

## WEST HAMPSTEAD MEDICAL CENTRE

### PPG Steering Group Meeting - 11 August 2015

#### Minutes

#### Present:

Jilly Ackroyd(JA)  
Renee Bernstein(RB)  
Ben Bromilow -Practice Partner(BB)  
Leon Douglas(LD)  
Neil Fletcher(NF)  
Jill Hood(JH)  
Wincent Lau(WL)  
David Lavis(DL)  
David Richards - Chair(DR)

#### 1. Apologies and Introductions:

Apologies: Tushar Shah - Practice Manager(TS)

Introductions: Wincent Lau was welcomed as a new member of PPGSG

#### 2. Report on Meeting of 2 June

Because of the limited attendance - DL, JW, BB, TS - no minutes had been taken at the meeting which had followed up on action points from the 24 March meeting. BB reported that lunchtime doors re opening at 1-45pm had been actioned. Other outstanding actions from the 24 March and 2 June meetings are covered separately below.

#### Action:

It was agreed that, although items should still be considered at poorly attended meetings for follow-up review, a quorum of 50% should be established for the official conduct of business. (Current membership is 9 patient reps. practice manager and nominated partner; quorum = 6. Other than the meeting on 2 June, no meetings of PPGSG since its inception would have been inquorate).

#### 3. State of Play on Section 106 Application, planned surgery changes and possible additional staffing, plus position on PPG room/patient information centre

##### 106 Application

BB and DR reported on progress in seeking 106 money from the Blackburn Road student apartments development to fund internal building changes that would create two new consulting rooms, allow for the recruitment of at least two additional doctors and establishment of a PPG room/patient information centre. It had appeared that Camden council was ready to approve the project, but the officer handling the application had then suggested that a further approach be made to NHS England and that the council was also looking for support from Camden CCG. BB pointed out that if the application was not approved by the end of September, the money would be lost and revert to the developer. This was a long standing issue known to the local councillors, and it was unclear why the matter had not yet been brought to the council for full approval in line with the support indicated by the

council officer handling the application. It was also understood that there were no other parties applying for use of this Section 106 money.

BB reported that a 5,000 growth in WHMC patients was projected over the next seven years, but he felt this could be an underestimate. Meanwhile, approximately 2,000 patients had been transferred to the Cholmley Gardens practice following the closure of the Westfield practice, approximately 1,000 had been absorbed elsewhere from the closed lower West End Lane practice, but Brondesbury had reduced their list size. DR said that although there appeared to be a continuing availability for a new medical centre in the Ballymore (West Hampstead Square) development, the CCG appeared to be favouring expansion of Belsize Priory.

**Action:**

LD would draft a letter from the WHMC seeking urgent approval of 106 funding to be addressed to the Council, local councillors and NHS England - draft to be circulated to group members by 14 August for comment within three days.

**PPG Room/Patient Information Centre**

LD had developed the script further following the meeting with DR and NF, but not made any changes to the video..

**Action:**

LD would circulate revised script and video options before the next meeting

**4. CIDR Update**

BB confirmed that CIDR was now fully operational and that all newly registering patients were informed of the opportunity to opt out. Patients who had not already opted out were currently in the system. However, patients could still opt out at any time, and it was recognised that some patients had probably delayed making a decision because of uncertainty about the Care.data programme which was still being trialled. It was agreed that there should be renewed publicity about CIDR options.

DL queried the position on availability of their records to patients. BB confirmed that information on some basic aspects - medications, allergies, immunisations - could be accessed and copied by the patient, and it was expected that it would be possible for more complete information to be made available by April 2016.

**Action:**

BB would arrange for updated information about CIDR and opting out to be included on the website, and for all patients to be texted (iPlato) about the opting out option.

**5. Explanation and Experience of New Booking System**

BB explained that the 'Patient Partner' automated booking system was now available 24 hours a day and was presented as the first option for making an appointment. It appeared to be working well, although, from the GP's viewpoint it meant that he/she had no advance knowledge of what was the patient's problem before the actual appointment.

In terms of receptionist response times, the receptionists now knew how many calls were in the queue. However, this was still not known to the caller. It was pointed out that this facility had already been requested, and BB agreed that it would be properly researched and introduced if possible within the existing system.

JH raised the case of a patient who had been subjected to intrusive questioning and asked 'if she wanted to go private' when seeking an appointment for her partner. BB said he could not understand how the 'private' suggestion could have arisen as it was certainly not something that was to be offered or discussed by reception staff. On the questioning issue, there was certainly no intention for receptionists to undertake any sort of triaging role, although they were expected to try and establish that the patient was making an appropriate request, and it was obviously helpful for the GP to know about the patient's problem in advance. Receptionists did have a simple answering script, and there was regular training.

BB said that there had been some limited use of the 'Mystery Shopper' form (including JA, RB, and LD) and the information had been helpful. He now hoped for more extensive use by PPGSG members and friends and more generally.

**Action:**

TS to be asked to arrange for the introduction of queuing information for callers within the existing system if possible.

BB would ensure receptionist training was being properly carried out, review the current call processing procedure and answering script, and send to members of the group

BB would reissue the 'Mystery Shopper' form to group members and make them more generally available in the surgery.

## **6. Report on FFT Ratings**

DR said he was grateful for the prompt preparation of the report that gave a clearer picture than the simple pie chart summaries included on the website. It was clear that there was considerable variation between numbers completing the report from month to month. However, it was equally clear that the findings were generally very favourable - with many supporting favourable comments - and that this impression was equally reflected in the comments under the 'Choices' reviews via the website. Where there were problems, these appeared to be well handled in the responses from BB. Most importantly, it seemed that the main complaints concerned the remaining difficulties over the booking of appointments, while there was high appreciation of the clinical staff.

**Action:**

TS to ensure that there is wide availability of FFT forms in the waiting area, and BB to ensure that he and his colleagues continue to offer forms at the end of consultations.

## **7. TAP(treatment around the practice) and possible implications for WHMC**

DR said this was a scheme offering assessment and brief care packages of up to 16 sessions by psychiatrists from the Tavistock and Portman NHS Foundation Trust for patients with long term mental health problems, and was being piloted in each Camden CCG locali-

ty. He had been impressed with the proposal at a recent West locality meeting, and thought from subsequent discussion with TS that WHMC might wish to be involved. Through the development of federated working there were also other circumstances where WHMC could be developed as a 'hub' for integrated services e.g. for a new 'frail and elderly' programme being considered by the CCG.

BB pointed out that these moves for integrated working on a federated basis might not make demands on the practice's own staff but would make heavy demands on space for visiting teams that could not be met at present. WHMC's first call on new clinical rooms would need to be for use by an expanded medical staff focussed on the practice.

In general discussion it was recognised that federated working and agreement on creating hubs for particular treatments/consultations would be the future pattern of primary care provision. Patient representatives across the practices would need to be involved in reaching agreement on where particular services were to be focussed. Most practices in Camden were investors in Haverstock Healthcare (HH -established as a limited company in 2008), and HH had been central to the development of the federated approach and would be looking to be a successful bidder for provision of a number of primary care services. Because it was a limited company, it had undertaken to provide new services in Camden through a separate not-for profit arm. ( This would mirror not-for-profit approaches adopted in other areas eg Hackney, Barnet).

BB then said that HH had reneged on this commitment at a recent federation meeting, and the projected not-for-profit arm would not be established because of the legal complications involved. There had been no consultation with patient representatives about this change.

The meeting voted unanimously to deplore this decision and the lack of consultation, and asked BB to make this view clear to his partners. Members made clear that this eroded trust, and they hoped that the partners would be supportive in trying to get the position reversed and take whatever action possible through the continuing federation discussions.

**Action:**

BB to make the PPGSG position on HH clear to his colleagues(ie that HH should be required to honour their earlier commitment to bid for Camden work through a separate not-for-profit arm) .

DR to check the position on what had been/was to be made known to patients and the public generally with Martin Emery ( Camden CCG Community Ownership Manager)

The HH issue to be taken as the lead agenda item at the next meeting

## **8. Progress on integrated 111/OOH contract development for NCL**

DR reported that,despite many objections from patients and public, the proposal to integrate the 111 and OOH services was not being implemented by separate CCGs but was to be implemented by North Central London(NCL), a federation of five boroughs' CCGs - Barnet, Camden, Enfield, Haringey, Islington. He was on an NCL Patient and Public Reference Group that had been established to advise on general approach and development of the contract specification, and they had requested that the draft specification should be made available for general comment by patients and members of the public. This could

now be accessed via the Camden CCG website, but any suggestions would need to be forwarded quickly.

DR said his main concerns were that (i) despite the repeated assurances by NCL and Camden CCG staff that they were looking for local provider involvement in the provision of the service on a federated basis through a lead provider, it looked very much as if Care .uk(ex Harmoni) could be centre frame for the contract, and (ii) there was a general reluctance to specify what input would be expected in terms of numbers and levels of staff and balance between clinical and non-clinical staff.

**Action:**

LD to confirm specific website linkage for specification

Developments to be kept under review, and issue to be included on agenda of next meeting.

**9. AOB**

1. DR indicated he would not be available for the next meeting, and it was agreed LD would chair the meeting

2. LD asked group members to provided any direct or indirect patient feedback on patient experience at UCLH (LD is CPPEG patient rep on UCLH Advisory Board)

3. Dates and Timings for meetings in 2016 would be agreed at next meeting

**Next Meeting: 13 October 7pm WHMC**

**Final 2015 Meeting: 15 December 7pm WHMC**