

WEST HAMPSTEAD MEDICAL CENTRE

PPG Steering Group Meeting - 7pm 22 May 2018

Summary of Key Points

Present:

Jilly Ackroyd(JA)
Charles Boucher(CB)
Ben Bromilow(BB) - Practice Partner
Neil Fletcher(NF)
David Lavis(DL)
David Richards(DR) - Chair
Tove Steedman(TSt)
Jill Wheatcroft(JW)

Dee Lynch - Note Taker

1. Apologies etc

Renee Bernstein(RB)
Leon Douglas(LD)
Tushar Shah(TS)- Practice Manager

DR reported on the background of a potential new woman member to replace Jill Hood. It was agreed that DR and TS would meet her and, all being well, invite her to join the steering group as a new member at the next meeting. NF asked what the position was on patients' expressing interest in joining the group. DR said there were periodic notices in the surgery and a message on the website inviting expressions of interest. On this occasion the applicant had initially mentioned her interest to BB.

2. Position Updates from 13 March Meeting

JW pointed out that her apologies had been omitted from the 13 March meeting minutes.

Virtual PPG -

CB reported that he, TS and BB had not yet met to finalise the wording for the the 'Iplato' message and website information about establishment of the VPPG. BB confirmed that the request would centre on eliciting areas of interest to 20-40 year olds. Results should be available for discussion at the next meeting in advance of final decisions on the Open Meeting agenda. Once established, the VPPG would be a source of topics for consideration by the PPGSG. *(To be actioned by CB,TS and BC in advance of feedback of results to committee members prior to next PPGSG meeting).*

Neighbourhood Developments -

DR reported that there appeared to be continuing difficulties with getting the pilot projects of the HH(Haverstock Health) federation covering frailty visiting and the CHE(Central Health Evolution) federation covering mental health off the ground. He reminded members that the HH project covered three neighbourhoods (NW3, NW5 and South) and the CHE project covered two neighbourhoods(CHE west and CHE south). He also added that a change in neighbourhood names to something more accurate and relevant to patients(ie North, West, Central, South Central and South) was still being considered within the CCG.

However, he was not optimistic about the outcome as most practices apparently remained resistant to the proposal even though acknowledging that patients had never been consulted on the structure and naming of neighbourhoods.

BB said that, although the frailty visiting scheme had been dropped, early developments were expected on the mental health proposals with funding being agreed via the CHE federation. Although NHSE had accepted the position of two separate federations, this was unusual within a CCG, the CCG would prefer a single contracting arrangement, and some sort of confederation arrangement might be arranged in future for the Camden CCG contracts. At present CHE was exclusively concerned with contracting for work on behalf of its two constituent neighbourhoods, while HH held contracts outside as well as within Camden. (*BB and TS to update at next meeting*).

Surgery Developments -

The committee noted that the new signage was now up (main sign and welcome sign) and JW particularly welcomed the new seat. BB confirmed the lighting would be operative soon and the sound proofing was getting closer on the list of work agreed for early completion. (*TS to update at next meeting*).

Introduction of Clinical Pharmacists -

BB said the pharmacists were now in post, but their full role was yet to be clarified beyond screening of prescriptions and obtaining information for the prescribing doctor. In response to a query from TSt about whether appointments would be made directly with a pharmacist for advisory sessions, BB said that pharmacists were not engaging with patients yet, but this would be introduced in some form in the future. NF asked if a pharmacist could be invited to the next meeting to explain their role. DR said that as it had already been suggested that a Greenlight representative should be invited to the Open Meeting, perhaps the decision should be whether that representative or one of the new pharmacists should attend the Open Meeting. BB emphasised that the pharmacist's role was not seen as competition with the local chemists. (*TS, BB and DR to consider further whether to invite Greenlight and/or new pharmacist to next PPSG and/or Open Meeting in light of settling in process*)

AT Medics Extended Hours Service -

BB reported that there was generally high utilisation of the revised service. However, high percentages of patients at Somers Town and Brondesbury were coming from their own practices (as high as 90% at Somers Town), and a cap on this was being considered by the CCG. The introduction of booking via the 111 service also meant that the number of bookable appointments via practices was now 2 rather than 4 per hour. DNAs continued to be a problem, and AT Medics has so far declined to institute any sort of reminder arrangement. (*To remain under review*).

3. FFT/Suggestion Box Review (March, April)

It was noted that there were fewer FFT forms completed and only 75% 'extremely likely' or 'likely' to recommend the practice. Concerns included difficulty in getting consecutive appointments with the same doctor, lack of 'spiritual material' on display and absence of a kids' corner. Suggestions included a ban on mobile phones, need for further improvement in booking arrangements, concern at the apparent reluctance of some doctors to provide a detailed diagnosis or refer patients to a specialist and concern at lack of privacy at reception.

BB said he hoped that patients would raise any issues about doctors directly for quick resolution. On phones and appointments, as promised at the last meeting, changes were to be introduced (see 5 below). General discussion focussed on the issue of 'spiritual' materials, children's needs and privacy at reception. It was agreed that there would be no ban on mobile phones, at least for the time being.

In considering the issue of 'spiritual' advice/counselling and more general counselling, BB said general information about bereavement counselling was available and doctors would make onward referrals for palliative care. Social prescribing was undertaken by the doctors including face to face psychotherapy, Icope,

psychodynamic and Tavistock sessions, and CBT(Cognitive Behavioural Therapy) was available online 24hrs per day. JA also suggested that publicity could be given to the Maggie's support centre at the RFH for people with cancer. CB asked that in a broader sense more information could be made available on other health related issues and activities, citing health runs on Hampstead Heath and at Gladstone Park and in particular the health runs on 9 June being organised to celebrate 70 years of the NHS(2 of 170 nationally).

Following extended discussion it was agreed that general information about bereavement and other counselling as well as health related activities should be made readily available in the form of pamphlets etc but that lists of places of worship should be held by the clinicians rather than on display in reception.

It was agreed that, rather than a kid's corner, there should be a 'healthy corner' where healthy exercises, healthy eating etc could be advertised plus linked to the website. DL said reception staff already offered paper and pens to children if they looked bored, and JA and TSt agreed to oversee the provision of pencils and colouring materials with BB printing colouring pages. A small table and chair were already available for children's use, but materials would continue to be held by reception for issuing on request.

On the question of 'privacy' at the reception counter, it was generally felt that, in view of the general design layout there was little major change that could be effected. However, reception staff would offer the facility for patients to hand across and receive particularly sensitive information in writing when requested.
(Outcome of agreed actions to be reported by TS at next meeting)

4. Discussions and Decisions on Timing and Content of Open Meeting

Discussion centred on the items listed in the summary of the working group meeting(CB,TS,DR) of 17 March, in particular the emphasis on 20-40 year olds, range of services(including new pharmacists), staffing information(including clarification of patient pathway and feedback),important messages to be got across, changing methods of access and availability of appointments, access to records - all under the heading of 'GET TO KNOW YOUR PRACTICE AND WHAT IT CAN DO FOR YOU.'

Principal items agreed were - emphasis on 20-40 year olds, extended hours access, the new pharmacists, physiotherapy access, e-mail access, developments in 'neighbourhoods' and the federations, the new phone system and availability of appointments. The Open Meeting would be held on 25 September, and planning arrangements(including any necessary speakers) would be confirmed at the next PPGSG meeting on 31 July. It was agreed that publicity would include the texting of all registered 20-40 year old patients in addition to continuing use of posters in the locality(library, pharmacies, opticians, key local shops etc) and the surgery website. DR commented that he would be relieved to hand over the organisation and chairing of the meeting on this occasion. *(Confirmation of responsibilities and required actions at next PPGSG meeting).*

5. Proposed Changes to Appointments System

BB said that changes to both the booking of appointments and the phone system were currently under review and being trialled. These included triaging of same day bookable and one and two week advance appointments. There would also be a change in telephone service provider to offer a simpler, more flexible system including estimate of time to answer and ring back when next in queue. He accepted that the present recorded message was too long and would need to be edited. DR added that he understood the CCG was looking to get a common appointment system introduced across Camden but so far little progress had been made.

(TS and BB to report progress at next meeting).

6. Proposed Changes under GDPR(General Data Protection Regulations)

BB confirmed that details of how information was used was to be put on the website. This would include how patients could access their records.Generally specific consent was not needed for this.

7. Patient Representation on CHE(Central Health Evolution)

DR said he was concerned that no provision had yet been made for patient representation on the board of CHE to parallel the arrangements on the existing HH(Hampstead Healthcare) Federation.

BB said the question of the form of patient representation would be considered once patient facing services were established. DR said he was worried that this could mean no patient involvement in CHE decisions on changes in siting/ allocation of new/revised services between practices. This made it all the more important that PPGs should be consulted in advance of any final decisions on these issues, and he hoped that CHE members were aware of this need. *(TS and BB to keep PPGSG updated on developing position)*

8. Forward Meeting Schedule

The dates of the next PPGSG and open PPG meetings were agreed as below -

Next PPGSG - Tuesday 31 July(7pm)

Next Open PPG Meeting - Tuesday 25 September(7-30pm)

The meeting closed at 8-45pm