

## WEST HAMPSTEAD MEDICAL CENTRE

### PPG Steering Group Meeting - 7pm 30 October 2018

#### Summary of Key Points

##### Present:

Jill Ackroyd(JA)  
Renee Bernstein(RB)  
Charles Boucher(CB)  
Ben Bromilow(BB) - Practice Partner  
Leon Douglas(LD)  
Neil Fletcher(NF)  
David Richards(DR) -Chair  
Tushar Shah - Practice Manager  
Tove Steedman(TSt)

Dee Lynch(DL) - Notes

##### 1. Apologies etc.

David Lavis  
Alison Johnson

##### 2. Position Updates form 31 July Meeting

###### *Surgery Developments -*

Insulation - TS reported that there was still no progress on fitting the insulation requested as the preferred contractor had been unable to programme the work. He was now looking for a new builder, had two under review and still hoped to have the work completed before Christmas.  
(Update at next meeting)

Children's Corner - TS had purchased items for the Children's Corner, which it was agreed would be so named and located against the back wall by the lift. Viridiana would arrange signage, including reference to parental control. A suggestion by RB of having Disney characters on the wall was left for later review.(Update at next meeting)

EFH(Exercise,Fitness and Health) - CB reported progress by the sub-group in obtaining further leaflets covering a wide range of available EFH services/opportunities in the community, and JA emphasised the role of community associations in offering free/nearly free options. CB suggested, and it was agreed, that notices plus boxed leaflets would be sited relatively high up so as to be viewable from most of the ground floor reception seating. RB asked for a notice on the first floor to make people aware of what was available downstairs. TS said information leaflets on self-care were already available, and it was agreed that information on self-care would be put on the screens and the website, with implementation before the end of December.(Update at next meeting)

New Phone System - TS said a site survey had been completed the previous day and the new system should be in place by early January. The new system would be trialled and advertised, including as a news item on the website.(Update at next meeting).

### *Virtual PPG and website improvements -*

No action had been taken on the VPPG or revising and clarifying service information on the website since the previous meeting. It was agreed that more information was needed on the website. The current website request for responses to [admin.whmc@nhs.net](mailto:admin.whmc@nhs.net) in relation to VPPG was not working, and it was agreed CB,AJ and TS would develop a separate Virtual PPG tab for the website and revise the existing message. Dates and times of services would be added to existing 'clinics' information which would generally be described as services being offered. *(Update at next meeting).*

### *Triaging and Hospital Avoidance -*

It was agreed that LD and DR would raise the issue of a comprehensive triaging guide to be published by the CCG at the next meeting of CPPEG(Camden Patient and Public Engagement Group). *(DR to report back at next meeting).*

## **3. FFT/Suggestion Boxes Review**

TS reported continuing very favourable FFT ratings with the exception of the regularly reported difficulties(also via the suggestion boxes) with the phone service and getting appointments - particularly with a named doctor. It was hoped that the new phone system would help alleviate problems with getting through to the right person/service within a reasonable timescale. BB said that a new appointments module was being discussed with all the member practices in the CHE federation. Proposals would be brought to the PPGSG before any changes were implemented. Meanwhile WHMC patients were among the most frequent users of 'Patient Access' in the country.

Another frequent complaint via the suggestion boxes concerned the regular waiting room delays beyond the scheduled appointment time. This was often resented when some doctors were also quick to cancel appointment for late arrivals. Following discussion the committee agreed that most instances of delayed appointments were due to justifiably extended consultations which could not be programmed into the system, and this was to the general benefit of all patients.

It was agreed not to progress a request for the installation of a coffee machine. DL pointed out that drinks of water were always available on request. BB confirmed that it would not be possible to reintroduce ear syringing.

It was noted that the 'photo noticeboard' needed updating. TS agreed to update the names and photos and would examine the possibility of having a 'stencil' arrangement that would allow for the insertion of new names and photos as required. *(Action to be reported to next meeting).*

## **4. Review of Open Meeting**

It was generally agreed that the Open Meeting had been a success in terms of subject matter and presentation but a disaster in terms of attendance -with only nine patients in addition to those members of the PPGSG who could attend. It was accepted that there had been little advance publicity, and what there was had been late. Also, no use had been made of e-mails this time because of concern over possible infringement of the new GDPR data protection requirements, and there had been no texting because of cost restrictions imposed by the CCG. In such circumstances a

poor turnout was not surprising, and it appeared that CB had been personally responsible for a large part of the small attendance through a chance meeting in the street!. DR also questioned whether councillors could be expected to be a natural draw at such a meeting.

NF said that it would be better to scrap the idea of open meetings if there was no proper attention to the need for appropriate advance publicity. RB thought there had never really been any high turnouts in the past, but this was challenged by DR who pointed to high turnouts at two of the earlier meetings at the library and reasonable turnouts at the surgery. LD emphasised the need for there to be a 'real reason' to attend. BB confirmed that the partners were supportive of open meetings if they were to be well attended, and he recognised that, on this occasion, inadequate attention had been given to timely publicity and the absence of texting was felt to be a major contributing factor to the poor attendance. It was agreed that clarification was needed on the use of emails, and proper use should be made of the existing list of those who had expressed an interest at previous open meetings. It was clear that proper preparation, including forward planning of speakers, more effective use of more attractive posters in the library, pharmacies, coffee shops etc and a more focussed agenda would all be required to ensure a better turnout. It was generally felt that there were many changes taking place that patients should be aware of and be invited to comment on in the context of an open meeting as well as via the VirtualPPG as it was developed. *(LD and DR to clarify the position on emailing and texting via the CPPEG).*

## **5. Surgery and Federation Developments**

### *Use of Physician Associates -*

DR said he had asked for the position to be clarified on the use of Physician Associates(PAs) . There had been no consultation with PPGSG before action was being taken on what looked like a significant change in the pattern of medical consultations, and which would further complicate the triaging situation that had already been noted as needing proper clarification. BB said the use of PAs was being trialled across Camden so as to free up GPs for more timely appointments . WHMC had taken note of the experience at Swiss Cottage Practice where PAs had been working for the past two years. They had also trialled PA usage for a week with one of the Swiss Cottage PAs on loan. He expected they would be increasingly involved in long term reviews and triaging urgent appointment. Patients appeared to have been happy to see the PA and been satisfied with the service. In particular, he felt that younger patients were less concerned about who they actually saw for consultation/treatment. A first PA had now been recruited to start on 9 November and a second PA would be starting early in the new year. Actual usage would be matched to each individual's experience, and there would be continuing training. The basic qualification requirement for a PA was a medical science degree and a 2 year post graduate course with subsequent resits at 5 yearly intervals.

The committee generally welcomed the development, but would like information to be put on the website and screens. LD felt the expected reduction in waiting times for appointments was a very positive advantage, but would like the position to be kept under review by PPGSG. BB said that possible usage could cover long term condition reviews and triaging emergency appointments. He added that a further future change could be the use of paramedics at the surgery. TSt said she had been happy with the introduction of the pharmacists, which had allowed for more time and provision of more information during consultations, but wondered how the paramedic's role would differ from that of a nurse practitioner. BB said paramedics could be expected to be more flexible in approach. In response to a query from RB he said that no action would be taken on introducing paramedics without first bringing the proposal, including training requirements to the PPGSG for discussion. *(Progress in use of physician associates to be kept under review, and information about*

*their role to be included on the website and screens. Any similar staffing changes to be brought to PPGSG before commitment to implementation).*

*Universal Offer -*

No further changes to report

*Possible Federation Proposals -*

DR reported that Dorothy Blundell had been appointed as the new chief executive of Haverstock Healthcare(HH). She had previously been with the CCG as a director, and was for a time its CEO. He shared what he thought was the general opinion amongst her former colleagues, that she had been an impressive and effective leader. He hoped that this development might mean that an improved relationship might develop between HH and Central Health Evolution(CHE). BB said that the appointment was seen by CHE as a welcome move and improved the chances of there being an eventual merger between the two federations.

## **6. Timing and Scope of future PPG/PPGSG meeting with Councillor Richard Olszewski**

NF said that, following the open PPG meeting, Councillor Olszewski (Camden finance lead) had offered to come to a future Open PPG or a PPGSG meeting to discuss the council's budget position on health and social care in advance of 2019-20 budget finalisation. General outline decisions on the budget and the cuts required were to be taken in December, but, within the overall agreed framework, different options could still be considered in public consultations in January. Councillor Olszewski had suggested 10 December or 30/31 January as possible dates for an open meeting and hoped to be accompanied by Pat Callaghan(the health and social services lead).

In general discussion it was clarified that the general idea was that Councillor Olszewski would be asking for input over preferred options for public health and social services cuts/retention. After some debate it was agreed that December would be too soon for an open meeting and that it would be better to invite Councillor Olszewski to the next PPGSG meeting in January.(**See note below**)

## **7 AOB**

JA pointed out that most routine screening stopped at 70, but she understood that patients could still request screenings without having had any automatic recall. BB confirmed that this was the case, and individuals could indeed request screenings for a variety of conditions. It was agreed that there was a need for prominent notices - in the surgery, on the website and on the screens - alerting older patients of their right to seek screenings.(*Confirmation of action having been taken at next meeting*).

**The meeting closed at 8-45pm**

**NOTE: Following further discussion between members and with Councillor Olszewski it was agreed that he would attend the next PPGSG meeting which would be on**

**TUESDAY 15 January , 7pm at WHMC**