

# WEST HAMPSTEAD MEDICAL CENTRE

## PPG Steering Group Meeting – 27 January 2015

### Minutes

#### **Present:**

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

#### **1. Apologies:**

Rene Bernstein

#### **2. Action Point Updates**

*Camden Integrated Patient Records (CIDR) and National Patient Records (Care Data).*

The Summary Care Records are up and running, CIDR is still being piloted in a limited number of Camden surgeries and CD is being retrialled in four areas before decisions are made on national application. However, it is still expected that all patients will receive individually addressed letters informing them of their options under the final CD scheme.

**Action:** Topic remains as standing item

#### *DNA*

It was agreed that there should be two reminders of an appointment, three days and one day in advance. It was left for further discussion whether these arrangements might be varied in relation to appointments booked well in advance.

**Action:** Implement 3 day and 1 day reminder system

#### *Phone System*

In discussion BB and TS recognized there are problems with the present system, particularly in terms of callers' not knowing where they are in the queue, and administrative staff not always being aware of waiting calls because of the present practice of call tones being suppressed.

**Action:** The system would be modified to ensure that

- the ringing tones will not be suppressed
- callers will have some indication of where they are in the queue
- administrative staff will always be aware from the phone screen of how many callers are hanging on

### *Friends and Family Test*

In spite of the video running on the screens, the poster at the entrance and efforts made by staff - receptionists handing out cards when patients register in, doctors handing out cards at the end of session to those who have registered in on screen - only 16 replies have been received to date. Only one contributor (a white male) was 'unlikely' to recommend the practice, compared with 8 'extremely likely' and six 'likely'. It was noted that the form omitted the age-group 65-74. DR reported that there appeared to be general concern across practices about take-up and FFT would be one of the topics to be covered at the next West Locality PPG Alliance meeting on 25 February (location to be confirmed).

**Action:** Persevere in expectation of some improvement, and give greater prominence to the notice at surgery entrance

### *CPPEG Elections*

Elections were necessary only in the north locality as there were only two nominations in the west locality and two in the south locality. DR and LD were therefore returned unopposed in the west locality. It was noted that some of those who had registered to vote were not informed that an election would not take place. (Note: CCG maintains that the Electoral Society informed all registered voters in west and south locates that there would be no election)

## **3. Patients' Involvement Plan and Use of Patients' Room**

NF introduced his paper on 'Patients Talking to Patients' as a framework for discussion of :

- what messages should be put across on the video screens
- the need for a separate patients' website
- the use of a dedicated patients' room

### *Video Screens*

There was discussion of how messages could be related to the Friends and Family initiative. It was recognized that whatever was put forward would need to be separate but supplementary to the FFT video. However, TS confirmed that this content could be edited into the video loop. It was agreed that whatever was produced should focus on a simple listing of key questions. It was further agreed that a final listing would be based on consideration and refining of the four questions listed in section 1. of NF's paper.

### *Web Site, Patient Interaction and Interaction with PPGSG*

In addition to improving the PPG signposting on the new WHMC website, it was agreed that patient response to the focused issues might best be considered through establishing a separate PPG address and secure website specifically designed to ensure patient confidentiality. TS indicated that funding could be available for its design and that other practices were possibly thinking along similar lines.

It was agreed that this would need some careful planning. In making this available to patients they would need to be told that this is not a place for conveying sensitive information. Nor is it a place for making medical complaints about the practice. There is a separate avenue for this. DL made the point that provision of this email address constituted a promise to patients that their input would be dealt with promptly and feedback, possibly in the form of information about action taken, would need to be provided. All this would need a set of well-defined procedures.

### *The Patients' Room*

TS said the practice had now made provision for the patients' room next to reception. The future intention was that comments could be left by patients either via a computer terminal or in writing, and that the room could be used for any interviewing programme that the PPGSG might wish to initiate. Initially, however, there would be a need for the room to be available periodically for patient interviews with the visiting social worker.

Some doubt was expressed about how far the room might really be needed, particularly in view of the poor response so far to the FFT initiative. DL referred to the need for another kind of patients' room which could provide a retreat space for vulnerable patients. However, the meeting was informed by TS that such a room already exists, although it is purposely not generally publicized. It was agreed that efforts should now be made to establish and promote the use of the patients' room

### **Action:**

NF will co-ordinate suggestions from PPGSG members that:

- refine and clarify the questions for the video screen
- will develop ideas for the website and suggest procedures for patient interaction and PPGSG response
- clarify the patients' room usage

LD will work with NF in development of the video

Note: Effective co-ordination by NF depends on positive contributions from, and continuing interaction between, PPGSG members in developing the final outcomes

### **4. Next Open PPG Meeting (Timing and Topics)**

Consideration of this item was deferred to the next PPGSG meeting.

## **5. PPGSG Meeting Scheduling for 2015**

It was agreed not to attempt to schedule meetings for the full year. However, the dates for the next two meetings were agreed as

- Tuesday 24 March (7pm)
- Tuesday 2 June (7pm)

## **6. AOB**

### **Access to Patients' Records by Embedded Staff**

BB indicated that embedded staff (OT/Social Workers/Physios etc.) had requested access to patients' records. The meeting was told that this could not be done on a patient-by-patient basis and would have to be on the basis of blanket access if agreed. Following discussion it was agreed unanimously that the request should be declined..

The meeting closed at 8.35pm