WEST HAMPSTEAD MEDICAL CENTRE

PPG STEERING GROUP MEETING(ZOOM) 5PM TUESDAY 9 MARCH 2021

Summary of Key Points

Present:

Deepa Abraham(DA)
Jill Ackroyd(JA)
Ehsan Alkizwini(EA) - Practice Partner
Renee Bernstein(RB)
Charles Boucher(CB)
Ben Bromilow(BB) - Practice Partner
Leon Douglas(LD)
Neil Fletcher(NF)
David Lavis(DL)
David Richards(DR)
Tushar Shah(TS) - Practice Manager

The meeting remembered Jill Hood, longtime resident of West Hampstead and former member of the Steering Group, who had died suddenly on 26 December 2020 (Note: Jill's obituary was in the Guardian online and was printed subsequently under the Guardian's 'other lives' section on 27 March.)

1. Apologies and Introduction

Apologies from Alison Johnson, Jill Wheatcroft and Tracy Martin (Note Taker).
Deepa Abraham was welcomed as a new member of the committee in place of Nicola McDaid who had resigned because of family commitments.

2. Latest Developments and Future Expectations

Coronavirus Vaccine Programme

EA went through the 'dashboard' outlining the performance so far of the 'hubs' and local surgeries. BB said that, having been in the forefront, WHMC had been lagging a bit, but three sessions were planned for the coming weekend, and they were now calling groups with underlying conditions. Generally, it could be said that things were going well at WHMC and at the Belsize Priory hub, and all housebound WHMC patients had received their first dose. The 2nd doses were being applied when notification was received from NCL. Delivery was still on the 'push model'. For Belsize Priory the notification was generally two days and delivery sometimes as early as 6am.They expected to be doing only second doses during April. So far, it had not been possible to give specific dates for second doses at the time of the first injections, but it was expected that the wait would be no longer than 12 weeks with the second dose being a repeat of the first (Note: The NCL CCG subsequently announced that it expected to be able to notify patients with specific dates and times for second doses within the twelve-week period towards the end of their tenth week or early in the eleventh week).

RB asked what was being done about 'non-respondents'. EA said the surgery sent multiple messages to patients and kept calling. The situation was becoming more difficult as they moved down through the groupings. Problems were being experienced with the 55-60 age group. Originally 220 had been invited with only 60 responding. Eventually 90 attended. BB said calling patients had been a good exercise and had worked well with the 75-80 group. They had been able to convince many to come to the practice for vaccination. They had also ensured that there was no wastage of vaccine at the surgery or Belsize Priory by calling people in from a back-up standby list that was revised every day.
Members echoed TSt's praise for the effective way the Belsize Priory hub was being run. BB said the volunteers' input had been excellent and requests to the volunteer website had always been filled quickly.

Future Changes and NHS Reform

DR introduced the discussion by suggesting that, while the White Paper contained a welcome move towards co-operation rather than pure competition in determining who would provide shared services, it also appeared to allow for the increased involvement of private sector 'for profit' interests in determining what should be commissioned. Also there was a danger that completely moving away from competition might result in some simple handover of contracts to preferred private sector providers.

BB said he also felt some unease about the replacement of CCGs by ICSs. The Integrated Care system could mean that General Practice could lose out to the big Secondary Care Trusts, He hoped he was wrong, but he was looking to see how Camden's practices would feed in to the ICS, and it seemed that little account would be taken of views of the LMC (London Medical Committee). EA said the existing CCG did not converse effectively with Primary Care, and, in principle the ICS model sounded good. However, the future role of RFH in particular was unclear. There was a general need for all sides to work collaboratively, but Secondary Trusts could be overpowering. There was need for a stronger voice for Primary Care and for patients in the new system. However, NCL was lucky in having good tertiary care provision and a good mix of national and local sites.

LD felt there were pros and cons in the new proposed structure. There was a danger that the 'super provider' would have the upper hand, thus reversing the CCG regime and making things too remote from patients. However, this could help with tackling major population health problems. The first test would be how effective collective action would be in recovering from Covid-19, and the biggest problems there would be in the poorest areas.

DR asked what the implications would be of the unexpected takeover of AT Medics by US services giant Centene, particularly in relation to the existing extended hours contract in Camden that he had understood was to be taken over by PCNs. EA confirmed that the AT Medics contract had been extended for two years because of the Covid-19 pandemic, and this extension was now taken over by Centene, the biggest corporate for-profit provider of GP services in the UK. Co-operation between PCNs would also be needed for the eventual takeover to work effectively. BB commented that, although the AT Medics directors had been expected to stay in post following the takeover, they had resigned as directors.

In concluding discussions LD noted that 'Care in the Home' was getting off the ground, but he felt a year had been lost because of Covid-19.

3. Getting Started with the Practice Newsletter

CB said that the previous meeting had considered whether a newsletter should be from the Practice, the PPG or the Practice plus PPG. The sub-committee had worked on the basis of the third option but with the newsletter being very much something 'from practice to patient' with the GPs having 'red pen' control. In effect, the suggested content of a first issue had been developed in discussion between CB, RB and TS with BB having 'right of intervention'. They thought the ideal length would be two sides, but the projected first issue had expanded to five sides. This could be cut back as well as in future editions. They were looking for specific inputs from BB and EA before putting something out in April, electronic and printed, from the practice to patients. RB said the present appearance was not 'set in stone', and DR noted that a two or four-page newsletter would be best suited to printing needs.

In discussion, LD thought the sectional layout was logical and could allow for future chopping and changing, but he would prefer it to be cut back to the original two-page target; NF thought it was a good start, but there was need to be clear about the target audience; TSt liked the colour and the job descriptions which met the need for patients to learn about the surgery and those who worked in it. DR felt that the newsletter should not be left too long in a prominent position on the website but should remain accessible on the website in archived form. He also asked for clarification about required permissions for sending it out via email. EA and BB warned against the newsletter being seen as just a doctor's message and would expect to work with TS

and patients taking the lead. Circulation could be to all patients who had agreed to receive general communications vis email from the surgery, and this was generally signed up for on registration. They had the data base for contacts and could also supply the surgery throughput figures for a first edition to go out in April.

It was agreed that *TS, CB and RB would be joint editors of the Newsletter and that a shortened first issue, including surgery throughput figures, would be printed for use in the waiting room, be sent out by email and be included on the website, without need for prior reference back to the PPGSG.*

4. Changing the WHMC Website

BB reported that following protracted and eventually unsuccessful negotiations with the old website developers, WHMC would soon have a new website following the end of the contractual notice period. Existing content would be moved across to the new website. The reasons for the change were the difficulties in being able to make changes to the current website without incurring unreasonable additional costs, and particular problems over the handling of new registrations. Without the changes envisaged it would continue to be difficult to keep on top of new registrations.

In answer to a comment from DR that the change appeared to be another example of a key change that would impact on patients being decided on without any prior consultation with PPGSG, EA emphasised that the changes being made now were in line with what had been discussed with and generally approved by PPGSG two years ago. It had been too costly to proceed with the changes at that time. Those costs have now been reduced, making it possible to introduce changes more in line with what had been envisaged then e.g. the new templates being considered. BB and EA would share details with the committee, but would probably have to make the changeover in advance of the next meeting. However, this would still allow for PPGSG to come up with subsequent adjustments.

It was agreed that *PPGSG could consider further changes and amendments at the next meeting.*

5.AOB

Date and Time of Next Meeting - 8 June at 5 pm.

The meeting finished at 6.30 pm