighted are showed where the PPG sits and the Voluntary and Stakeholder Reference Group (VCSRG). LW sits on the other groups and has recently been asked to deputise as chair for the Inequalities Delivery Group. This means we have a seat in this group and have a voice.

SW: The group heard that work started a couple of years ago, when Enfield CCG worked at borough level improving relationships with providers and local authority colleagues. Now building on the excellent engagement there has been for many years with the resident base, community groups, and community voluntary sector. Providers, GP practices, community and voluntary sector, MH services and community services were interviewed in order to develop work priorities. There is close working with colleagues in the Council, Public Health partners and Health and Well Being Board. There is a strategy in place to improve the health and wellbeing of our residents. The Borough Partnership plan aligns with the Health and Wellbeing Strategy in the borough. There are a number of groups: Inequalities Delivery Group which looks at the broader challenges of our population and factors that affect health e.g. where they live, social deprivation, cost of living, housing, employment and many other factors. Have also looked at more community based Mental Health (MH) services, cancer screening and flu. Then the pandemic took all our efforts with the vaccine programme. Part of recovery from this, getting routine services running, elective recovery (hospital care), accessing GP services and the explosion of digital care during the pandemic. Collaborative work is going well. A robust approach has been developed in Enfield. Now we are an Integrated Care Board in an Integrated Care System working with our partners in health and social care and with our community voluntary sector. Many opportunities to shape services locally to meet the needs of our



residents. The NCL ICB has recently published its Population Health and Integrated Care strategy in order to meet these needs. The ICB is going through another reorganisation.

The most important part of our work is engaging our residents, communities and community voluntary sector and we and everything we do as a Borough Partnership is fed back (including this group) to a number of meetings. There is the very active Voluntary and Community Stakeholder Reference Group (VCSR) with the community voluntary group and residents. We want to do more and this is echoed in the Borough Partnership work.

JB: Where can we find all these different boards and groups? There seem a large number that we could connect into.

SW: There are a number of different organisational structures which are continually changing.

**Action\*\* SW will share each the information, who to contact in the groups and how they work and what they do across the system.**

JB: It would be good to think in this organisation how the different organisations could connect and work together. Also, for those interested there is a festival on Sunday 3<sup>rd</sup> Sept event in Broomfield Park. We could have a stall to bring these things together, so people know what is going on.

**\*\*Action: JB to talk to LW.**

LA: LW presented at the national forum PPG Energisers run by NHSE and there was amazing feedback from NHS England around our PPGs. How can this forum develop as it has a unique role as the voice of patient experience in Primary Care. Can reach out to registered population in their neighbourhood? The clinical directors of the PCNs were suggesting that we might be more involved in the neighbourhood development work and perhaps they would come to these forums. How do you think that would fit with the Borough Partnership Board and the GP work? How could we best support that?

AP: What people are people experiencing, what is important to them in terms of what services are commissioned? How do we engage communities to take up offers of proactive and preventative health. In Enfield we see that health outcomes and life expectancy, people living with healthier lives in the northwest of the borough to a much greater extent than the southeast. That can be put down to wider determinants. The NHS has tried to mitigate some of those by offering screening programmes and immunisation programmes. The take up of those is less good in those disadvantaged areas. PPGs can get patients to be more proactive in taking up these health care services. We are seeing an aging population and if we do not change the way we access health and become more preventative and proactive accessing of health care we are going to find that we are overwhelmed within health and social care we



will not manage as well as we need to in order to meet the population needs. Advise, inform, guide and also help and support service delivery.

JP: How keen are GPs on PPGs taking a very positive role?

LW: Following the audit, all apart from one or two were most excited about bringing forward the PPGs. Many had not had meetings during and since the pandemic. Some managed online meetings. Most want their PPGs running but were not quite sure how to bring it forward.

Everyone should have received the Step-by-step Guide for PPGs is most useful to you (sent round following previous meetings).

## 8. Any Other Business

New logo – Enfield PPG Network developed by a graphic design student. The group approved of the new logo.

Litsa Worrall: [Litsa.worrall@gmail.com](mailto:Litsa.worrall@gmail.com) 07958192405

**Dates for 2023:** 17<sup>th</sup> July – 14.00 – 16.00, face to face if a venue can be found. (cancelled)

For the September PPG meeting we are planning to have an NCL wide PPG inviting the other NCL PPGS from Camden, Barnet, Islington and Haringey. In person if possible.

### **Suggested venues:**

St Georges in Enfield Town has a large hall or other church hall.

FB: Suggested a July meeting in the summer holidays attendance may be difficult could people dial in if unable to attend in person. This would mean a venue with conferencing facilities would be needed.

Civic Centre – might offer conferencing facilities.

**LW: will ask council colleagues if they have facilities we can use.**