

WEST HAMPSTEAD MEDICAL CENTRE

PPG Steering Group Meeting -7pm 25 June 2019

Summary of Key Points.

Present:

Ben Bromilow(BB) - Practice Partner
Leon Douglas(LD)
Alison Johnson(AJ)
David Lavis(DL)
Nicola McQuaid(NM)
David Richards(DR) - Chair
Tushar Shah(TS) - Practice Manager
Tove Steedman(TSt)
Jill Wheatcroft(JW)

KA - Note Taker

1. Apologies

Jill Ackroyd
Renee Bernstein
Charles Boucher
Neil Fletcher

2. Position Updates from 26 March Meeting

Surgery developments-

Insulation + upstairs waiting area

TS reported planned insulation was now complete, except for room 16 ,where there was no gap for possible insulation. The alternative was to hang a curtain behind the door, and he was arranging for this to be done. RB would be meeting Veridiana to review notices etc on first floor (*Final update at next meeting*)

Children's Corner

A second table had been bought and installed.

EFH(Exercise,Fitness and Health)

BB reported that around 70 people had been referred to Virgin Active, but it had not been possible to get any further concessions beyond the introductory offer of three free classes. However, in response to a request from DR, he would look further into the possibility of a senior discount. (*Update at next meeting*)

New Phone System

There was general concern at the 'second time round' of the seven options on the new system. AJ asked if the second time round could have a simplified listing and a clear 'speak to a person' option. BB wondered if the second round was really necessary. It was agreed that TS would look again at the possibility of reducing the options and patients' having the option to speak to a receptionist.

(Update at next meeting)

Virtual PPG

TS said that four patients had signed up for the VPPG, but had not raised any issues yet. He had not yet met separately with CB, but they would be meeting to develop ideas for encouraging participation and developing associated procedures *(Update at next meeting)*

Physician Associate and Pharmacist

BB reported that one PA was being retained in post, but the possibility of an additional shared PA would be considered via the PCN. Feedback by patients continued to be positive. There was now a video on the screens explaining the PA role. The partners were thinking about introducing on-line booking for the PA and would probably be introducing it in the near future. TS suggested that the PA could let patients have a handout explaining the role, as it appeared that some patients were not always aware that they were seeing a PA rather than a doctor. This was agreed *(Confirm action taken at next meeting)*

BB confirmed that the pharmacist would be leaving soon. The practice was not proposing to make an immediate replacement as the current thinking was that, under new PCN arrangements, a pharmacist would be located at Swiss Cottage.

Email and texting notifications

TS confirmed that the registration form now included the option to be contacted about events at the surgery. However, existing patients would need to sign a separate request form to opt in for this. AJ asked that staff should encourage people to sign up. TSt was concerned that too much should not be asked of staff, but agreed that they could make sure request forms were available, incorporating similar wording to the registration form. DL suggested that the form could be clipped to prescriptions. BB said there could be a new code for those agreeing to be contacted and confirmed that none of this affected the ability to contact any patient directly relating to a personal health issue. *(Action to be reported to next meeting).*

Photo Noticeboard

The board at the entrance was now up-to-date.

Screening Requests

TS said he had prepared a fact sheet on the general availability of screenings by invitation (eg breast, cervical, bowel, abdominal aortic aneurysm) but emphasising that, although patients stop receiving screening invitations over the age of 70, they are still eligible for screening every three years. There were two notices in the surgery and information had been put on the website. BB confirmed that age specific reminders continued to be sent out, but programmes were being updated and would go live soon.

3. FFT/Suggestion Boxes Review

Apart from continuing concerns about the phone system (particularly the issue of the number of response options discussed above), consulting room doors appearing not to be fully closed, an email that had not been responded to in a timely manner, worry about absence of sound alert to accompany screen notification of patient call to appointment (subsequently rectified), suggestions and FFT scores and comments continued to be very positive in April and May. However, this related to very low numbers.

It appeared that FFT forms were generally only available at the counter. NM asked for more frequent distribution on seats to be resumed, and this was agreed.

4. Primary Care Networks and the Implications for WHMC

BB said that there was unlikely to be much change affecting WHMC in the immediate future. However, as noted above, the replacement pharmacist would be located at Swiss Cottage. There would be some extension of hours at the Fortune Green surgery, and it was possible that the PCN would take over the general extended hours arrangements from AT Medics, but not necessarily with any change in existing hub arrangements. Social prescribing and additional physiotherapy were already part of PCN work. There could be some additional funding at the same time as possible rationalisation of 'backroom' work across the PCN which was likely to be the first change. He recognised that things might become more impersonal with an increase in temporary staff. He confirmed that one of the WHMC partners (Dr Ehsan Alkizwini) would be the PCN's Clinical Director.

DL asked whether there would be patient choice of appointments between practices, but this was not expected to be part of the change. LD suggested the real problem that the PCNs were intended to compensate for through joining up practices was the lack of professional capacity. However, BB assured members that the aim would be to offer similar services at each PCN practice. Mental health arrangements would remain outside the PCN reform.

5. Planning for future Open Meetings

Discussion again focused on the failure to attract patients to the last Open Meeting, the significance of not having been able to use effective email contact and texting and the difficulty of agreeing an agenda that would be attractive to a younger demographic. The need for Open Meetings was questioned, and LD suggested consideration of the timing and content of the next Open Meeting should be deferred. DR pointed out that Open Meetings at some of the other Camden practices were becoming more successful as we appeared to be going backwards. JW pointed out that a recent meeting on food waste collection had managed to attract an attendance of 60 in a local church hall.

It was agreed that many of the issues had been well aired both before and after the last Open Meeting without any resolution so far, and that publicity and overcoming the GDPR problems were key to making any progress. AJ volunteered to lead a brainstorming approach in an attempt to resolve these issues and said she would welcome help and ideas. This was agreed, with progress to be reported in advance of the next meeting.

6. AOB

BB agreed to give further consideration to the monthly clothes bank suggestion raised by RB at the previous meeting.

Concerns were expressed about 'patient deductions' ie deregistration of patients who had not attended the surgery for an extended period. AJ said her own family had been affected through her son having had to reregister after being 'deducted.' TS explained that NHS England checked records for 'ghost' patients who were generally patients who had moved away from the area without having informed the practice. List cleaning was a regular process, but patients were not automatically 'deducted'. They were given a notice period, and if there was no answer ie returned post their records would be flagged and subsequently liable to be removed from the register. BB said the practice would look into current arrangements more closely to ensure there was a clear process being observed.

Next scheduled meeting -

Tuesday 15 October

Note: The October meeting is currently scheduled as a Steering Group meeting. However, consideration is also being given to the possibility of its being an Open Meeting depending on the progress and findings of the research being led by AJ (Cf 5 above).