

WEST HAMPSTEAD MEDICAL CENTRE

PPG Steering Group Meeting - 7pm 18 October 2016

Summary of Key Points

Present:

Jilly Ackroyd(JA)
Ben Bromilow - Practice Partner(BB)
Leon Douglas(LD)
Jill Hood(JH)
David Richards - Chair(DR)
Tushar Shah - Practice Manager(TS)

Apologies etc

Apologies: Renee Bernstein, Neil Fletcher, David Lavis
Resignation: Ruth Foxman
Minute taker: TS to note key points for DR to summarise

1. Points arising from 28 June meeting and 24 August update

Appointments Scheduling -

DR had circulated a note summarising 'problems and considerations' following the discussion at the June meeting, and BB had circulated a note outlining the reasoning behind the present approach. TS and DR had not made any further visits to other surgeries than those considered at the last meeting, but would be following up after further discussion.

There was considerable detailed discussion of the operation of the present system and further 'tweaking' that might be considered. Although the practice size had now reached 12,500, the situation would be improved by the recruitment of two new doctors offering up to 9 additional sessions a week in the two new consulting rooms. LD felt the existing system was generally working effectively with sufficient opportunities for early cancellations to be picked up. BB reminded members that over 75s would always be seen the same day. DR said he hoped DL might be able to do some modelling of a more flexible alternative. The whole matter would be kept under review, and TS and DR would extend their investigation of the systems used by other practices. (*Continuing Review*)

District Nurses -

There was general support for the idea for WHMC becoming a hub within any 'micro-team' modelling approach under the new CCG contract with CNWL(Central and North West London NHS Foundation Trust)for expanded district nursing in Camden. BB also supported the idea of having a 'named' district nurse, but so far there had been no new information from the CCG or approach from CNWL. In particular, it was not clear whether a further clinical room would be needed. (*Continuing Review*)

Virtual PPG -

DR reported that there had been little response (a single enquiry!) to the notices seeking possible members of a wider PPG reference group that could operate as a 'virtual PPG'. LD said that CPPEG were keen to promote the development of such linkages. BB referred to 'SLACK' as a workable system but asked who would co-ordinate responses. DR wondered how far a completely open forum approach would really be manageable as opposed to a system that allowed for feedback but was largely premised on prompts from PPGSG. GPs could help by asking patients if they wanted to be involved.

In general discussion it was recognised that considerable work would be needed to get anything off the ground. LD offered to take the lead on this item. (*Continuing Review*)

PPG Survey -

TS reported that, beyond the few responses following the open meeting there had been little take-up for the 2016 survey, despite a number of 'blitzes' with survey forms being left on seats in the waiting rooms as well as being available at the counter. However, a separate survey had been promoted over a two week period as part of the CQC inspection. This got forty responses, all favourable.

Following discussion it was agreed that there were now sufficient opportunities for general patient comment and feedback through FFT, NHS Choices and the Suggestion Boxes. Any separate practice survey constituted enquiry overload. Future hard copy surveys would be limited to urgent specific items that might arise. (*Item closed*)

BBC News Relay/Insulation -

TS reported that the cost would be £400 for two plug-in points and £145 pa for the license. In discussion it was felt that, although this was not expensive, the concept would be misguided and rolling news just be seen as intrusive. The basic problem was the need to preserve confidentiality for discussions in the first floor consulting rooms. It was agreed that TS and BB would look again at the feasibility and costs of providing proper insulation through use of some sort of injection process. (*Continuing Review*)

Duty Doctor/Appointment Seating

TS and DR had reviewed the position and, with the current handling arrangements for duty doctor appointments, it appeared that no separate queuing arrangements were required. (*Item closed*).

Other Updates -

The new whiteboard had been repositioned and continued to be used in connection with Saturday appointments rather than notification of late running. (*Item closed*)

The doctors' photographs were now ready for siting at the entrance to the surgery. (*Action required*)

As recommended in the CQC review, it was agreed that reception staff would be asked to wear name badges. (*Action required*)

2. Healthwatch Report Priorities for people with communication needs

BB reported that action had already been taken on a number of recommendations in the Healthwatch Report e.g. there was an alert system plus information included in the patient registration document(Rec 1);they did adjust to patient support needs(Rec 3); they ensured the patient had an allocated doctor(Rec 5); the receptionist supervisor had lead responsibility for disability awareness and patient care as part of her basic job responsibilities(Rec7); there was clear flagging of support needs in referrals to other services(Rec 9); policy and procedure were in place to ensure the use of qualified communication professionals for interpreting services. BB confirmed that WHMC would be introducing Easy Read formats for all text-based communication with those with a learning disability (Rec 4) and was co-operating with other practices on some of the other recommendations, particularly on development of staff training on disability awareness(Rec 6).

In discussion, it was felt that good progress had been made in responding to the report. An update on further action would be provided at the next meeting (*Continuing Review*).

3. Suggestion Box and FFT Update and Actions

There were no new or pressing issues raised via the suggestion box, and fuller consideration of an updated position was deferred to the next meeting. The September FFT report(based on 24 responses) indicated strong commendations for the work of doctors, nurses and reception staff, with 58% extremely likely and 42% likely to recommend the practice to others(*Continuing Review*)

4. Planning for Open Meeting (November/December)

With the CQC inspection having been completed and a favourable report anticipated, it was agreed to schedule the open meeting for 7.30pm to 9.30pm on Tuesday 6 December at the medical center.

There was considerable discussion centering on the desirability of explaining the specific changes taking place at the practice now that the new consulting rooms were in operation and additional doctors would be starting, as well as the need to explain the wider context of developments in Camden, NCL(North Central London) and nationally. It was agreed that this would require some reference to the context and content of the nearly completed STP(Sustainable Transformation Plan) for NCL prepared by the five CCGs in conjunction with the relevant Local Authorities; what was meant by the Universal Offer to be taken up by nearly all Camden practices; how the new Neighbourhood Working concept would operate and what the CCG perspective was for primary health care.It was also agreed that all three partners would make a direct contribution with BB focussing on the Universal Offer and the CQC report, Dr Curtis covering Neighbourhood Working and the CCG perspective and Dr Barnett covering a specific medical issue. Maximum time would be allowed for patient questioning and suggestions through the course of the meeting. LD also reminded the meeting of the new relationship being established with the Fire Service. This could also be outlined at the meeting.

DR and TS would work on a notice/poster. Volunteers were urgently requested for notice/poster siting in shops/businesses along Mill Lane and West End Lane. BB and TS would arrange texting and emailing. DR would cover pharmacies, WHAT member circulation and West Hampstead Life.

5. Ideas for developing virtual PPG

Covered under Item 1 above

6. A.O.B

JH expressed her thanks that action had finally been taken on the 'screens' issue. BB and TS confirmed that the reception staff had no problems with the new arrangement.

Date and time of Next PPGSG Meeting

7pm Tuesday 13 December at WHMC

(Note: Next Meeting date subsequently rescheduled for 7pm 24 January 2017)