

WEST HAMPSTEAD MEDICAL CENTRE

PPG Steering Group Meeting - 7pm 24 January 2017

Summary of Key Points

Present:

Jilly Ackroyd (JA)
Renee Bernstein (RB)
Ben Bromilow - Practice Partner (BB)
Leon Douglas (LD)
Neil Fletcher (NF)
Jill Hood (JH)
David Lavis (DL)
Zaira de Novellis (ZN)
David Richards - Chair (DR)
Tushar Shah - Practice Manager (TS)
Jill Wheatcroft (JW)

1. Apologies etc.

Apologies: None - all members in attendance

Welcome: Zaira de Novellis was welcomed as newest member of the group

Minute Taker: TS to note key points for DR to summarise

2. Action Points from 18 October meeting

Appointments Scheduling -

DL said he had put some suggestions on possible approaches to BB. However, no action had been taken on changing the timing and numbers of appointments to be released. It was clear from the comments in some FFT returns that there was a continuing problem, but it was agreed that no action should be taken pending further consideration of the approaches adopted in the other practices that would make up the final neighbourhood grouping. Meanwhile there were continuing problems with the phone system which TS was attempting to resolve with Premier Choice and BT (*Continuing review*)
(See also 4 below)

District Nurses -

BB said no further information had yet been received on which proposals for a WHMC 'named district nurse' hub could be based. Meanwhile TS was examining the possible introduction of on-line booking of nurse appointments (*Continuing review*)

Virtual PPG -

It was agreed that initial proposals would be worked up by a sub-committee of three - LD, BB and ZN (*Sub-committee to report back on plans/progress at next meeting*)

Insulation -

TS said there were now doubts about the effectiveness of insulation on the first floor because of the ceiling construction. BB suggested that new sound insulating doors could be an option that might have some impact. TS would arrange a trial replacement of BB's door during the first quarter for which some small additional 106 funding would be sought (*Report back on progress*)

Photographs, Name Badges and Notices -

TS reported that name badges were now routinely worn by reception staff. The doctors' photographs and details would be put up with appropriate nurse and support staff information on the main notice board at the entrance to the medical Centre. It was accepted that there might be circumstances in which full details might not be included. The walls had now been stripped of most superfluous notices following review by RB and Viridiana, but RB would follow up further. (*Report back on action*)

Healthwatch Report Priorities -

BB reported that the Easy-Read formats for test-based communications for those with learning disabilities had not yet been introduced. They were also hoping for CCG funding support for staff training. TS said a new Audiology Hearing Test service for patients (by Scrivens, funded by the CCG) would be offering half hour sessions on Fridays from 3 March. Half-hour physiotherapist sessions were available on Wednesdays (*Continuing review*)

3. Review of 6 December Open Meeting

JH suggested there had been some imbalance between the introductory and substantive parts of the meeting, but it was generally felt that the balance had been appropriate for establishing a proper context for the specific actions being taken by the practice.

The main concern was over the limited attendance (estimated as 30-35) and what action should be taken in future. RB said more publicity was essential. NF felt more forward planning would be required. DR reminded the meeting that, in addition to WHMC surgery and website notices, publicity had consisted of notices in all local pharmacies, some opticians and dentists as well as a number of cafes and other outlets on West End Lane and Mill Lane. This was backed by a notice in the resurrected West Hampstead Blog, circulation of WHAT (West Hampstead Amenity and Transport) members, emailing those who had previously attended/declared their interest in attending open meetings and selective texting by doctors. As on previous occasions he had felt totally unsure about whether too few or too many would want to attend. It was agreed that a significant factor on this occasion had been that the library was closed for refurbishment during the run-up period, and this had previously been a major outlet for handouts as well as carrying multiple notices on their street publicity boards.

In discussion, the idea of pre-booking places was advanced, and BB said that perhaps more use could be made of the doctors' directly reminding visiting patients about the meeting. If pre-booking were attempted, then the extent of using texts and emails could be geared to response rates. It was agreed that a small sub-committee would be set up at the next meeting with the remit to develop further ideas for publicizing the next open meeting as well as on content and speakers, with the meeting expected to be in early summer school term time. (*Action at March meeting*)

4. Suggestion Box and FFT Update and Actions

As noted in 2 above there were continuing concerns expressed both about the scheduling of appointments and the difficulty sometimes of getting through to make an appointment. ZN commented that generally young mothers new to the area were being advised on the 'mums' network' not to register with WHMC because of these difficulties, which also encouraged the practice of booking appointments on spec and then cancelling if not needed. DR pointed out that the practice's NHS Choices rating of 3.5 was comparable with other local practices and that the registered complaints on these grounds constituted a small minority, with FFT results for January showing 66 % very likely to recommend and 21% likely to recommend WHMC. BB suggested that better use of internet booking might help, while LD pointed out that there

was little evidence of patients deregistering to join another local practice. (*Continuing review*).

5. Update on Surgery Developments and Options

BB confirmed that there was not really much being added at local level under the universal offer that was due to apply from 1 April. Two services - homelessness and anticoagulation - would need to be taken on from the current LIS (Locally Incentivized Services) while wound care, already done at WHMC, would be added, along with a new asthma service for children and young people. However, there could be some sharing of services between members of the neighbourhood grouping. That grouping was now expected to embrace eight practices - WHMC, Cholmley Gardens, Fortune Green, Abbey Medical Centre, Swiss Cottage, Ridgemount, Primrose Hill and Bloomsbury - working on the basis of transparency and voluntary co-operation. In discussion it was noted that this constituted a wide geographical spread and that there would need to be patient consultation through the PPGs on possible changes and any agreement of 'hubs'/CHINS (Closer to Home Integrated Network Service) for any further devolved services.

BB indicated that the concept of having an in-house pharmacy seemed expensive and the practice would not be pressing for this. NF suggested this could be examined further at the next meeting (*Continuing review*).

6. Saturday and Sunday Clinics

BB reported that, although there had been some increase in usage of the Saturday and Sunday clinics at WHMC and Somers Town (where the south locality clinic had been relocated from the South Camden Centre), the service was still underused. TS confirmed that the white board was being used to publicise the service and encourage take-up. While there was the possibility of same day booking, there was not a walk-in option. The doctors could access the patient's records as required and new details would go into the records so it was not a 'stand-alone' situation. DR said the tendering process for a new service was starting with the aim of having the new service in from the beginning of April (6-30 to 8pm Monday to Friday and 8am to 8pm Saturday, Sunday and bank holidays). This could involve changes both in scope and location of services. (*To update at next meeting*)

7. Linkages with Fire Service (FS)

LD said the CCG was pressing for greater co-operation between GPs and the Fire Service to ensure shared intelligence on those at risk. In particular, one aim was to ensure that the FS could carry out house safety visits for those coming out of hospital (possibly jointly with GPs) and ultimately with organisation through MASH (Multi-Agency Support Hubs). Additionally, there

was a push for the FS to make better use of its assets. The local fire brigade had an underused cottage block at the rear of the fire station. BB.TS and LD had visited with the station head, and it was felt there could be scope for development as an annex to WHMC as services expanded, and that an application for S.106 money from the Ballymore development could be justified (*Continuing review*).

8. AOB (including 2017 meetings schedule and CPPEG elections)

- JW said her experience of waiting 40 minutes on the phone when wanting to enquire about the meeting fully exemplified the problems with the phone system already discussed, and she was looking for things to be resolved quickly
- JH said, despite some problems, we should make clear our support for our GPs in face of much uninformed media criticism and sometimes on NHS Choices
- BB said DNAs continued to be a problem despite circulating lists at clinical meetings to seek to get at real reasons for non-attendance. It was agreed that this would be re-examined at the next meeting
- DR reminded members of the CPPEG elections for three new members from south locality and one from west locality. Information would be circulated via TS. Those wishing to stand would have to nominate themselves by the end of February, and voting would be in March. Both candidates and voters would have to be PPG members in the respective localities, and voters would need to register to vote.

Agreed PPGSG Meeting Schedule for next six months

Tuesday 21 March - 7pm WHMC

Tuesday 9 May - 7pm WHMC

Tuesday 11 July - 7pm WHMC