

PATIENT PARTICIPATION GROUP MEETING

Winchmore Hill / Park Lodge Practices

Minutes of Meeting held on Tuesday 28 November 2017 at Winchmore Hill

1. Welcome and Apologies

The Chairman, Mrs Betty MacLeod, introduced herself and welcomed everyone present, particularly those new faces from Park Lodge MC. Dr R Noor (RN), Dr C Sankaran (CS) and Dr R Parbhoo (RP) were in attendance together with Practice Manager, T Trupia (TT). An attendance sheet was circulated among the members.

Apologies for absence were received from H Box, J D'Souza, C Zachariou, and C Bridgeman, M Sans

2. Minutes of Meeting held on 11 May 2017 and Matters Arising

TT noted that the pen on a cord in reception had yet to be arranged.

3. Park Lodge Medical Centre Relocation

The Chairman asked whether all patients were now aware of the merger between Winchmore Hill and Park Lodge practices. RN explained that NHS England (NHSE) were to have written to all patients to explain about the move and it was understood that this had now been done. Information had also been provided on how to contact the practice.

Questioned on how many people from Park Lodge had joined, RN said that NHSE were unable to provide this information at the moment. The computer showed that everyone had registered but people were able to register elsewhere, that number was also unknown at present, and there had been IT issues.

It was commented that on a recent visit to North Middlesex Hospital both Winchmore Hill and Park Lodge had disappeared completely from its database. Dr Parbhoo could also not be found.

RN said that all hospitals were informed and continued to be advised whenever they made contact.

A member confirmed that they had received a letter about the merger but had not been told who would be their registered doctor. Item 8, Named GP, was taken next.

4. Named GP

RN and CS explained that every patient had a named doctor and patients could ring the practice to find out who they were registered with. Patients could make an appointment to see the doctor of their choice, that was the policy of the practice. The computer system may say something different because the NHSE letter had been set in a particular way and there had been no opportunity to match doctors with patients. Patients visiting the surgery could ask for a named doctor and any correspondence arriving would be screened by the computer and would reach the right person. It was noted that hospitals always asked, who is your doctor?

It was said that a particular doctor might be requested and the patient told that they or their list was not available. This was explained as owing to the need to balance urgent and routine appointments; that some doctors who had worked at the practice for a long time may have regular patients who preferred to see them; and that only so many appointments could be offered in a week. If a doctor was away or on study leave that also limited appointments. However, it was understandable that people might want to see a particular doctor and that would happen if they were prepared to wait. It was acknowledged that patients were sometimes upset if they were unable to get an appointment on the day but it was case of juggling and had been so for many years.

There were clear implications for named doctors with the influx of new patients and one member stated that on three visits they had seen a different doctor each time and, although some might feel strongly about that, it was often preferable to see any doctor regardless than to wait three weeks.

The question then arose about resources, the number of patients and the increased workload.

RN said that Winchmore Hill had 16,000 patients, Park Lodge 8,000 of which probably 4,000 would move across. More doctors had been taken on and these were listed, it being noted that there was an increase of two salaried doctors, two training doctors. Also one had come from Park Lodge, other doctors from there had retired. Having regular doctors rather than locums was important. It was further noted that the practice was not allowed to close its list and refuse to take on more patients.

A member concluded that the partners ought not to find themselves apologising for these logistical difficulties, all practices had the same problem, no-one could see their own doctor all the time. "A doctor is a doctor." If a

practice had good doctors it should be possible to see any one of them. The Chairman added that it was early days and new patients would soon become familiar with the staff.

5. Park Lodge Medical Centre Relocation (continued)

TT outlined the changes involved in the merger, with reception staff moving across from the other site, some administrative and organisational changes, moving electronics, moving medical records, improvements to the filing system and changing the telephone system. This all had to be achieved in a very short space of time and there had been some technical issues with the telephones and managing the queueing system. Some patients had experienced long waits but many of the calls proved not to require appointments but were simply seeking information or were unsure of the new arrangements and that had not been anticipated. Two new staff had been engaged that week and four staff had manned the telephones at all times.

One or two patients outlined their own experiences which encompassed difficulty in leaving messages and also because of lengthy queues, being told there were 11 each time before eventually speaking to a doctor in the early evening. Another member recalled similar difficulties at Park Lodge because of a reluctance there to invest in new technology. Those people with particular issues were advised to contact the reception supervisor.

6. Online Access

RN noted that at Park Lodge they had provided email access for patients. This was not available at Winchmore Hill because of confidentiality. Earlier attempts had shown that unless emails were being monitored very regularly there was a risk that they would not be responded to quickly enough. A request for a home visit, for example, if not responded to might put patients at risk. At Winchmore Hill, doctors would not take that risk.

A member said that they had asked for this item as they worked in IT and that anything simple and straightforward should be done online. One of the Park Lodge patient stated he had no access to Winchmore Hill to order prescriptions or anything else. RN responded that the IT people had forewarned that when all the data was moved across it would lose those with Park Lodge access. Park Lodge patients would need to reapply for it and it would have to be reset. Old passwords might not work. Park Lodge patients have applied for passwords and started to access online services.

Asked how the practice encouraged people to go online, RN said that messages were put on repeat prescriptions. It was noted that pharmacists were also passing on this information. A patient said that by not having a repeat prescription they were not aware and that a more pro-active approach might be needed.

7. Repeat Medication - from 2 months to 1 month

The Chairman noted that at Park Lodge the policy had been to allow two months between repeats, at Winchmore Hill it was one month.

A long term transplant patient explained at length how two months really helped him, how one month meant more stress and inconvenience, and how the hospital allowed him sixteen weeks' supply of medication. Another patient queried the process if they were going away.

RN explained that in certain circumstances two months' supply could be provided. Patients were encouraged to be on monthly prescriptions but this was not a hard and fast rule and if an individual needed to be on two months this could be considered. Commenting on the two days clear wait for prescriptions, which appeared to have lapsed, RN said that training new Park Lodge staff as well all took time. Sometimes there were delays because a repeat prescription, which had to be checked by a doctor, might require a blood test, and those results might need to be chased with the hospital first.

On the question of blood tests, it was noted that a new clearer sign was being designed.

8. Car Park

The difficulty of accessing the car park when other cars were coming out was noted, as was the need for "proper signs". It was agreed that another sign should be put up, there was no easy solution.

It was said that young people tended to use the disabled bays to drop off their little children and currently both disabled bays were occupied by cars without badges. Cars had also been parked in the ambulance bay. People needed to get that message. A patient added that if coming just for a blood test it was possible to park in the council car park for 45 minutes.

9. Communication Options

TT reported on suggestions for communicating via text messages, email, the website for information.

It was noted that at Park Lodge, following a plan to get patients' mobile phone addresses and email addresses, the rate of "no shows" had dropped by about 75%. Non-confidential information could be distributed at no cost. This could be used, for example, to inform people about car park usage. Collection of these contact details had

not taken very long, with the PPG working with the practice. About 80% had been collected enabling the practice to reach the majority of patients in this way.

It was suggested that for people without email access, text messages could be tried and CS said that Winchmore Hill was one of the practices with the highest number of mobile users, appointment and 'flu reminders were sent in this way. This could be improved if someone were to volunteer to collect the numbers. There was already a slip at the front desk. One member came forward to volunteer.

10. Duty Doctor Procedure

RN outlined the duty doctor procedures, explaining that a doctor was on duty in the morning and again in the afternoon. That doctor would not have any appointments but will take telephone calls. The doctor will then ring the patient and do a consultation over the telephone. It may be quite trivial or may be about medication that they would like or someone having tests in hospital and wanting to discuss that. It was where a face to face consultation was not required, the patient did not need to be there in front of the doctor. If you leave your number you will have an answer over the telephone.

RN stressed that this would only be done if the need was urgent. Patients were urged to make sure they answered the telephone. This was a service that was not available at Park Lodge. Winchmore Hill patients found it helpful and so would those from Park Lodge.

Replying to a situation described, whereby an urgent call in the morning had not been responded to until the evening, RN apologised that this should not have happened. If the receptionist knows the call is urgent they will send doctors an alert on the computer system. There were procedures in place for such eventualities and this would be reinforced.

11. Any Other Business

A question arose concerning Warfarin and whether machines used for monitoring Warfarin could be used at the practice, avoiding the need for patients to visit hospital, as with the blood tests.

RN explained that the only service available at Winchmore Hill was the North Middlesex blood test. If someone was a patient in the North Middlesex Warfarin clinic they could have that done here. But if their condition was controlled elsewhere the patient would have to go there. This was because it was so dangerous. RP added that there was a new drug which might reduce monitoring to six months avoiding the need to go to a clinic. This had been shown to be effective.

A member then praised the services at Winchmore Hill, having a phlebotomy service and also a pharmacist on site was "fantastic". Other members echoed this view, one who was initially unsure about the change having had no problems at Park Lodge but who was now "very happy here". Another said their experience had been a positive one with the surgery being really well run; no problem getting an appointment, urgent and non-urgent appointments were balanced really well, and to have these facilities available was really convenient. It was understandable that there would be a transitional phase following the move from Park Lodge.

The Chairman welcomed these comments, adding that it had been a big move and would take time to settle but, with a positive attitude, this time next year it could be said that "all is well".

RN acknowledged that the majority of patients were probably happy at Park Lodge and being told to move was unfortunate. However, it was felt at Park Lodge because of the locums there it would be difficult to provide good care over the winter months.

A member then referred to the national background of change and asked whether it still remained possible for a patient, if referred to hospital by their GP, to virtually be able to choose the hospital they went to. RN said that it depended on the condition. In Enfield there were certain community based services and if a doctor wanted a patient to be seen, the patient would have to be sent via the community service. If it were felt that the patient needed surgery or on-going care, then they would have a choice.

It was noted that some services would move to the new building at Chase Farm next year.

A final comment was that the request form for a blood test did not tell a patient what would happen. It was explained that the doctor would know what test they wanted the patient to have.

12. Date of Next Meeting

TT stated that the PPG met approximately three times a year. Dates would be notified.

The Chairman said that the meeting was very fortunate to have three doctors in attendance that evening. She thanked the doctors, the Practice Manager, and everyone present for attending and declared the meeting closed.