ACTION POINTS FROM PPGSG MEETING - 26 JUNE 2014

Present:

Dr B Bromilow(BB)Practice Partner
Jilly Ackroyd(JA)
Neil Fletcher(NF)
David Lavis(DL)
Jill Hood(JH)
David Richards(DR)Chair
Tushar Shah(TS)Practice Manager
Jill Wheatcroft(JW)

Apologies:

Sarah Barclay
Leon Douglas

1. Resignations

Anne Gold and Ruth Sterne had resigned and DR had emailed them to thank them for their valuable contributions to PPGSG. This was endorsed by the meeting. TS reported that Marion Newman had also resigned as adviser. The meeting noted its appreciation of her contribution. This left a committee strength of nine including the practice manager. No immediate action was recommended on appointing replacements pending final agreement on more formal arrangements for PPGSG

2. Update on Action Points

(i) The partners had agreed that a PPG page would be included on the new website (outstanding)

(ii) A new more comprehensive information booklet would be prepared in conjunction with the introduction of more informative TV screens and a review of poster displays to link in with identified priority groups and concerns (outstanding)

(iii) The suggestion of touch screen access to information about the practice and PPG remained 'on hold' because of expense

(iv) No separate action would be taken in respect of patient reporting under the new quality alert process.(The patient can leave a comment on NHS Choices, send in a written complaint or discuss the matter with the Practice Manager. The practice would inform NHSE on any 'significant incident' relating to quality and patient care, and all incidences are discussed in the team,clinical and partners' meeting to ensure a learned outcome. This conforms with the general approach across the West Locality. All practices are visited by CQC and may be given notice on improvements with penalties for non-compliance)

(v) There had been no agreement of times for trial surgery visits to establish issues and concerns affecting patients at the surgery(JH and JW had volunteered at the previous meeting, but this was left outstanding, pending further discussion of what approached should be adopted and how it might link in with a new survey)

(vi)There was continuing concern about the operation of the appointments system. TS said that this was now operating on the availability of appointments up to two weeks ahead. Outdated leaflets had been removed from the surgery, and new arrangements would be explained more comprehensively in the new information booklet

3. Patient Communication and Involvement

There had been no follow-up to NF's comprehensive presentation and analysis of issues and options at the previous meeting. It had been intended that ideas would be fed in by members in response to an initial circular from NF, and that these results would form the basis of final review and decision taking at this meeting. However, no action had been taken. Following further discussion it was agreed that the initial focus should be on getting understanding and involvement of the main 20-40 age group and encourage more imaginative use of the new website when it came in. NF would initiate a new discussion, and the next meeting would be set in the light of positive progress being made so that actions could then be agreed at that meeting.

4. Camden's Integrated Patient Records

DR reported that the original Camden Integrated Health Record proposals - subsequently titled Integrated Care Records under the Orion project - had now resurfaced as Camden Integrated Patient Records (Publicity details had been circulated). Although there was to be no change to an 'opting in' approach, the publicity materials appeared to have improved, and greater attempts were being made to make people aware. The approach was also taking account of the national Summary Record and Care Data initiatives.

BB said that the practice's own option document covering all three initiatives was still being used for newly registered patients, those requesting a form and enquiries via the website. However, he recognised that this would need amendment to cater for the double opting in choice under Care Data. TS reported that the CIPR team would be giving a training session at the practice for admin staff on 4 July, and that the team would be recommending a form that could be used by practices. It was agreed to defer making changes to the present form until these proposals had been seen, and to take into account the fact that renewed publicity on Care Data was not expected before September. Agreed information would be put on the surgery screens.

5. The Camden Primary Care Mandate, Practice Federations and the role of PPGs

DR reported that the Primary Care Mandate envisaged a continuing move to refocussing primary care treatments at practice level and away from hospitals. (Copies of the Primary Care Mandate had been circulated).This would involve some degree of cross referral between practices on some issues, with new 'hub' treatment arrangements requiring patients to become familiar with going to another surgery other than their on on some occasions on certain issues. To cope with the changes

the Camden practices were examining how to establish a federated approach at locality level or across Camden as a whole. A number of workshops had already been held to consider whether federation should be tackled on a 'limited company' or a 'not for profit' basis, and Haverstock Healthcare(HH), had been conspicuous in promoting a role for itself both as a direct provider of services and general practice support unit. He was concerned that services such as 8 to 8 seven day coverage(one of the first issues to be tackled) could end up being supplied comprehensively on a company based 'for profit' basis, and was mindful that, despite altruistic protestations from HH at the federation workshops he had attended, things could still end up going the same way as Harmoni which had started out as a simple doctors' collective in Harrow.

BB said he could understand possible concerns about the role of HH but was certain that the vast majority of those doctors who were shareholders had not joined on the basis of profit motivation, but in a genuine effort to try to keep the control of services local and out of the hands of the health care multinationals. Despite the drive for federation, he did not envisage major changes for patients. (Note: federation workshops have continued to be held on a fortnightly basis, and at the meeting on 22July, HH put forward a proposal to establish a 'not for profit' arm for Camden activities under a separate Federation Board. This appeared to have general support. The decision whether the practices' federation will itself be a legal entity or looser alliance is still pending as at end July)

TS said practice managers were concerned that practice federation should be mirrored by PPG federation. DR said the establishment of a northern locality PPG federation had not yet been matched by similar developments in the south and west. This would be important also in relation to changes in CPPEG for which elections could be held in the autumn to elect twelve PPG members - four from each locality (Note: an attempt to establish a west locality PPG federation is to be made at a meeting on 8 October- evening timing and location to be confirmed - and the CPPEG election is currently envisaged for October/November based on self nominations by end September. Details to be circulated once agreed - following heated debate in election working group!!!!!!!!)

6.AOB

JH raised the issue of DNAs (Did not attend). There was general concern that the problem was getting worse, despite the notices at the surgery and the reminder text messages regularly sent out. It was agreed that there was little further action that could be taken at present, but the position would be kept under review, and TS was asked to do some analysis of repeat offenders.

7. Date and Time of Next Meeting

be confirmed in light of progress on Patient Communication and Involvement discussion to be led by NF following the holiday period