

WEST HAMPSTEAD MEDICAL CENTRE

PPG Steering Group Meeting -7pm 15 January 2019

Summary of Key Points

Present:

Jill Ackroyd(JA)
Renee Bernstein(RB)
Charles Boucher(CB)
Ben Bromilow(BB) - Practice Partner
Neil Fletcher(NF)
Alison Johnson(AJ)
David Lavis(DL)
David Richards(DR) - Chair
Tushar Shah(TS) - Practice Manager
Tove Steedman(TSt)
Jill Wheatcroft(JW)

1. Apologies etc

Leon Douglas

DR informed members that Dee Lynch had resigned as note taker. He had sent an email thanking her for her assistance at recent meetings. TS said he had arranged for a new note taker who would be attending the next meeting.

2. Position Updates from 30 October Meeting

Surgery developments -

Insulation -TS reported that two quotes had now been sought for first floor consulting rooms' wall and door insulation. Work would be carried out soon with doors being tackled first and an estimated cost of £3,000 if the full insulation was needed. (*Update at next meeting*).

Children's Corner - TS said he had not had much luck in developing the children's corner further, but he would be getting extra items. A sign was ready to be installed.(*Update at next meeting*).

EFH(Exercise,Fitness and Health) - TS reported that the 'Keep Fit' information area had been set up and additional leaflets were being sought. CB and RB asked why the siting was not as previously agreed. DR said that as things were, the area was convenient as a base for the Care Navigation volunteer and was more clearly self-contained. He suggested retitling as 'Get Fit, Stay Fit'. There was still no upstairs notice referencing the area downstairs. It was agreed to see how aware patients appeared to be of what was on offer before considering reverting to the originally planned siting. (*TS,RB and CB to keep under review and update at next meeting*)

New Phone System - TS reported the new system had been operational since 9 December and performance was being monitored. There had been some teething problems but no complaints so far. Data were being extracted on number of staff taking calls, but length of queue was not yet being flagged up. JA said it was not clear how call-back worked. BB said there was now a shorter

message and quicker access to the queue and more control in hands of the caller. There was need to re-examine staffing at 8.30am, and switching some phones to silent calling had created some problems. Partners and staff were visiting other local practices to check on best usage of the new system. *(Update at next meeting)*.

Virtual PPG - CB reported that a new page was now up on the website and a dedicated email address for VPPG - vppg.whmc@nhs.net. However, there had been only one expression of interest so far. CB and TS would monitor developments. *(Update at next meeting)*.

Triaging and Physician Associates - DR said he had formally requested action to be taken on the preparation of some sort of handout explaining triaging in its various forms in the changing processes in primary care and referrals from general practice to hospital outpatient departments. However, it was clear that there was a general reluctance to finalise anything in a context where the picture was continuing to change with the increasing emphasis on integrating care 'closer to home.' Therefore, he was not expecting any positive action any time soon. *(Any progress to be reported at next meeting)*

BB said that calls were not yet being triaged, but receptionists were offering the option of being seen by the physician associate(PA). This option was proving popular and offered the possibility of a somewhat longer consultation. The PA could then refer the patient for a doctor's appointment where necessary. A second PA would be joining in April on a shared basis with Primrose hill surgery. After discussion it was agreed that information on the PA role should be included on screens and the website as well as a notice in the surgery*(Update at next meeting)*.

Email and Texting Notifications - DR said that CCG advice on contacting patients by email/texting on issues other than direct medical concerns had not been very helpful so far. Failing further guidance, he and TS would draft something for consideration and also modify the relevant section of the registration form for new patients to include reference to 'activities at the surgery in which you may be interested'. *(Update at next meeting)*

Photo Noticeboard - No action had yet been taken on updating the noticeboard. TS said that a new doctor would be joining shortly, and Veridiana(office manager) would be updating the information and photos at the entrance. Rather than making changes within the existing layout, he expected it would be more economical to use a new layout. *(Update at next meeting)*

Screening Requests

It was noted that action had not yet been taken on the request for prominent notification - surgery notices, website and screens - of the right for those over 70 to request screenings for a variety of conditions where routine recalls had stopped. *(TS to report action at next meeting)*.

3. FFT/Suggestion Boxes Review

TS reported continuing favourable FFT ratings for November and December. However, one patient complained about the cancellation of her son's appointment, and another complained about not being informed of the cancellation of the hearing clinic for two weeks in succession. BB said he did not understand why explanatory text messages had not been sent in either case. He always wanted to follow up fully in relation to problems raised, but this was not possible where complainants remained anonymous as in both these cases. The committee rejected a suggestion that names should be called in addition to the notification on the screens. They were also unclear about the grounds for a patient's complaint about not being sent to the upstairs waiting room in advance of an

appointment with one of the partners. BB confirmed that it was standard practice for the receptionist to indicate whether to wait downstairs or upstairs, and, in the majority of cases where patients signed themselves in the relevant waiting room was always indicated on the signing in screen.

4. Camden Health and Social Services budget - Cuts and Options (Councillors Richard Olszewski and Pat Callaghan)

The meeting was joined by representatives of Brondesbury practice and PPG and a former member of PPGSG for this item.

RO and PC followed up a short video presentation on the financial challenge facing the council with an outline of how the necessary £12m savings were to be achieved through rationalisation of services particularly affecting nursery provision and adult social care. The competitive approach had resulted in an oversupply of nursery schooling which could be cut back, while, faced with increasing demands, it would be necessary to limit much of social care to those with the highest needs. Nevertheless, there would be an increase in the number of social workers, and one percentage point of the projected 3.9% council tax increase would go towards adult social care; and children's services and adult social care, along with getting people into work, better use of digital services and focussing on integration of service provision within neighbourhood centres had been identified as key issues to ensure overall services' protection.

In the ensuing general discussion, RO indicated that, as part of the drive to make optimum use of existing facilities, consideration was being given to the development of the lower ground section of West Hampstead library as a community healthcare facility. DR pointed out that health service usage had been under consideration previously and had given rise to local concerns about how matters might be progressed in view of interest from a practice outside the immediate area. When that idea appeared to have been dropped, there had been discussions with the fire service about using the cottages behind the fire station as a WHMC extension. Understandably, this had been dropped in favour of necessary protected housing development for key public workers. He hoped that this time all parties would be kept in the picture regarding any possibilities that came under active consideration. **(See note below)*

5. Future Meetings Schedule

Future Steering Group Meetings were set for -

Tuesday 26 March

Tuesday 25 June

Tuesday 15 October. All 7pm at WHMC

6. AOB

DR handed out information about 'GP at Hand', a mobile app available in Camden and across London which uses standard calculations as a symptom checker and focusses on the younger and healthier patient. However, not only does the process give no continuity of care or whole patient

assessment, patients registering with the service are automatically deregistered from their GP. He suggested a warning notice should be posted in the surgery. BB said he was equally concerned about this development, but there had been little take-up so far by registered patients. *(It was agreed that the need for a notice would be kept under review by TS, BB and DR with quick action to be taken if the position seemed to be changing.)*

* **Note:** Brondesbury Medical Centre had approached the council two years ago to see if they could have the area as an extension to their practice. This was refused. They are interested again, and, on the day following the meeting, invited WHMC to approach Camden council with a joint project proposal.