WEST HAMPSTEAD MEDICAL CENTRE

PPG Steering Group Meeting - 5pm 14 January 2020

Summary of Key Points

Present:
Jill Ackroyd (JA)
Ben Bromilow (BB) - Practice Partner
Charles Boucher (CB)
Alison Johnson (AJ)
David Lavis (DL)
Nicola McQuaid (NM)
David Richards (DR) - Chair
Tushar Shah (TS) - Practice Manager
Tove Steedman (TSt)
Jill Wheatcroft (JW)

1. Apologies

Renee Bernstein
Leon Douglas

TS apologised for the absence of the note taker promised as a commitment in relation to the new meeting timing. There had been pressure to update records from medical reports, and this was currently taking up all rostered overtime. For future meetings the note taking duty would be rostered well in advance

2. Position Updates from 15 October Meeting

Surgery Developments -

Upstairs Refurbishment

TS said the upstairs noticeboard had been changed, and it had been agreed with RB to clear the wall and repaint before rearranging the display of information along the lines adopted for the ground floor waiting area.

The planned further room conversions upstairs would not now be carried out as they had not been approved by the London Fire Brigade because of potential fire risks. However, further conversions were being considered on the ground floor which would create additional consulting rooms and reduce existing toilet accommodation to one 'accessible' toilet. BB confirmed that details of proposals would be brought to the PPGSG when engineering drawings were ready. *(Update at next meeting).*

VirtualPPG

CB and TS said there had been little further progress, with only four patients expressing an interest so far. They saw this as an item for inclusion at the open meeting, and CB referred to the use of a newsletter at a Barnet practice to encourage participation. He asked if something could be done via 'patient access'. AJ suggested that something should be put on the website and the waiting room screens.

BB confirmed that it was not possible to use 'patient access' in this way, but did not discount the possibility of a trial newsletter in reception - to be examined further with TS - and agreed to put a news item on the website. He suggested that patients could be emailed a circular covering a number of issues including provision for opting in to vPPG and receiving future information about open meetings or other events or developments. He would prepare some wording to discuss with members of the Open Meeting/vPPG working group before being circulated to members for approval. *(Action taken to be reported at next meeting following discussion at the Open Meeting).*

Physician Associate and Pharmacist

TS had prepared a draft notice about the PA role for discussion. A number of amendments were suggested - e.g. inclusion of availability longer appointments - and it was generally felt the emphasis should be placed more clearly on the qualification and role requirements. The detailed 'complaints coverage' could also be considered for retention at reception as a guide rather than/ in addition to being included with the main notice or as the reverse page of a leaflet to be picked up from the counter. That information would be put on the website. BB emphasised that the PA operated under clinical supervision and appointments could not be booked online. The receptionist was able to advice on whether it was appropriate for a patient to see the PA
(TS would prepare a revised notice and leaflet and circulate to members for approval).

TS said a new Clinical Pharmacist had been appointed and was being used on a 60/40 shared basis with the Cholmley Gardens practice. BB said that the actual scope of duties was being determined during the induction process, but duties were expected to include medication reviews. The appointment would be announced at the open PPG meeting, and a further appointment was being considered for May. *(Update at next meeting)*

Email and Texting

TS reported that AccuRX was being rolled out in some CHE practices. However, WHMC's current phone provider (Surgery Connect) offered the same SMS service at no cost, but with some limitations. Discussions were therefore continuing within CHE to see how far the benefits might really outweigh the costs of having the new system at WHMC. No action was contemplated before further discussion at PPGSG. *(Update at next meeting).*

Photo Noticeboard

TS said the photo noticeboard was now up to date. Not all the clinical staff were happy about the idea of their photos being included on the website, as had been recommended at the previous meeting. This would not be pursued by the partners. However, it had agreed that all doctors should wear name tags, and this had been implemented.

Screening Requests

Following the previous meeting's request, TS had prepared a new fact sheet on screening programme. Although this was now more comprehensive and inclusive of recent changes, it was generally felt that the original concern about emphasising the opportunities for requests without invitation from the over seventies was somewhat lost among the fuller description of the overall position. It was agreed that TS should check details and adopt more of a 'bullet-point' approach in a revised draft to be circulated to members before the next meeting. *(Confirm action and outcome at next meeting).*

3. Issues arising from FFT/Suggestion Boxes

Once again the pattern of FFT scores and comments was complimentary and supportive, but the number of completed FFT forms remained low despite a number of 'blitzes'. An inevitable problem was that many patients were fairly regular attenders and could not be expected to continually fill in such forms. One issue raised again was the absence of a water fountain. BB confirmed that the doctors were against installing a water fountain because of tidiness and hygiene concerns. However, water could be obtained from reception staff on request, and TS agreed to put up a notice to this effect.*(Confirm action taken at next meeting).*

Suggestion box comments again focused on concern over delays from the close scheduling of ten minute appointments, the difficulties in making appointments and the problem of not being able to see the same doctor on successive visits involving a continuing health problem. Members accepted that there were severe limitations to further changes that could be built in to resolve such issues - but see 4 below for further discussion. However, an incident involving problems over seeing a ten month old baby on an emergency basis (satisfactorily resolved), apparent discourtesy from a member of reception staff and undue delays in phone pick-up reception had all been taken up by TS with the reception supervisor. It was policy to go through feedback with the receptionists. Additional receptionists were being recruited. Training manuals and a new handbook were being used with new staff who was also assisted by existing staff over a two week induction period

4. Use of 'Patient Access' for signposting available services (and continuing concerns over general access to appointments)

In response to a request from CB, BB confirmed that it would not be possible to use 'Patient Access' to signpost available services. This prompted a broader discussion of specific difficulties and what was being or to be done to improve things.

There was conflicting experience by members of the committee. CB had generally given up going online and found it easier to walk round to get an appointment. NMc said she found it impossible to arrange anything on line in the evening but had success online at 8-30am. There continued to be general confusion over the availability of 'one week' and 'two week' appointments. CB said he was concerned that difficulties in making forward appointments on a timely basis were probably already causing patients to 'opt' for emergency appointments. In response, BB said that the practice was developing a new script for receptionists to cover appointment options. Receptionists were also offering out-of-hours 'hub' appointments (closest at Brondesbury Medical Centre). Therefore, there should always be an appointment available at the practice or somewhere locally within a reasonable timescale. The practice was also looking into triaging to free up 'same day' appointments. This could involve the PA and doctors in covering a specific triage duty on each session. Patients would be called back after the receptionist has booked a specific time. This would replace the existing call backs at the end of sessions.

DL asked if the registered list could be closed to help improve the situation. BB said the practice would not wish to restrict access unreasonably, and he pointed out that there would need to be a detailed investigation by NHSE before such action could be approved. The policy remained to meet increasing demand through additional recruitment and expansion of the practice.(Note: the basic formula requires one full-time doctor for each 3,000 patients, assuming 9 clinical sessions and 1 admin session per week)

5. Consideration of Food Bank/Clothes Bank location at WHMC

Consideration was deferred in view of the proposer's absence.

6. Confirmation of arrangements for Open Meeting on 24 March

CB and AJ reported progress in light of earlier concern that the programme might be too overloaded. It was generally felt that a two hour meeting would not be acceptable, but that the earlier suggestion of 1.5 hours could be extended to 1.75 while accommodating the content previously put forward by the subcommittee. This would mean there would be short main presentations by partners on PCN developments and new staff, a main presentation by Dr Sarah Garfield on medicines management, a section on social prescribing by BB supported by a short presentation by Stephanie Smith on Active Living, and a plug for and invitation to discussion of the vPPG by CB and TT.

The subcommittee (AJ, CB,TS,BB) was asked to progress things further to ensure a successful event on 24 March. This would cover the design and printing of a main poster, notices etc. as well as scheduling publicity on screens, websites, noticeboards local outlets etc. BB would prepare a general invite for patients to be made aware of open meetings and other events by email that would be put up on the surgery screens.

7. Future Meeting Schedule

The date and time of the next committee meeting was set for -
12 May - 5pm

The meeting closed at 6.30pm