

WEST HAMPSTEAD MEDICAL CENTRE

PPG Steering Group Meeting - 7 pm 28 June 2016

Summary of Key Points

Present:

Jilly Ackroyd(JA)
Ben Bromilow -Practice Partner(BB)
Leon Douglas(LD)
Ruth Foxman(RF)
Jill Hood(JH)
David Lavis(DL)
David Richards - Chair(DR)
Tushar Shah - Practice Manager(TS)
Jill Wheatcroft(JW)

1. Apologies and appointment of minute taker

Apologies: Renee Bernstein, Neil Fletcher

Minute taker: TS to note key points for DR to summarise

LD reported that the CCG was considering how it could support PPGs more effectively in future. However it was not clear whether this would include direct support with minute taking.

2. Matters arising from Debriefing Meeting on 19 April

LD reported that at the April debriefing meeting the March Open meeting had been judged to be a success, and it had generally been considered that such open events should be held at least once a year with full partner participation. In discussion of the reception areas, progress had been reported on the tidying up of notices by RB and Viridiana. Concern had been expressed about lack of soundproofing of consulting rooms, and it had been noted that the patient survey was ready for further distribution.

Following discussion of the report it was **agreed that**

Re Open Meetings

- a further open meeting would be held in September/October, including a possible link-up with other local services e.g. London Fire Brigade, Camden Community Services, local pharmacies. It was understood that Phil Rosenberg (West Hampstead councillor) would also welcome an invitation to a future meeting. It might also be possible for the Camden cabinet member for community health to attend a future steering group meeting.
- the meeting would be publicised on the reception area screens
- the main business of the August PPGSG meeting would be to agree the agenda and planning for the open PPG meeting, which would again also be expected to reflect latest developments at the practice.

Re Reception Areas

- separate seating would be provided for patients in the duty doctor queue
- TS would look into the possibility of a 'ticketing' system for duty doctor patients
- photos would be added to the main staffing notice
- it would not be possible to improve soundproofing of consulting rooms - including the new rooms - at this time. (A request for a continuous music tape to help with conserving privacy was left on the table)

Re Patient Survey

- TS would arrange for admin and reception staff to hand out forms in the reception areas on patient arrival and at various times in the day over coming weeks

3. Appointments Scheduling

DR said he had arranged for this item to be included on the agenda because of continuing complaints about the rigidity of a booking system that only allowed for same day/same day one week hence/same day two weeks hence booking. This arrangement was different from other practices. TS and he had already visited two other practices (Swiss Cottage and Abbey Road - notes handed out) where there were said to be few complaints about the booking system, and they would be making further visits. What appeared to be clear was that there was no common approach and that any system was bound to have some difficulties because of excess demand. However, the current system appeared to be unique.

BB explained how a number of changes had been made to improve the current system, including to the release of slots at intermediate times, but he still felt that the present arrangement was the best solution where there were so many patients. LD suggested there could be no simple answer and that the earlier proposal of allowing booking 'up to' two weeks ahead could not easily be made to work effectively. TS confirmed that there were always five receptionists dedicated to call handling at peak periods.

Following extensive discussion, it was **agreed that** the position would be kept under review pending analysis and consideration of further information to be gathered from other practices (*Following the meeting DR circulated a note that summarised the problems and considerations, and BB circulated a note outlining the reasoning behind the current approach. These notes could lend focus to future discussion*).

4. Notification of Late Running Appointments

This problem had been raised via the suggestion box and in earlier discussion.. There was some discussion of possible inclusion of position updating on the screens. It was **agreed that**, initially, the receptionists would use a blackboard/whiteboard in the reception areas, to be updated at regular intervals.

5. Patient Survey Relaunch

(See 2 above)

6. Saturday Opening at the Practice

TS reported that the recent Saturday opening arrangements had been successful. Initially the clinic would run for morning sessions only. Appointments were bookable in advance and were expected to be from practices in the west locality, but, in theory, an appointment could be booked in any Camden practice for any of the three Saturday clinics held at WHMC(West), Hampstead Practice(North) and South Camden Medical Centre(South). BB said the first sessions had been fully booked (largely by WHMC patients), a nurse would also be starting shortly and it was intended to expand to afternoon sessions if the demand was there. However, there had already been a number of DNAs, and confirmation systems would need to be introduced to keep them to a minimum. DR pointed out that WHMC was only providing the location. Staffing was by Haverstock Healthcare as the service provider on behalf of the Camden GP federation.

Members welcomed the new service.

7. Issues arising from FFT,NHS Choice, Suggestions Box

Because of the extended discussion of Item 3, full consideration of issues was deferred to the next meeting. However, in response to a specific suggestion received, it was **agreed that** hooks would be installed in toilets.

8. Action on Access for People with Communication Support Needs

The eleven Healthwatch(Camden) recommendations had been circulated. DR pointed out that they had been accepted at the previous GPs Locality Meeting, but it would be necessary to determine implementation priorities. It was **agreed that** more time was needed and that TS/BB would bring proposals to the next meeting.

9. Partner's Report on possible Changes/Developments - including implications of Federated/Joint Practice Working

Again time pressures precluded detailed discussion. However, BB pointed out that the concept of 'neighbourhood practice' working was very flexible. WHMC was in discussion with other practices to see what improvements might be achieved by pooling of 'back-room' resources. Some of these were outside the west locality, but this did not mean that there could not be co-operation with adjacent practices over clinical issues affecting patients. The aim was for like-minded groupings to be able to learn from each other and develop similar approaches to issues. DR suggested this might well cover thinking on the appointments system.

The meeting concluded at 8-45pm

Next Meeting - Tuesday 16 August 7pm

Main Business - Planning for Open Meeting (late September/October)

Subsidiary Business - FFT,NHS Choice, Suggestion Box Issues

Agreeing Priorities on People with Communication Support Needs