

**West Hampstead Medical Centre
PPG Steering Group Meeting**

Date	13 October 2015 19:00
Next Meeting	15 December 2015 19:00
Attendees	Jill Ackroyd (JA), Ben Bromilow (BB) , Renee Bernstein (RB), Leon Douglas (LD), Neil Fletcher (NF), Jill Hood (JH), Wincent Lau (WL), , Jill Wheatcroft (JW), Tushar Shah (TS)
Apologies	David Lavis (DL), David Richards (DR)

Actions

#	Action	Owner	Due Date
8	Queuing system for telephone system provider	TS	15/12/15
9	Trial Comments box to give more information above normal FFT till Christmas	BB	
10	Follow up with SMS about opt in for CIDR	BB	
11	Communicate information about CIDR about what and how to communicate opt in with patients	LD	
12	Come back with a proposal from the subgroup about Open Meeting	TS	
13	Examine appointment data to understand if we have the best outcome	WL	

Actions

#	Action	Owner	Due Date
1	Send Mystery Shopping form out to group	BB	
2	Send out script receptionist call processing procedure to group	BB	Abandoned
3	Confirm with / reiterate to reception training for call processing flow chart	BB	
4	Review questions that receptionists ask as part of answering script	BB	
5	Draft letter for Section 106 and circulate to group to send out to key individuals – all to return within 3 days	LD	14/08/2015
6	BB to inform WHMC Partners that PPG is not supportive of Haverstock Health Decision not to go non-profit.	BB	
7	Send out link to CPEG and 111/OOH to the group	LD	

Agenda and notes

1.	Apologies and introductions	All	5 mins
2.	Report on Meeting of 11th August and matters arising	LS	15 mins

- The minutes were agreed.
- Matter arising:
 - o Queuing system needs to be followed up with Telephone providers to provide number of minutes during patient waiting
 - o Reception Training was taking place on a regular basis including roleplay.
 - o Friends and Family Test (FFT)
 - Not obvious where location of box is
 - Not getting as much feedback required to meet the 5 comments target per month.
 - NHS choices feedback is better
 - Reception staff would be encouraged to hand out forms directly to patients.
 - o BB will arrange a suggestion box trial before Christmas
 - o Did Not Attend (DNA)
 - Very few currently
 - Summer months were much higher.
 - Very little early indication from patients that they won't keep appointments.
 - Currently there are 3 day and 1 day notifications for appointments
 - o Treatment Around the Practice (TAP).
 - Cognitive Behavioural Therapy (CBT)
 - One session of Cognitive Behavioural therapy per week. But accommodation is a problem as there are not enough consulting rooms- only sufficient for one therapist. The position will be eased once the new consulting rooms are available. There is high demand as therapists do not want to work early morning and late. Demand is expected to increase if the practice becomes a hub.
 - General Treatment Around the Practice
 - Started early, 2 people
 - One did 3 consultations and other did 16
 - Will be more demand as there we become a hub

3.	State of play on 106 Application	TS	
<ul style="list-style-type: none"> • The Director of Primary Care said that there was to be a meeting on 19 October at of all parties. So far there had been no response from Anthony Marks (NHS England). • Council had approved the application, subject to other stakeholder’. • It was not clear how proposals Belsize Prior rebuilding could cope with the anticipated increase in demand. • Misunderstanding at CCG level as to whether or not Belsize Priory can cope with the demand – This is not possible • DR will attend meeting • NF: What is the timescale if we get approval? <ul style="list-style-type: none"> o TS said that one conversion is already to go – 4-8 weeks to complete. • CCG is not against our plans, but don’t want to show favouritism • £50k was originally available but we be allocated £20K to do two rooms to cope with increasing list size. • NF: How are we going to staff it? <ul style="list-style-type: none"> o TS: We have an advert going out; 2 doctors will come back from Maternity Leave, and there will be one more recruited. The money will be available by 31/03/2016 at the latest but it was expected for work to start soon after Christmas. This would be s106 and no other money will be available from the NHS infrastructure fund. 			
4.	CIDR update and possible publicity requirements	BB	
<ul style="list-style-type: none"> • All patients should have been SMS message to allow opting in to or out of the Camden Integrated Digital Record (CIDR). However, not all PPG members received an SMS message. A further SMS will be sent, to direct recipients to the CCG website for more information. BB commented that WHMC had been more proactive than many other practices. • How will we communicate to the patient group? <ul style="list-style-type: none"> o It was recognised more publicity was needed for a re-launch. Suggestions included making a video for practice screens and a leaflet that would clearly distinguish between this and other various patient record schemes. 			

5.	GP Federation – Haverstock Health Developments	BB	
<ul style="list-style-type: none"> ▪ At a recent HH meeting it had been agreed that the changing to a not for profit basis would be too expensive. The alternative decision had been taken to change the articles of association in a way that would ensure that any excess funds would be fed back into primary (General Practice) in Camden. • Camden CCG wants to extend services at Primary level in Camden and this is the business that HH expects to be involved in through the GP Federation. • Haverstock is looking for specific people to help manage projects and want to develop, but don't have funding. • Haverstock has lost key employees due to lack of funding • Members of PPG were encouraged by the progress that Haverstock had made and would like to maintain regular updates about their progress. • Haverstock Health would be added as a standing agenda item. • Consideration would be given to inviting HH to the next open PPG meeting. <ul style="list-style-type: none"> o Open meeting subgroup: NF, BB, RB, TS 			
6.	AOB	All	
<ul style="list-style-type: none"> • Items to add to agenda for next time <ul style="list-style-type: none"> o Foyer/Notices o Patients participation room – Patients o Outreach: How do we engage other groups that are part of the patient community? What channels do we have? • Patient Survey <ul style="list-style-type: none"> o WL presented on patient survey results o WL and TS to look at appointment data to understand driver • UCH feedback <ul style="list-style-type: none"> o Ear hospital – general care is good o But issue is that it would be useful to have some cross over between hospital systems • Next meeting after December, 23 February 2016 (pre open meeting in March) 			