

# WEST HAMPSTEAD MEDICAL CENTRE

## PPG Steering Group Meeting - 7pm 11 July 2017

### Summary of Key Points

#### **Present:**

Jilly Ackroyd(JA)  
Renee Bernstein(RB)  
Charles Boucher(CB)  
Ben Bromilow(BB) - Practice Partner  
Jill Hood(JH)  
David Richards(DR) - Chair  
Tushah Shah(TS) -Practice Manager  
Jill Wheatcroft(JW)

#### **1. Apologies etc.**

Apologies: Leon Douglas(LD)  
Neil Fletcher(NF)  
David Lavis(DL)

DR reported that Zaira de Novellis had resigned from the Steering group but would be willing to help with progressing the idea of a Virtual PPG if that was to be pursued.

#### **2. Position updates on outstanding items**

##### *Virtual PPG -*

The committee expressed interest in pursuing ZN's offer of help in establishing a virtual PPG(VPPG) which could be expected to meet the needs of the practice's principal demographic -25s to 35s. However, there was general concern at a suggestion from BB that a VPPG might successfully replace the existing PPGSG arrangements - as had happened in another Camden practice. DR said his understanding of the general view at the recent summit PPG meeting was that VPPGs were seen as supplements to PPGs in ensuring greater patient participation in the working and development of practices. It was agreed that there was a need to be clearer about exactly what might be discussed and how a VPPG could be run in-house without a danger of it being too directly controlled by the doctors. There was no wish to disband existing arrangements through pursuing new ideas. The committee accepted CB's offer to report back on how things operated in other practices with which he had been familiar in Brent. *(CB to report back to next meeting)*

### *Insulation -*

TS reported this item was still outstanding, but the work should be carried out shortly at an estimated cost of around £3k. (*Continuing review*)

### *Fire Station Project -*

BB said there were no further developments to report on the plans for the development and use of the Fire Station cottages for community health services (e.g. district nurses) through the WHMC. A further meeting with the Fire Services was scheduled within the next week. Meanwhile, there was effective co-operation with the fire services on home safety visits. (*Continuing review*)

### *Action on DNAs (Did not Attend)*

BB said most offenders only missed one appointment, but there were a number of serial offenders who still presented a problem. TS said that the combined 3 day and 1 day advance text messaging reminders were helping. Where appointments were missed a polite text message would be sent - with a more robust follow-up for a second DNA. However, a continuing problem was keeping up to date on mobile numbers. The extended texting exercise for the open meeting had revealed many out-of-date numbers, and patients affected were being emailed for their new numbers. It was agreed to defer consideration of a proposal by TS that serial offenders should have to attend in person to book an appointment. (*Continuing review*)

## **2. FFT/Suggestion Box Review**

TS again reported positive results with 37(84%) in May and 55(95%) rating 'extremely likely' or 'likely' to recommend the practice. On specific concerns,

(i) the committee agreed the present practice of prominent signs indicating that glasses of water could be obtained via reception was preferable to reverting to the usage of a water cooler, which had given rise to spillage problems

(ii) the existing blood test provision would remain at GPs' discretion - normally for those with a 'freedom pass' or complex cases. It was generally agreed that the RFH service was now very good

(iii) the ticketing system for duty doctors was now working well, and it was not felt that any major seating rearrangement was called for to segregate those waiting for a duty doctor. However, it was agreed that TS would follow up on a suggestion from JW that an additional bench should be provided in front of the noticeboard near the registering-in machine.

## **3. Open Meeting Debrief**

DR said he felt the meeting had gone well and had benefited again from the direct involvement of practice partners in addressing directly relevant and pressing issues in their presentations.

TS reported an attendance of 30+ in addition to PPGSG members at the meeting. DR's request at the meeting about 'how people knew about it' had shown that the greater numbers had come as a result of the much wider texting and email operation this time. It was agreed that this wider approach would be used for future meetings, but it was advisable to continue with the use of printed notices in local outlets to keep WHMC and its PPG 'on the map' in terms of local patient awareness.

RB agreed there had been a better cross-section of registered patients this time but thought they would have found the presentation of issues too complicated -doctors were not necessarily the best speakers. CB also felt that things might have been better if kept simpler. Not all the speakers made best use of the microphone. As always, there was an overuse of acronyms with which the audience would not always be familiar. It was also noted that some people had left early, but that might have been attributable to the noise of air conditioning fans(to be sorted out in future!)..

In terms of the meeting's content, DR pointed out that the number and spread of neighbourhoods remained an unresolved issue. DL, JH and DR had all been at the PPG Summit Forum chaired by Neel Gupta(chair of the CCG) the following day, at which concern had been expressed at the imbalance in size and illogical geographical spread of neighbourhoods as presented to the meeting. An assurance had been given that nothing about the shape and role of neighbourhoods had yet 'been set in stone', and the CCG would be representing the position to CPPEG for consultation in September. It remained to be seen what actual direct consultation with PPGs would be proposed. The committee again expressed concern at the developments so far, but BB felt there was likely to be a general reluctance on the part of practices to vary the position that had now been reached after eighteen months of discussion.

In discussing the shape and timing of future open meetings it was agreed that the aim should continue to be to have two meetings each year with one being a simplified practice update and the other a single/limited topic event with a visiting specialist speaker. In preserving two open meetings, it was suggested by TS that perhaps there need only be four PPGSG meetings each year, particularly if any progress were finally to be made with the establishment of some sort of VPPG. The question of any permanent change in timing was left open for future consideration, but the next two meetings were scheduled for October and January.

#### **4. Dates for Future PPGSG Meetings**

**Tuesday 17 October 2017. 7pm**

**Tuesday 16 January 2018. 7pm**