

Winchmore Hill Practice (WHP)

Patient Participation Group

Minutes for Meeting Thursday 11th May 2017 at 6.30pm

Members Present

Betty MacLeod (BM) Chairman, Toulla Trupia (TT) Practice Manager, Dr C Sankaran (CS), Dr R Noor (RN), Trevor Gaunt (TG), Trevor Watson (TW), Angela Cox (AC), Frances Warboys (FW), Natalie Lusardi (NS), David Lazarus (DL), Geraldine Sweetapple (GS), Barbara Govey (BG), Sevgul Ozkor (SO), Betty Cannon (BC),

Apologies from: Maureen Dennis, Collin Bridgeman, Cassie Zachariou, Kathryn Blair, Joe De Souza, Patricia Murphy, Rose Vigneswaran

1. Welcome – BM introduced herself, welcomed everyone present and everyone introduced themselves.
 - 1.1 Apologies for absence – BM accepted apologies informed by TT
2. Minutes of the last meeting – approved
 - 2.1 Matters arising from the last meeting – TT informed us that the waiting time for referral letters to be typed is currently a maximum of 5 working days. All agreed this was acceptable.
 - 2.2 Abbreviations – request by member to remove some abbreviations and elaborate in future minutes – Agreed.
3. Over the Counter Medication
 - 3.1 Members felt there was conflicting advice from Doctors and Pharmacies on which medication is over the counter (OTC). DL referred to the CCG (Clinical Commissioning Group) letter which said Doctors had discretion to prescribe.
RN explained the CCG list is not exhaustive and Doctors are required to consider each clinical case and Pharmacies will refer to the doctor if they have any queries. This is why we arranged for the CCG Lead (Paul Gouldstone) to attend the last PPG meeting to answer those queries and provide information. The Practice believes this is the right approach and must support the CCG and the need to take difficult financial decisions, as the Practice feel they have a responsibility to support the wider NHS and although it may seem unfair (and some Practices have not followed suit), this should not stop us from supporting this initiative. There is real concern that NHS England will close Practices if cuts are necessary.
4. Communication
 - 4.1 Telephone – member raised concern that he waited in the queue, and he was ‘next in the queue’ – according to the recorded message, but waited for 20 minutes to be answered.
TT explained there are always two staff taking calls at all times and at our peak times 8am-11am we have three to four staff taking calls. We have two options which patient can select; appointments or general enquires, calls to the general enquiries line do take longer to manage. However, the staff can see which calls are in the queue system and will pick up a call that is waiting a long time.
 - 4.2 Newsletter - a request for a more frequent newsletter by members – it was agreed by TT/Partners to produce 3 per year.
 - 4.3 Registration process – members asked
 - 4.3.1 do we have a catchment area – the map area is registered with NHS England and the catchment area is available on our website. The staff have a map in the reception office.
 - 4.3.2 how long registration process takes – normally approximately 5-7 working days, however, we will escalate this if the patient has an imminent appointment.

4.3.3 is there an online registration option – the registration form is available on the Practice website, however, identification is required, so the form must be printed and presented at reception with the ID documents.

5. Adherence to Evidence Based Medicine

5.1 Member FW informed the group that Enfield CCG is reviewing some procedures which are currently provided routinely, are of limited clinical benefit to patients and is going to be of any benefit to an individual patient before deciding to undertake it. To do this they must use the best and most up to date clinical advice and evidence to ensure they have the best chance of delivering a benefit to each individual patient who is put forward for treatment. This evidence published by the National Institute for Health & Care Excellence(NICE) as well as available evidence published by the Royal Colleges and other Clinical Commissioning Groups. This will also ensure the best value from the services they commission. They are undertaking a consultation which ends on 30th June 2017. Members were informed to contact Enfield CCG directly to make representation.

5.2 Dr CS explained there are already a number of procedures for which GPs would have to send a PoLCE (Procedures of Limited Clinical Effectiveness) application to be considered for funding, and Enfield CCG are looking at other procedures as part of this review.

5.3 BC asked about choice of hospital/community services. Dr CS explained that most referrals are sent to the central service, Enfield Referral Service, where they are vetted by colleagues and processed.

6. Nurse Practitioner

6.1 Due to shortages in General Practitioners nationally, there is a drive for multi-professional clinical teams and many Practices are employing Nurse Practitioners to provide minor ailment clinics and prescribe accordingly. Some patient, due to lack of confidence, prefer to see the Dr, but once they have seen Nurse Practitioner Julie, they often ask for her directly.

6.2 Members requested she wear a name badge and have a door plate – TT will be arranging this.

7. Continuity of Care – Same GP

7.1 Concerns that it was difficult to see the same doctor and this affected continuity of care.

7.2 Dr RN agreed that, from a medicine point of view, continuity of care was important and in an ideal world this would be the gold standard, however, this is becoming a luxury which affects many Practice national and inevitably more difficult in a large Practice and also as we are a GP Teaching/Training Practice. The rota needed to be fair and for doctor to share the responsibilities for being running pre-booked sessions, on the day appointment session or being the oncall/duty doctor, doing home visits, etc.

7.3 BM felt there were also advantages as the Practice offered a variety of Doctors with experience in specialist areas, e.g. minor surgery, gynaecology, asthma. etc.

8. Friends and Family Test (FFT)survey / Comments and Suggestions

8.1 TT presented figures and patient responses received from the FFT survey. The survey is an ongoing and asks patients/carers who use medical services; 'how likely are you to recommend our service to friends and family if they needed similar care or treatment?'. Practices are required to submit monthly figures of responses to the NHS and the results are published on NHS Choices website.

8.2 Suggestion: pen on a cord at reception - TT to arrange.

8.3 TT reminded the group of they could also provide feedback via the Practice page on NHS Choices and although there had been some negative feedback, there has also been very positive feedback.

9. PPG Network meeting feedback – December 16 meeting

9.1 FB provided brief overview on the locality Patient Participation Group Network meeting where the following was discussed; presentation by Healthwatch Enfield, STP's, Adherence to Evidence Based Medicines, GP

Online Services. (minutes available on the Enfield CCG website. FB said only 8 Practices were represented.

<http://www.enfieldccg.nhs.uk/PPGnetworkmeetings.htm>)

9.2 Dates for future meeting were shared: Dugdale Centre 6.6.17 at 1.30pm, 5.9.17 at 6.30pm and 5.12.17 1.30pm.

10. Any Other Business

10.1 Park Lodge Medical Centre – Dr RN explained that we were asked by NHS England October 2016 to provide support to Park Lodge Medical Centre, during some difficulties to meet CQC standards and changes in the Partnership. Since 1st April 2017, we have now taken on the Practice as Partners as the current Partner Dr Kouloumas stepped down.

10.1.1 Members had mixed concerns about how this might affect WHP patients. Dr RN and CS reassured the group that we would be increasing the clinical team with a new doctor commencing soon and a nurse practitioner.

10.1.2 Member FW commended the Practice for taking on the service and saving a local GP Surgery from outside companies such as Virgin/Care UK, etc. and stabilising the service for those registered patients.

10.2 Member asked why reception staff are often unaware when future appointments are released?

10.2.1 Dr RN explained the rota is quite complex as it was necessary to share the workload fairly and to accommodate leave, GP training and peaks at busy times of the year, in order to offer the consistent number of urgent and routine appointments. Every effort is made to have 3 weeks ahead however and the sessions are put on by the administrator once they receive the rota details, which we try to do weekly wherever possible.

10.3 Member BC asked if patients can see their named GP, often this was difficult? – Dr CS confirmed you can see your named GP or any member of the medical team. TT explained that pre-bookable appointments were available and via the internet, however, there was no guarantee when requesting an on the day appointment.

10.4 Member DL asked for more signs in the car park, to enforce the disabled bays, to fix the loose curb stones – TT explained the difficulty in enforcing who uses the car park and disabled bays although warning signs are displayed, but we can put up more signs. TT confirmed the paving is currently in hand with premises owners.

10.5 Member FW asked if the CCG Governing Body is still open to the public ? - Dr CS, who is on the board, was unsure but would check and advise in due course.

The Chair, BM, ended the meeting at approx. 8.30pm, all were thanked for attending, the GP's present were especially thanked for their time to attend the PPG meetings.

TT to confirm the date of the next meeting.

Minutes taken by TT