

WEST HAMPSTEAD MEDICAL CENTRE

PPG Steering Group Meeting - 7pm 31 July 2018

Summary of Key Points

Present:

Jilly Ackroyd(JA)
Renee Bernstein(RB)
Charles Boucher(CB)
Ben Bromilow(BB) - Practice Partner
Leon Douglas(LD)
Neil Fletcher(NF)
Alison Johnson(AJ)
David Richards(DR) - Chair
Tushar Shah(TS)
Jill Wheatcroft(JW)

Dee Lynch - Note Taker

1. Apologies etc.

David Lavis
Tove Steedman

Alison Johnson was welcomed as a new member replacing Jill Hood. This brought the committee up to full strength with an equal gender balance of patient representatives. It was noted that RB had sent apologies for non-attendance at the May meeting, and the 'health runs' referred to in the May minutes(Section 3) should more accurately be termed 'park runs' .

2. Position Updates from 22 May Meeting

Neighbourhood Developments -

TS reported further changes in the structure of neighbourhoods in south Camden with Ampthill Practice (close to Mornington Crescent) and Regent's Park Practice (east side of park) now working with CHE(Central Health Evolution) before being fully integrated in the federation next April. This meant that CHE now covered 16 practices(6 in CHE west and 10 in CHE south). Other practices in the NW3, NW5 and South neighbourhoods remained with the HH(Haverstock Healthcare) federation. DR pointed out that the existence of two federations within a single CCG remained unusual.

Surgery Developments -

TS said the new signage had been completed, but some repair was already needed for the entrance 'Welcome' sign. This would be carried out in late August when the first floor consultation room door insulation and any necessary wall thickening should also be completed. Action was still outstanding on the kids' corner and healthy corner proposals - considered under 7 below.(Further update at October meeting)

Introduction of Clinical Pharmacists -

TS reported that the new pharmacists were now in post, and it had been agreed that both a pharmacist from the practice and a Greenlight representative would be asked to outline their roles under the three year pilot scheme at the Open Meeting in September.

3. FFT/Suggestion Box Review

On a continuing low response rate in June more than 80% of FFT ratings were for extremely likely/likely to recommend WHMC with no ratings of unlikely/extremely unlikely. However, there were continuing complaints about the phone system, which were endorsed by members of the committee.

In particular it was felt that the recorded message was too long with too many options. DR suggested an improvement would be to have fewer main options with sub-options. NF said appointments' booking generally worked well on line, but it was agreed that most over 50s preferred to speak to someone over the phone and not go online.

AJ asked if someone could be employed simply to answer the phones, and suggested this could be more cost effective. LD felt any additional money would be better spent elsewhere, and BB pointed out that the present system allowed for up to eight members of reception staff to respond promptly. The problems were recognised, and a new system was to be installed in November with a new provider. This would be more user friendly, have a simplified options menu, log and notify the caller's place in queue and inform the surgery of peak times and action needed. RB said patients should be made aware that the system was changing - possibly including a recorded message -and suggested that the whole appointments issue should be addressed at the open meeting. It was agreed that advance notice that change was coming would be put on the website and possibly on screens. *(Action taken and progress on new contract to be reported at October meeting).*

4. Virtual PPG Action

TS had uploaded 'virtual PPG' information to the website, One expression of interest had been received. DR said he was still unclear about how the VPPG would operate in terms of control, topic suggestions etc. At LD's suggestion AJ agreed to join with CB and TS in trying to get things started. *(Action to be reported at October meeting).*

5. WHMC Website and Services' Publicity

The website was reviewed on screen. RB was concerned at the extent of inappropriate advertising, but TS and BB pointed out that this was in line with general practice and most surgeries used this provider in the same way. There was a general feeling that the site was too busy and dense, even though some of the information was not specific enough. DR suggested that references to 'clinics' should be changed to 'services' to avoid any possible confusion and that all such references should have complete details of days, times and location. In terms of additional publicity using Iplato, BB said WHMC usage was being restricted by CCG because of need for extended usage in the autumn in connection with the flu vaccination programme. AJ volunteered to help in developing the website. *(Any changes to be reported to October meeting)*

6. Triaging and Hospital Avoidance

Members expressed concern at the apparent opaqueness of triaging before referral to hospital or a specialist service. DR said he had always been reassured at CCG committee meetings that a doctor could make a direct referral without using CCAS(Camden Clinical Assessment Service). However, the expectation was that CCAS would be used, the drive was to keep hospital referrals to a minimum, and he was worried that clinical judgement could be affected by such pressure.

BB said he was confident that clinical judgement was not being affected but understood patient concern. All referrals go electronically via CCAS or direct to hospital. CCAS filters referrals for accuracy but may reject direct hospital referral eg in favour of referral to MSK/Physio service. Once referred to hospital, patients would often stay within the hospital system, being recalled for further review/tests. Financially this was in the hospital's interests, but was more costly than referral back to primary care. LD pointed out that there was a system of amber cards that could be issued to providers by doctors to raise an alert where it was felt that the provider was not meeting quality or specific request requirements.

TS reported that doctors Curtis and Alkizwini had checked out Swiss Cottage surgery and Brondesbury Medical Centre triaging models. These included the possibility of triaging prior to an initial doctor's appointment. This could be tied in to changes to the telephone system(see 3 above)

DR said a leaflet was needed to try and clarify what was a complex situation. LD suggested it might be best for something to be issued by CPPEG and he/DR would raise this with CPPEG.

BB added that doctor recruitment was increasingly difficult because of the increasing complexities and red tape. Many preferred to operate as a locum rather than as a staff doctor, and the challenges of a practice partnership were felt to outweigh the opportunities. In response to a query from AJ, he confirmed that all the normal recruitment channels were being used including BMJ, Careers service etc. and the position at WHMC was satisfactory. *(LD/DR to report back on possible CPPEG action on triaging leaflet before acting on WHMC leaflet suggestion).*

7. Exercise, Fitness and Health(EFH)

The committee reviewed a comprehensive and very informative report by CB and JA on exercise, fitness and health opportunities(EFH). In introducing the report CB commented on the general paucity of leaflets in favour of references to websites(particularly Camden council), but JA had nevertheless amassed a wide cross section of leaflets. BB readily agreed to add information to the screens and also showed an impressive short video he had made. Many sessions/ events were free and green, but BB confirmed that there were no special arrangements with private gyms. AJ suggested WHMC actions could be promoted in the 'Ham and High' and volunteered to be the contact once specific points were agreed.

In general discussion JA emphasised the value of the EFH opportunities for those who were depressed and lonely, and JW emphasised the benefits of the bench to bench walks organised by KOVE(Kilburn Older voices Exchange). BB said a wall area in reception/healthy corner could be dedicated to local EFH services, including a leaflet holder. It was agreed to establish a sub-committee comprising BB,CB,AJ and JW which would also take account of RB's regular review of notices and publicity materials. *(CB to report progress to October Meeting).*

8. Open Meeting Planning

Previous items agreed for discussion at the Open Meeting were noted - particularly emphasis on 20-40 year olds, the new pharmacists, physiotherapy access and developments in access systems - and a sub-committee was appointed to finalise content and detail, taking account of NF's suggestion that local councillors should be invited to hear of patient concerns and outline their own perspective on developments, particularly in social welfare and community services. Sub-committee membership was agreed as NF,RB,AJ,TS.

Advance apologies for the Open Meeting were given by DR,RB and JA.

9. AOB

DR referred to the recent 'knife' incident where a parent had discovered a sheath knife hidden in foliage in the Sumatra Road play area where it backed onto the surgery. Members suggested there was need for more regular community support officer patrols, and NF recommended writing to the local MP. however, DR said he had already the parents involved should contact their local councillors and had given them their addresses(3 West Hampstead councillors). He was particularly concerned at the dismissive police reaction when the weapon was handed in at Kentish Town police station, the nearest station open. *(DR to update at October Meeting)*

The meeting closed at 9pm

Next Meetings -

Open Meeting - Tuesday 25 September, 7pm

PPGSG Meeting -Tuesday 30 October, 7pm