

WEST HAMPSTEAD MEDICAL CENTRE

PPG Steering Group Meeting - 7pm 17 October 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
Jill Wheatcroft(JW)

Apologies:

Renee Bernstein(RB)
Leon Douglas(ND)
Neil Fletcher(NF)

1. Minutes of 17 October Meeting and position updates

Virtual PPG -

CB reported on his discussions with chairs of other local PPGs that had attempted to introduce Virtual PPGs(VPPGs). He had been pessimistic initially, and it seemed that VPPGs were often seen as a second choice option with considerable difficulties in getting patients involved. However, it was also clear that there was greater success where the VPPG was run by the practice manager and a dedicated PPG member, when 50 to 100 patients might get involved. In discussion it was felt that there should be greater scope for getting different groups involved with a VPPG approach and that it could be operated via the website with responses requested by email. DL queried whether it would be necessary to define a VPPG as such, and BB pointed out the need for some sort of 'health check' on its operation to avoid misuse. TS queried whether he could be expected to make sufficient time available to run things properly. DR said that, in view of reservations expressed at the previous meeting about continuance of PPGSG if a VPPG were introduced, it would be necessary to confirm locally how far VPPGs were seen as supplementary to the operation of a PPG rather than as a replacement with possible additional open meetings. *(CB agreed to take things further and report back with possible proposals at the next meeting).*

Wall Insulation -

Concern was expressed at the continuing delay on this item.TS reported that this would be deferred to follow on from the creation of two further consulting rooms and be included under section106 funding *(Position to be updated on regular basis; see 3 below)*

Use of Fire Service Property -

TS reported that the proposals for usage of the fire service cottages to provide additional community health services was no longer possible as the service and local authority had now opted to refurbish them as key worker housing.

Neighbourhoods -

BB and DR confirmed that Central Health Evolution(CHE) had been established as a limited company with shareholders and directors covering surgeries in the west and part of the south localities(over 106,000 patients out of 250,000 for Camden as a whole). There were three other smaller neighbourhoods -NW5, NW3 and South Camden. DR said he had been concerned at the lack of involvement of patients in the whole process of delineating neighbourhood areas and confirming the allocation of practices to neighbourhoods. Although there was now little prospect of any major change to the proposals as they stood and as had been previously presented at an open CPPEG meeting, he hoped it would still be possible to do something about the neighbourhood names, as the NW5 and NW3 titling was as misleading as the CHE titling was uninformative.

In response to a query from DL, BB emphasised that there was no intention of seeking any future CHE sellout to organisations such as Virgin Care or CareUK - but he confirmed there could be no binding guarantee on shareholders. The limited company approach had been adopted as the simplest way of getting things moving and ensuring proper managerial control. The whole 'neighbourhood' concept was relatively nebulous, but the clear intention within CHE was to be able to service patients' needs through collaborative working. JA asked what real benefits would accrue for patients and whether practices could opt out of particular services. BB said that while a key objective was inevitably to save money through devolving work from secondary to primary care, the new approach would allow for cross referrals between practices, and the immediate emphasis was on ensuring the proper provision of the 'universal offer.' Minor surgery would not be undertaken at WHMC because there was not the capacity to meet the throughput requirements, but there could be referrals to Brondesbury Medical Centre. However, there would be scope for primary care nurse training and ECG interpretation. In response to JW's query about blood pressure tests BB confirmed that patients already diagnosed with a problem were referred to RFH or InHealth, but initial pre diagnosis checks could still be carried out at the surgery. (*Further progress on neighbourhood working to be kept under review*)

2. FFT/Suggestion Box Review(July, August, September)

The Suggestion Boxes remained underused, but the FFT ratings continued to be very positive. In discussion it was agreed that a 'you said' + 'we did' response to key suggestions/FFT comments could be included under News on the website and be put up on the screens. (*To be actioned on agreed items following next review*).

3. Projected surgery building developments

BB and TS outlined the proposed developments to be undertaken with section 106 financial support. These would cover changes to existing rooms on the ground floor including cleaners' storeroom, parts of staff office area, isolation room and toilets. Two new consulting rooms would be created, with completion expected by end December 2017. (*Members examined areas to be covered following close of meeting. Progress to remain under review*)

4. Use of clinical pharmacist on site

BB said pharmacists were to be employed at the surgery with WHMC being the lead among three practices - WHMC, Swiss Cottage, Abbey Medical Centre - co-operating on a pilot basis and funded by the CCG. TS said that a Senior and a Junior Clinical Pharmacist would be employed for a three year period from early in 2018. They would be a support to the doctors in seeing patients and carrying out medication reviews in addition to authorising repeat prescriptions, and would work closely with the medicine management team across the neighbourhood. (*Keep under initial review*).

5. Saturday Clinic Changes under ATMedics contract

DR reminded members that ATMedics had won the contract for the new 'improved' extended hours service in competition with Haverstock Healthcare who ran the existing Saturday service which included the clinic at WHMC. BB confirmed that WHMC was currently the most fully and widely utilised of the 'hubs' in the current service, and WHMC would wish to be one of the hubs in the new service. The changeover would take place at the beginning of December, but so far there was no agreement on the siting of the four hubs anticipated under the new contract. DR said that there had been none of the promised direct involvement with CPPEG on any of the detail. The new extended hours arrangements were expected to be 6.30pm-8pm Monday to Friday and 8am -8pm Saturday and Sunday. (*Update at next meeting*)

6. Forward meeting schedule including Spring 2018 Open Meeting timing and agenda ideas

Discussion was deferred to the next meeting to allow time for members to check out building changes being planned.

NEXT MEETING - 16 January 2018. 7pm