

# WEST HAMPSTEAD MEDICAL CENTRE

PPG Steering Group Meeting -7pm 21 March 2017

## Summary of Key Points

### Present:

Jilly Ackroyd (JA)  
Renee Bernstein (RB)  
Leon Douglas (LD)  
Neil Fletcher (NF)  
Jill Hood (JH)  
David Lavis (DL)  
Zaira de Novellis (ZN)  
David Richards (DR) - Chair  
Tushar Shah (TS) - Practice Manager  
Jill Wheatcroft (JW)

### 1. Apologies etc.

Apologies: Ben Bromilow (practice partner) due to emergency  
Minute Taker: TS to note key points for DR to summarise

New Member: DR outlined the background of a potential new member to be interviewed by DR and TS on 31 March. It was hoped he could then attend the next meeting on 9 May. This would then bring membership up to strength. NF queried the approach to the approval of applicants for PPGSG membership. DR pointed out that the approach conformed with that adopted for nearly all appointments made so far to the PPGSG, but it was agreed that the general issue would be taken up at a future meeting. *(To keep under review).*

### 2. Action Points from 24th January Meeting(including Suggestion Box/FFT Update

#### *Appointments Scheduling -*

DL reported that no further action had been taken by BB on developing either of his suggested control options for scheduling appointments. However, it was clear that the existing system was now coping better following the appointment of additional doctors affording the equivalent of 2.5 staff. JH commented on improvements, including the handling of

requests by receptionists, and TS said there had been fewer complaints about the system over the past two months. *(To be revisited following establishment of neighbourhood working)*

#### *District/Practice Nurses -*

TS said that, contrary to his previous indication that it might be possible to introduce on-line booking for nurse appointments, this had to be ruled out because of appointment flexibility and categorisation problems. LD said the EMIS app did not work well for this type of appointment, and TS said there could be problems over attempts to book reviews directly with nurses rather than doctors. The default position remained 'doctor first'.

TS added that it was not proposed to introduce any physician associates at the practice, and this was endorsed by the committee.

In response to queries about the possible usage of nurse practitioners LD pointed out that this grade was generally only used in a hospital setting under direct supervision. *(Closed pending developments on district nursing)*

#### *Virtual PPG -*

There had been no progress as the projected sub-committee had not met. DR also reported that he and TS had attended a workshop on the setting up of virtual PPGs that had limited itself to generalities, and conspicuously failed to offer concrete guidance on practicalities or give details of proven successes.

DR pointed out that action on this issue had been deferred repeatedly, and someone who was 'social network literate' was needed to drive things forward, clarify what was needed and show how things could operate. ZN volunteered to start things off by doing some research and preparing a short paper. *(ZN to report progress at next meeting).*

#### *Insulation -*

TS said he had spoken further with the builder who had carried out the recent alterations. It was clear that the idea of insulated doors would not be effective, but wall insulation could be carried out at a projected cost in the region of £3,000 for materials with additional labour costs. He would see if work could be carried out by May 2017. However, work could only be carried out at weekends or possibly over the April bank

holiday period. The work would cover all the first floor consulting rooms.  
(TS to report outcome/progress at next meeting)

*Photographs, Name Badges and Notices -*

See item 6 below

*Suggestion Box/FFT Update*

It was noted that, although there had been fewer FFT and no Suggestion Box responses in February, comments were almost uniformly favourable. It was agreed that it was particularly welcome to be receiving increasing numbers of compliments for reception staff, as this had been an area that had attracted criticism in the past. Inevitably waiting time could be a basis for complaint, but this was balanced by the appreciation of the professional care afforded. A suggestion of more pictures on the walls could be looked at in RB's continuing review of 'tidying up' options. TS emphasised that it was always BB's aim to respond quickly to issues raised via NHS Choices. *(Continuing review)*

### **3. Possible WHMC Developments - on site and Fire Service linkages**

TS reported that the practice wished to convert two more rooms (including ground floor storeroom) to allow for further expansion and the offer of additional services under the new universal contract/neighbourhood development arrangements. An application had been made to Camden Council for use of S106 money still available under the Blackburn Road development (£30, 700). He had been advised that the Council would need to notify the other surgeries in the area of the application, but he was optimistic that the application would prove successful. *(Continuing review)*

TS said that he, BB and Doctor Barnett had also revisited the listed terrace accommodation (4 cottages) behind the Fire Station in West End Lane to determine its suitability for housing services on a more permanent basis (e.g. hearing tests). BB had taken pictures of the listed aspects that would need to be worked round. There was a side access path between Carlton Mews and West Cottages. Although narrow, it would allow passage for wheelchairs. He had established that the Council was supportive of a community project along these lines and

would look at funding some of the cost from the community charge in the Ballymore development at West Hampstead Square. *(Continuing review)*

LD reported that he continued to take an interest in the fire Service NHS linkage as he was a national adviser on co-operation between the two services. Islington was the borough leading on the introduction on joint assessments of fire risks for vulnerable patients. However, 9 patient referrals had already been made by WHMC where LFB had carried out fire risk assessments. He would also be visiting other local neighbourhood practices in West Locality to ensure wider awareness of the partnership approach. *(Continuing review)*.

TS reported that the final outline of the new 'neighbourhood' had now been effectively agreed as including all the existing west locality practices - WHMC, Cholmley Gardens, Fortune Green, Brondesbury, Belsize Priory (only committed on 17 March at west locality meeting) - plus Swiss Cottage and Abbey Road which were adjacent to west locality. DR commented that he had asked at the locality meeting that all practice managers keep their PPGs informed of developments and seek their input into consideration of where 'hubs' might be established for devolved services. It seemed to be expected that no more than three 'hubs' would be developed.

#### **4. Action on DNAs**

In view of BB's absence this item was postponed to the next meeting.

#### **5. Next Open Meeting Planning**

The proposal to appoint a small sub-committee to develop ideas on content, publicity and possible speakers had been agreed at the January PPGSG meeting, with the open meeting expected to be held in early summer school term time. In the general consideration of issues discussion focused on whether an open meeting was needed so soon, whether open meetings should be built around a regular review of ongoing local developments or whether they should only be called in light of really significant issues/developments. DR reminded the meeting that the WHMC PPG had recently been publicised at the Camden PPG forum as a success story largely because of the attempted ongoing linkage between the steering group and a wider PPG concept which included the aim of having open meetings twice a year.

A sub-committee was established, comprising NF, JH, DL and TS with possible items for consideration to include the universal offer, neighbourhood, the Fire Station project, S106 funding, NHS crisis and issues at the RFH. The sub-committee would report back with proposals (suggested agenda, possible speakers, publicity approach, and timing) for consideration and agreement at the next meeting on 9 May (*Decision at May meeting*).

## **6. Surgery Notices etc.**

RB said she had continued to work with Viridiana Toledo and TS on tidying up the positioning of notices and clearing out redundant notices. Matters outstanding included getting the right photographs for clinical staff as well as considering photographs for other staff, ensuring the wearing of name badges, improving on the temporary headings on most noticeboards, assigning responsibility for upkeep of the system and making further improvements on the first floor.

TS said he now expected to get the notice with photographs of all the doctors and information on all staff up in the main entrance within the next few days. It had already been agreed that photographs would not be required for non-clinical staff. Generally, staff was now wearing their name badges, but it was agreed that TS would do a regular morning check on name badges. Temporary headings on notice boards were to be replaced with permanent black headings similar to those on clinical doors. TS said these had been ordered. RB said she would proceed with reviewing the position on the first floor and generally keeping a check on things. (*Continuing review*).

## **7. Update on Camden GP Federation**

In view of BB's absence this item was postponed to the next meeting.

## **8. AOB**

JA said she had experienced difficulties in getting a physiotherapy appointment at the practice. The system did not seem to be aware of the arrangements at WHMC when she self-referred, and she had been given an appointment further away. TS said he would follow up on this.

LD announced that he might have to resign membership of the PPGSG shortly because of changing work commitments and moving away from the immediate area. All members expressed their great appreciation of his contribution to the work of the PPGSG and the value of his detailed knowledge of the NHS through his professional qualifications and experience working in it.

DR said that, as he would be abroad from 3 April until just before the next meeting, it would be necessary for someone to take on the responsibility of agreeing an agenda with TS and generally organising the next meeting. JA and JH agreed to organise the next meeting, and DR said he would ensure they had advance copies of minutes of this meeting before he went away.

### **Agreed Future Meetings**

**9 May 7pm WHMC**

**11 July 7pm WHMC**