

WEST HAMPSTEAD MEDICAL CENTRE

PPG Steering Group Meeting - 7pm 9 May 2017

Summary of Key Points

Present:

Jilly Ackroyd (JA)
Charles Boucher (CB)
Ben Bromilow (BB) - Practice Partner
Jill Hood (JH)
David Lavis (DL)
David Richards (DR) - Chair
Tushar Shah (TS) - Practice Manager

1. Apologies etc.

Apologies: Zaira de Novellis (ZN)
Minute Taker: TS to note key points for DR to summarise

New Member: Charles Boucher outlined his background and previous PPG experience, and was welcomed to his first meeting
New Partner: TS announced the appointment of a new fourth partner, Dr. Ehsan Alkizwini. Dr Alkizwini was the CCG lead on CIDR (now Community Integrated Digital Records) about which he had addressed a previous Open PPG meeting at WHMC .He had also undertaken Saturday clinics at the surgery.

2. Action Points from 21st March Meeting - including Suggestion Box/FFT Update

Virtual PPG -

DR reported that Zaira was working on a short paper on options and requirements, which she expected to bring to the next meeting.

CB said that there was a well-run virtual PPG in Barnet. BB suggested that the simplest first approach would be an e-mail discussion system. JA asked if there would be effective controls to prevent abuse of the system, DL was concerned about the possibility of too many threads in an open system, and DR asked if the system could be maintained by the back office.

BB suggested that there would be effective protection if joining the system was to be 'by invitation'. Additionally/alternatively it should not be difficult to

ban anything abusive. Thought would need to be given to how to accommodate different threads, but there should be no problem over upkeep of the system by WHMC staff. *(To be taken to next stage in light of paper by ZN)*

Insulation -

TT reported that it had not been possible to get the insulation work carried out to the original timescale. However, the monies were committed, and the regular builder would be getting the work done as soon as possible. *(Continuing update)*

Suggestion Box/ FFT Update

TS said there had been no new suggestions and 55 FFT responses in April. An 'extremely likely' and 'likely' recommendation accounted for 62% and 31% of responses respectively, and only 2 patients said they were 'extremely Unlikely' to recommend the surgery. Again the problem was dissatisfaction with the appointments system, but this was counterbalanced by more positive experiences of the system, of receptionists' welcome and the handling of consultations. However, there had been a complaint about a consultation, and others had been noted on NHS choices.

The committee noted that BB endeavoured to respond appropriately and promptly. BB said that it was always more difficult to respond effectively where there wasn't a sufficiently clear indication of who in the surgery might be involved and the complainant remained anonymous.

BB indicated that there was likely to be a move to a more centralised booking system that would require a common approach across the neighbourhood when it was established. Expectations of younger patients could be high, and the practice had 200% of the expected 20-24 yr. old numbers and 300% of the expected 25-34 yr. olds.

One suggestion of a newsletter would be looked at in more detail at a future meeting, and the general position would remain under review as a standing committee item.

3. Fire Station Project Updates

TS said there would be a further stakeholders' meeting in a month's time and confirmed that the Fire Service was supportive of the use of the old cottage block behind the fire station for extended medical services. Equally, the

Council was expected to cover some of the cost with funding from the community charge on the Ballymore development. Meanwhile he remained optimistic about S106 funding from the Blackburn Rd development to help with the conversion of two more rooms at the practice (including the ground floor store room).

BB said the cottages afforded scope for four ground floor consulting rooms. It might also be possible to build additional administrative space at the back. There would be a number of options about what services might be added or transferred from Solent Road. However, it was expected the new facility would now be established as a neighbourhood resource with WHMC constituting a 'hub'/CHIN (Closer to Home Integrated Network) within a wider local area. It had also been agreed that the entrance would be through the front i.e. on existing fire station premises next to Waitrose, through the gates alongside the fire station building - this would afford ambulance access. It was also hoped there could be a proper drop-off point next to Waitrose and to the left of the fire station forecourt. (*Continuing review*)

4. Action on DNAs (Did Not Attend).

BB reported that numbers had remained much the same at around 14 DNAs per week. Letters were sent out when 2 appointments were missed in a year, and 10 letters were currently being sent out each week. Serial offenders had been identified, and consideration was given to those with mental health problems where special measures were taken. Following discussion, it was agreed that the possibility of there being some special involvement by the PPG should remain an option (e.g. extra follow-up letters), but no separate action was felt to be necessary at present (*Continuing review*)

5. Next Open Meeting

TS had prepared a draft agenda based on the working party meeting (NF, JH, DL and TS) and a note made by NF. Potential topics included -any impact of the winter crisis on the work of the surgery and relationships with the RFH, fire station developments, the universal offer, projects at WHMC and potential deportation enquiries. It was agreed that there was little to report on the 'winter crisis' and BB said there had been no potential 'deportation' problems. Attention then focused on

- (i) the need to clarify developments at the surgery and the issues raised by neighbourhood working, but in a way that could be readily understood by patients
- (ii) the opportunity for Dr Ehsan Alkizwini to clarify what was changing in the development and use of CIDR, including where things were on patient access to their own records
- (iii) the need to expand email and texting notification of the meeting

(iv) date and time

Following extensive discussion it was agreed that the meeting would focus on

- changes taking place in the practice and new ways of working
- seeking patient views on greater collaboration between practices in providing services 'closer to home'
- clarifying the latest position on integrated use of patient health records

Notice of the meeting would go up on the website as well as being posted prominently in the surgery two to three weeks before the agreed date of the meeting, and committee members would be asked to deliver to established local outlets. Most importantly, it was agreed that all patients would be emailed/texted about the meeting in advance. The date and location were agreed as 4 July at the surgery at 7.30pm finishing no later than 9.30pm **(Subsequently amended at request of the practice partners to 7pm to finish no later than 8-45pm)**

6. Surgery Notices

TS confirmed that the staffing notice with 'meet the team' photos was now up. After discussion it was agreed to keep the notice in its present place at the entrance. The committee members expressed their thanks for the work RB and Viridiana had put in to see this project through.

7. Update on Camden GP Federation and Neighbourhoods

BB gave a general update on developments in defining our 'neighbourhood' and the preferred organisational approach to co-operative working. He said it was now likely that west and south localities would combine to form a single neighbourhood covering around 100,000 patients. The provisional name for the 'co-operative' was 'Central Health Evolution' which it was proposed to establish as a normal 'for profit' limited company but committed to reinvesting surpluses in the joint working of the practices involved. In the north locality, NW3 and NW5 were expected to be separate neighbourhoods. It was not clear what legal form they would take. However, the position remained in a state of flux. Meanwhile, Haverstock Health remained an established federation even though it had lost the late evening (to 8pm) and weekend hub based contract. This contract had been won by AT Medics who operated a number of services and practices across the London area and owned a practice in Camden at King's Cross. This had entitled them to compete against any local federation for the contract. One consequence was that it was possible/likely the Saturday clinic at WHMC would be closed.

DR said he had been on the selection panel for this contract as CPPEG representative and, although he had reservations about the selection process, the decision to award the contract to AT Medics reflected a clear consensus across the panel. In other parts of NCL there had been no need for a competitive bidding process, and the service was to be provided by federations of local doctors. On the question of the name and legal status of our local neighbourhood he personally found the name pretentious (where a simple description as 'neighbourhood health services' would suffice) and was disappointed that practices were again too readily adopting an easy solution, as had been the case with Haverstock Healthcare, which could give no legal guarantee that surpluses would be reinvested rather than paid out as dividends. In the ensuing discussion a similar general concern was made clear by members, with a request that the PPGSG's views be quickly made known to all the partners.

DR said the neighborhoods' issue would be a main item at the PPG Summit Forum to be held on Wednesday 6 July(5pm - 8-30pm) at the Arlington Centre, Camden Town(Later note: to be introduced by Neel Gupta, the new chair of the CCG). All PPGSG members were invited as well as surgery staff.

8. AOB

DR reported that it was proposed to make a short film(3 minutes) about the WHMC PPG for screening at the PPG Summit Forum to follow up on the presentation at the last Summit Forum(Later note: to be held over because of difficulties in agreeing timings for filming)

Next PPGSG Meeting - 11 July 7pm (Debriefing following Open Meeting)