

# WEST HAMPSTEAD MEDICAL CENTRE

## PPG Steering Group Meeting - 7pm 16 January 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)  
Jill Hood(JH)  
David Lavis(DL)  
David Richards(DR) - Chair  
Tushar Shah(TS) - Practice Manager  
Jill Wheatcroft(JW)

#### 1. Apologies etc.

DR welcomed a full attendance of existing steering group members and said he and TS had interviewed and approved a new applicant(Tove Steedman) introduced via JA who would be joining the group at the next meeting. This would bring PPGSG membership back up to full strength.

#### 2. Position Updates from 17 October Meeting

##### *Virtual PPG -*

CB reported that he had established that one Camden practice (Hampstead Group Practice) had a VPPG that was now up and running. However, TS said he had since discussed the position with the HGP Deputy Practice Manager and been told that the VPPG was not doing well, with hardly any interest being shown by younger registered patients. CB commented that we did not know what the real issues were for younger patients. RB and JA suggested that a message could be put on the waiting room screens targeting younger patients. RB added that greater interest might be encouraged by having a photo of the PPGSG members on display. This proposal did not have sufficient support from members at this time.

Following discussion it was agreed that the VPPG would still be taken forward by CB,TS and BB with the first action being an 'iplato' to patients between 20 and 40. Content would be determined between CB, TS and BB, and the target group would be extended to age 50 if there was insufficient initial interest. (*Action to be reported back at the next meeting*).

##### *Neighbourhood Developments and Pilot Projects -*

DR said the position on neighbourhoods had now resolved itself into a situation where projects would be managed through one of the two federations now covering Camden, Haverstock Healthcare (HH) or Central Health Evolution (CHE). As previously explained, both organisations were limited companies, but whereas HH undertook work outside as well as within Camden, CHE only covered two neighbourhood areas (CHE west and CHE south originally seen as being a single neighbourhood although not contiguous). HH had an existing policy of reinvesting surpluses on Camden work in practice/service development in Camden. CHE was apparently committed to a similar policy. In future it was expected that HH would be the federation managing projects across the adjoining neighbourhoods currently titled NW3, NW5 plus the non-contiguous Camden South, while CHE would be managing projects in CHE West and CHE South. At DR's request on the Integrated Commissioning Committee (Camden LA and Camden CCG), these neighbourhood titles were being re-considered to provide more accurate area titling - North, West, Central, South Central and South. However, he suspected there would be no change, and although neighbourhood boundaries and the allocation of practices to neighbourhoods would remain under continuing review, he did not anticipate any early change from the initial set-up.

The pilot project being run by HH covered home visiting for frail patients, building on the earlier HH service that had been decommissioned. The CHE project covered enhanced primary care mental health services. The intention was that once new services had been successfully piloted by HH or CHE neighbourhoods they would be extended across Camden as a whole to ensure equity of service availability across the borough.

BB said there was real uncertainty about the future of neighbourhood arrangements and what would be on offer, and he was already concerned at the apparent duplication of approach on mental services between what was being developed centrally by the CCG and what was being piloted across the CHE neighbourhoods which could give rise to extra costs. LD said he also foresaw difficulties, but, in reality, Camden was behind other CCGs in developing the neighbourhood concept. Within NCL, Islington CCG had made far more progress. *(Continuing developments in neighbourhood working to be kept under review).*

#### *Surgery Development Progress -*

TS reported that two more rooms were almost completed on the ground floor in addition to the Isolation Room outside the new room 1. The room by the front door would be used by the new pharmacists. This meant that WHMC now had four rooms funded from Section 106 monies. He had not yet received a response to a second application to fund the wall sound insulation needed in the upstairs waiting area. *(To be kept under review).*

BB said new, more prominent signage - stainless steel and illuminated, but not over obtrusive for the residential area - had been ordered for the front of the building. In response to a query from JH about getting interior recycling bins, TS said there were already paper recycling bins in the waiting room but he would check on what else might be needed. *(TS to report back).*

#### *Introduction of Clinical Pharmacists -*

TS said interviews had been set up for the selection of a senior(.4 WTE) and a junior (1WTE) pharmacist to work ten sessions at WHMC over 2.5 days per week. Other days would be worked at Swiss Cottage Surgery and Abbey Medical Centre. BB explained that this was a three year pilot programme that would allow the surgery to assess whether having a clinical pharmacist on site would make a difference in terms of fewer prescriptions, handling of repeat prescriptions and freeing up of doctors' time in this area. Anticipated coverage included targeted medicine reviews and health checks with patients being seen face to face as well as being treated for minor ailments. The anticipated start date was May. *(TS to update on appointments at next meeting)*

*AT Medics Extended Hours Contract -*

DR reported that under the new contract that had been operational from the beginning of December, the west locality 'hub' had been moved to Brondesbury Medical Centre. Somers Town remained in the south locality, and Hampstead Group Practice had been replaced by Caversham and Swiss Cottage practices in the north locality, the last arrangement having been made late on in the lead-up to the introduction of the new service at AT Medics' invitation.

As previously reported to PPGSG members, WHMC had wished to retain the service, and Belsize Priory Medical Centre had also expressed an interest. The decision had been taken with the involvement of a Healthwatch representative and a GP from outside the west locality, and the success of the BMC bid appeared to be principally attributable to BMC's having higher deprivation, allegedly easier transport links and local pharmacies open for longer hours. The total scoring had been done under a range of factors based on 'hard information'. However, access to that 'hard information' by any clinical or patient representative in the west locality had been refused. BB confirmed that WHMC patients were generally choosing to go to Swiss Cottage rather than Brondesbury (Pre-booked service available Monday to Friday 6.30pm - 8pm and Saturday (8am - 8pm). When booking through their own practices, patients would be asked to confirm that they would allow access to their records through the EMIS system. *(AT Medics performance under the contract to be kept under review as information becomes available)*

**3. FFT/Suggestion Boxes Review (October, November, December)**

TS reported that high approval ratings were being maintained under FFT -

'Extremely likely/likely to recommend' responses	October		November		December	
	No	%	No	%	No	%
	34	91.2	19	100	9	88.9

Complimentary comments included patients' being pleased with doctors and noting that reception staffs were polite and caring. Nevertheless, the appointment system continued to attract some criticism and there were still complaints that the phones were not being answered quickly enough. Further improvements were being made with the phone menu being changed so that traffic could be redirected more effectively.

In response to another common concern, BB said new online registration arrangements were being introduced to speed up and simplify the registration process. Following discus-

sion, it was agreed that this change would be publicised as the first of the 'you said' + 'we did' responses to patient comments and suggestions to go on the website.

NF asked if there was evidence that more people were registering because of new developments in the area. BB said there was in fact a high turnover rate, with new people joining being partially balanced by those moving away. Therefore, although numbers were now close to 13,000, the overall increase was not quite as high as might have been expected and as the practice was now capable of handling.

*(TS to confirm action on phones and 'you said' + 'we did' at next meeting)*

#### **4. Timing and Agenda for Open Meeting plus PPGSG forward schedule**

A number of possible 'open meeting' topics were put forward by members

- Accountable Care Organisations(ACOs)
- Developments in Care Navigation and Social Prescribing
- Community Services
- The future of Camden CCG within NCL
- Moving Citizens' Advice out of surgeries where currently located

JH raised concern at the possible strengthened drive towards greater privatization through the introduction of ACOs. LD outlined developments with which he was familiar that could be seen as a positive development in co-operation within and across different parts of the health service. In discussion it was agreed that it was too soon to consider ACO as a key topic for presentation at a local PPG meeting. The changing position of NCL and the latest position on STP (the Sustainability and Transformation Plan) could also be difficult to clarify in a meaningful way. It was generally felt that the timing for the open meeting should be late June/early July. ***(Discussion of these and other Options and Decisions to be taken at next meeting).***

#### ***Next PPGSG Meetings -***

***Tuesday 13 March 7pm***

***Tuesday 22 May 7pm***

#### **5. AOB**

DR pointed out that he had chaired PPGSG for five years and suggested it might now be time for a change. He also continued to be concerned that no formal arrangements had yet been possible for regular minuting of meetings. BB said a new attempt could be made to get a member of the administrative staff to take on minuting duties. DR was asked - and agreed - to continue as Chair.

*The meeting closed at 8.45pm*