

PATIENT PARTICIPATION GROUP MEETING

Winchmore Hill Practice / Park Lodge Medical Centre

**Minutes of Meeting
held on Thursday 16 May 2019 at Green Lanes Surgery**

1. Welcome and Apologies

The Chairman, Mrs Betty MacLeod, introduced herself and welcomed those present. Dr R Noor (RN), Dr C Sankaran (CS) and Practice Manager Mrs J Dhruv (JD) were in attendance. An attendance sheet was circulated among the members and apologies for absence were received from: Mary Constantinides, Roger Owen, Maureen Dennis & Betty Cannon.

The Minutes of the meeting held on 18th December 2018 were taken as read.

2. Election

The Chairman reported that all members of the PPG had been contacted to provide everyone with the opportunity to stand for election as an officer of the group, namely as Chair, Vice Chair, Secretary or Minute Taker. As only three expressions of interest had been received from the membership, this was deemed to be an indicator of satisfaction with arrangements hither to and the following people were duly elected unopposed:

Chairman	Mrs Betty MacLeod
Secretary	Ms Kristina Petrou
Minute Taker	Ms Frances Warboys

At this point the Chairman requested a slight rearrangement of the agenda to take item 4 next.

3. Practice Update

Staffing

RN reported that one doctor would leave in June to move to a practice in Hertfordshire, being replaced in June by another doctor doing the same number of sessions. It was thought that another doctor, interviewed that morning, would also join the practice.

London was currently involved in international recruitment, Enfield was the third area to be addressed and a doctor from France was expected to join the following week whose contract, subject to examinations and training, would mean she remained as a salaried doctor.

The practice had been fortunate in terms of clinical staff recruitment given the expense at a time of national shortage and with many people looking only for locum work. At the Winchmore Hill and Park Lodge practices regular salaried doctors were preferred.

The situation with non-clinical staff manning telephones and the front desk had been really difficult with two people on maternity leave and two on compassionate leave. Six new staff had been recruited to start in June when it was hoped the practice would be fully staffed and the situation would improve. It was acknowledged that the work could be difficult and not everyone was suited to it.

Responding to questions RN explained that ideally there should be two receptionists on the front desk at all times and three people handling telephone calls. Most worked part-time. Although there were dedicated telephone lines for appointments or blood tests, calls sometimes took longer if patients had additional queries. In practice the situation was more complex than simply having a dedicated line when staff needed to respond to other calls as well. It was noted that staff could see on the telephone display screen which option number a patient had pressed.

It was further explained that most non-clinical staff training took place in-house although external training was sometimes available, occasionally organised by the Enfield Clinical Commissioning Group (CCG). New staff would initially observe procedures before taking on work under supervision.

There was always someone available to assist. A member commented that the skills of front-line staff had improved markedly over the past year.

Primary Care Networks (PCNs)

RN reported on a new NHS initiative whereby GP practices had been asked to work more closely together in groups handling from 30,000 to 50,000 patients. Local practices were required to consult one another and to come to an arrangement that allowed the shared delivery of certain services. The detail of what that might involve was not yet known but the apparent intention was to resolve the shortage of GPs by recruiting shared pharmacists, physios and social prescribers to take some of the burden instead.

Following consultation, agreement had been reached in principle that Winchmore Hill and Park Lodge would join with Abernethy House Surgery and the Town Surgery, resulting in a total of around 40,000 patients. A legal agreement between the parties would follow.

Some discussion ensued which encompassed the following:

- Reassurance that for patients there was no immediate plan for change, they should continue to attend the practice at which they are registered;
- It was noted that the three practices would not be seeing patients other than their own;
- While part-funding of the initiative by NHSE was seen as positive, there was concern that this may simply be a way of ending small practices in the future in favour of larger organisations;
- The number of PCNs in Enfield was likely to be between 8 and 10, to be confirmed by the CCG in June;
- The boundaries for the practice catchment areas would remain unchanged for the time being;
- Information as to how this might affect out of hours services, whether the existing “hubs” would continue, or whether extended opening would become the responsibility of the new networks, was as yet unknown;
- Concern as to the limitations of GP availability when they already work 13-hour days and deal with administration at weekends;
- Existing contracts would remain in place until 31st March 2020 from which point renewed contracts may contain further changes.

The question also arose as to whether the wider use of pharmacies meant that pharmacists would be able to issue prescriptions and it was noted that, as with nurse prescribers, some pharmacists were prescribers but not all.

4. Future Direction of the PPG

The Chairman recalled that at a previous meeting there had been discussion about inviting speakers to talk on various topics and the question arose as to whether sufficient numbers might attend to justify this.

A member referred to on-line Patient Access which allowed patients to opt-in to receiving regular emails on particular subjects and which might be a way of triggering a suitable topic. It was noted that while these were not issued by the practice they may be worth exploring. Some discussion followed as to the pros and cons of arranging talks that might already be on line; and how best to attract people to attend such an event. It was suggested that a practical topic, such as first aid for little ones, might help build rapport in the community and encourage people to understand how to do something for themselves. A long lead-in time in which to advertise an event might help to attract a good response.

5. Any Other Business

Several items of other business were raised thus:

Water

Responding to questions, RN confirmed that if a patient were to need a glass of water while attending the practice then they should be given one.

TV Screen

A suggestion was made that the TV screen display information as to which patient should go to which room and when to assist those who were hard of hearing and save the doctors from having to leave their rooms.

RN explained that it was good for doctors to walk around and also to observe how well patients were able to walk but that doctors could be asked to raise their voice a little when calling names. The meeting was assured that the doctor would always find a missing patient whatever the circumstance.

Healthcare Rationing

A member told of having recently attended a local residents' association meeting at which an invited speaker had explained about the increased rationing of health care. He noted a newspaper article which stated that many of the procedures being rationed, because of what was described as their limited clinical effectiveness, went against NICE guidelines. One such procedure was cataract removal without which an elderly or frail person might become prone to falls and then be in real trouble. The presentation had been very interesting and further clarification was sought.

Another member who had also been present at the time responded that the speaker was from a small NHS support group, *Defend Enfield NHS*. The group produced a fact sheet from time to time which set out to identify and explain some of the many changes taking place locally and nationally that could affect NHS patients in some way. This had recently been updated and copies could be made available after the meeting to anyone interested to know more. This was generally welcomed.

Chase Farm Hospital

It was noted that local opticians would no longer send patients to Buckhurst Hill hospital as there was now provision for surgical work at Chase Farm.

A member spoke of a recent presentation by the Governing Body of Chase Farm Hospital outlining all the new facilities available there. Opportunities had been provided for questions to be put.

Text Messages

It was noted that while text messages were sent to remind patients of forthcoming appointments there was no mention of the cost incurred if they did not attend. Some hospitals were doing this and it was thought to be very effective.

Blood Pressure Machine

Questioned on the reliability of the blood pressure machine, as results seemed variable, RN stated that all machines in the building were re-calibrated every year but were very sensitive.

It was also noted that one of the check-in machines appeared not to be working and that there were frequent issues with the machines which efforts were being made to put right.

Barndoc

In response to a question, it was noted that Barndoc remains in existence and by ringing 111 a patient may be directed there.

Park Run

RN stated that the practice was putting itself forward as promoters of the Park Run in which some of the doctors would take part. Leaflets would be prepared and it was suggested that notification also be put on the website.

Patient Records

It was noted that with the right level of access patients could see their notes on-line. These could include blood test results, blood pressure, and medical history within the practice. Initially, a patient would fill in a form and send it to the doctors to assess as access was not given automatically. If a patient were to find an error in their notes, this should be raised with the practice as doctors were unable to change medical notes dating from the past. Some paper files were still held.

6. Date of Next Meeting

Notification of the next date of meeting would be issued in due course. Members thanked the panel for their time, the Chairman thanked everyone for attending and the meeting was declared closed.

