

# **WINCHMORE HILL PRACTICE PATIENT PARTICIPATION GROUP**

**Minutes of Meeting  
held on Tuesday 28 June 2022 at 808 Green Lanes , N21 2SA**

## **1. Welcome and Apologies**

The Chair, Mrs Betty MacLeod, introduced herself and welcomed those members present (MG, KB, KD, EH, RO, DL & BC) . There were four apologies for absence. Partner GPs Dr R Noor (RN), Dr C Sankaran (CS), Dr T Takla (TT) and Dr H Shah (HS) were in attendance together with Practice Manager Mrs J Dhruv.

The Chair prefaced the meeting by saying that it was an opportunity to hear about the many changes that had taken place.

## **2. Practice Update**

RN then introduced a slide presentation which encompassed Staffing, both medical and administrative; Volume of work; the Primary Care Network; and the Additional Responsibilities required of the practice.

Staffing: In addition to the 4 partners the medical team consisted of 7 salaried doctors, 3 nurses, 1 healthcare assistant, 4 pharmacists, 1 paramedic, 1 physician associate, and 4 GP trainees. In the administrative team there was 1 practice manager, 1 operational manager, 1 reception manager, 1 social prescriber, and 18 administrative staff including receptionists.

RN added that there had been a number of changes because of stress and workload. Some had retired when Covid hit, some had left because the work was too hectic, others decided it did not suit them.

Volume of Work: 21,705 patients were registered at the practice during the past year of whom 14,938 had consultations. 81,858 consultations were conducted of which 28,773 were face to face. In addition, 102,791 text messages had been sent and 70,524 telephone calls had taken place in the last six months; 21,362 investigations had been conducted and 61,573 documents processed.

RN was pleased to say that throughout Covid and despite the lockdown, the practice had never closed its doors although the need for greater infection control had meant working in different ways. During that time more than 70,000 Covid vaccines had been administered as well as 4,700 'flu vaccines.

She referred to wider concern that cancer cases were not being picked up. However, during 2021 there had been 11,194 urgent cancer referrals and 187 new cancer cases had been diagnosed. At Winchmore Hill, the figures had not changed, the same number of cancer cases was being picked up as in the past and the practice was actually performing above average in this respect.

RN went on to outline various additional work and responsibilities which had been undertaken. These included:

Infection control: throughout the two years every effort had been made to ensure the practice was a safe place for patients and staff. Wearing scrubs was part of infection control.

Covid home monitoring and blood pressure testing at home: home monitoring and testing was offered and encouraged in order to avoid hospital admissions wherever possible.

Teledermatology: this enabled patients to take pictures of skin lesions and submit them remotely for examination.

Mental health reviews: this group of patients were often not accessing services appropriately. The practice had managed to accomplish more reviews compared with others.

Diabetes monitoring: there was a push to do more work on diabetes control.

It was noted that all this had been achieved despite disruption caused by staff sickness from Covid.

Primary Care Network (PCN): Winchmore Hill Practice, Abernethy House Surgery and Town Surgery together formed a primary care network entitled the West Enfield Collaborative PCN. Of the three, this practice had achieved the most in terms of delivering flu vaccines and first and second Covid vaccines.

Appointments outside hours:

Core opening was 8.00 am – 6.30 pm and currently the practice has extended hours on Monday and Wednesday from 6.30 pm to 8.00 pm.

PCNs had now been instructed to provide even more extended access, requiring Monday to Friday from 8.00 am to 8.00 pm and on Saturday from 9.00 am to 5.00 pm. The three practices would collaborate to see whether services could be combined on Saturdays.

Responding to concerns from a member about the perceived difficulty of arranging appointments, causing people to go to A&E; the emphasis on telephone appointments; and the need to know when the normality of being able to see a doctor might return, RN stated that if a patient wanted a face to face appointment they would be given a face to face appointment. No-one should be refused and 60 – 70% of appointments were now face to face. It was acknowledged that telephone consultation did work for some people.

**At this point a vote of thanks to the partners and all the staff, from the members, for their work during the pandemic under great stress and difficulty was passed unanimously.**

### **3. Covid Vaccination Programme**

RN said that there were fewer numbers currently coming forward so vaccinations were now carried out on a Friday afternoon. In September there

would be another Covid booster available for over 65's, coupled with a flu vaccination, further information on this was still awaited.

The practice was complimented on having been particularly well organised in delivering the programme.

#### **4. Appointments over video, telephone and face to face**

RN said that three types of appointment were offered, face to face, telephone, and video for which a smart phone was needed. The number of face to face appointments had been increased, this was now very much patient choice and could be offered on the same day.

Acknowledging the range of appointments being made available, a member requested that this be made clear at reception as it had not been offered recently. The practice manager undertook to look into the matter.

It was noted that an alternative way of contacting the practice was by e-consult, accessed via the website and requiring completion of a form which a doctor could review and then contact the patient.

#### **5. Patient Abuse**

Responding to a matter raised by the Chair, RN said that staff had been subjected to abuse by patients in certain situations usually caused by frustration about matters which were quite often outside the control of the practice. This should not happen and was the reason for the loss of one or two members of staff.

Staff were given lots of in-house training, and also joined formal external courses, in managing conflict and how to defuse a difficult situation. Shared experiences and role play exercises formed part of the induction training.

A request was made for reception staff to be given name badges that could be easily read and the practice manager was asked to implement this.

#### **6. Facebook and Twitter**

It was confirmed that the practice had both Facebook and Twitter, used mainly to describe the services available and for health promotion. The content of both was also available on the website, together with foreign language versions. There was a big push for these measures to keep younger patients better informed.

With the emphasis on electronic communication, there was concern among members as to whether patients without that facility were being disenfranchised.

RN said that there were a lot of older patients on the practice list and many were not as IT literate as those who were younger. Some practices had moved much further towards online and she assured the meeting that, while a lot of messages were sent via text, for those patients without online facilities the practice would write to them, first calling three times before doing so.

An offer was made by a member to help with online matters and the practice manager thanked them and would be in touch.

## **7. Green Practice**

TT and HS outlined the work that was taking place, led by GP trainees, to try to reduce the carbon footprint of the practice. This included reducing the use of paper and dealing with prescriptions online; recycling as much as possible with clear guidance as to how best to do so; encouraging more efficient use of cars by pooling staff journeys; and saving electricity wherever possible.

Particular reference was made to inhalers which used a lot of greenhouse gases and the practice was switching to another type with a view to preserving the environment while still keeping patients safe. Discussion also ensued on disposal of unused medicines although this was outside the control of the practice, and the tightening up of prescribing to promote more efficient use of medicines.

## **8. Practice and Primary Care Network**

RN explained that some of the practice staff were employed as part of the PCN to promote sharing and combined working between the three partner groups. The practices met once a month to discuss how best to support one another and how to improve on the services provided.

The question was also being explored as to whether another practice with which there had previously been some staff sharing might also be involved under extended access.

The question was put about ease of contact with the Clinical Commissioning Group since it was reorganised into one over-arching group for North Central London (NCL CCG) and Enfield no longer had direct representation. RN explained that there was still a borough team through which contact could be made. There was concern from the floor that, for the public, contact and participation in meetings had been made more problematic but RN assured the meeting that so far there had been no difficulty for the practice.

## **9. Any Other Business**

### **Ambulance Space in the Car Park**

Concern was expressed that the marquee for the Covid vaccination programme was currently taking up the space reserved for ambulances, resulting on one occasion in an ambulance blocking the car park entrance.

RN acknowledged the difficulty but said that it would need to stay at least until the autumn booster and flu vaccination programme had ended.

### **Rota of Doctors on Website**

A request was made, as not all doctors were employed full-time, as to whether a rota could be put on the website showing who was available. RN reiterated that if a patient wished to see a particular doctor they could usually be accommodated. She listed the salaried GPs thus: Dr R Delany,

Dr S Evans, Dr A Cruette, Dr H Taylor, Dr L Galuszka, Dr R Osijo.

Following mention of the meagre set fee received by the practice for every patient, it was noted that within general practice there were many other roles besides that of GP who were able to see patients and access their records, the practice pharmacist being one example.

#### Blood Tests

Questioned why blood tests were previously available throughout the week but now only on Saturday, RN explained that because of Covid the North Middlesex Hospital had stopped providing staff for this purpose and the service had not been restored. The practice now paid for this to be done on a Saturday.

#### In Health Appointments

Concern was raised that this service left a lot to be desired with appointments being made at centres a long distance away. There was no waiting list if no appointments were available at the time of calling resulting in repeated 'phone calls while awaiting possible cancellations or the next block of appointments to become available. It was acknowledged that this was outside the control of the practice but doctors were urged to raise this as a matter of concern at the appropriate level.

#### Delays in Test Results

Following considerable delays in receiving test results from both North Middlesex and Chase Farm Hospitals, RN said that there had been some improvement recently. She reminded the meeting that while results arrived electronically on the system it was also the responsibility of the patient to check that their results had been returned. It was also possible to check this on line. Results, once received by the practice, were reviewed and if any abnormal outcome was revealed the patient would be contacted to plan for any further consultation or treatment.

There being no further business, the practice was again thanked from the floor for having delivered the Covid vaccines to so many people so efficiently and safely. Members endorsed these thanks to the whole team.

The Chair thanked the doctors and the practice manager for their attendance, thanked members for coming to the meeting, and looked forward to more regular meetings in the future.

The meeting closed at 7.45 pm.