



Watling Medical Centre

Patient Representation Group (WMC-PRG)

Minutes of meeting held Thursday 11 June 2015 at Stanmore Surgery

Present:

PRG committee: HO (Chairman) LG (Secretary) UC, BD, BO, TR.

WMC staff: Dr YS, Dr MS, KB, AH, SA

Guest: CP

1. Apologies for absence

PRG: KP, FR, SS, ST, SJ

WMC: PM, LB

2. HO welcomed CP, Practice Manager of Oak Lodge Medical Centre, and SA, recently appointed as WMC Reception Supervisor.
3. Minutes of meeting held 26 February 2015: approved as a correct record.
4. Matters arising from that meeting: CQC have scrapped their ranking scheme published earlier in the year, which had many inaccuracies. They will now be visiting some 50 per cent of GP practices in July and August, looking at operational details and including speaking to patients. Practices will be given only two weeks' notice of the inspection. There will be four ratings from inadequate to excellent.
5. NHS reporting template was submitted on time by 31 March. WMC is now awaiting feedback on payment for compliance and PRG involvement. Last year the anticipated funding was withheld. In future it is expected that there will not be any PRG related additional funding for practices.
6. Action plan update:
 - a. The call centre is up and running at Burnt Oak, taking incoming calls for both surgeries. It has dedicated staff dealing with appointments and enquiries, thus freeing up the receptionists. Two additional reception staff have been recruited and SA is the new Reception Supervisor, working alongside LB. At busy times other staff can be logged in if necessary to answer calls.
 - b. Once all of the staff have been trained, telephones will remain open at lunchtime as are the reception counters.
 - c. Appointments start at 8.30am but emergency calls are answered from 8am, routed through a bypass number to a doctor to pick up.
 - d. Morning appointments are always left clear for same day booking; at Burnt Oak, the first is 9.00am and at Stanmore, the first is 9.30am. The early morning appointments are listed for advance booking.
 - e. The call centre has been live for just four weeks but the additional lines plus a 'cloud' holding facility and the extra staff are greatly speeding up the system. The reception supervisor role will pull in other staff as required. When someone is off sick, it isn't a crisis anymore. Staff are now working across the

two sites more than previously and feeling a lot more like one team than they did before.

- f. Around 1500 patients are registered on line. The majority use the site for prescriptions and only 4% of patients are booking appointments online. UC recommended looking at what type of patients are using on line. Nurse appointments are not currently available on line as they can be somewhat complicated and work is needed on how to identify the specific patient request. Discussion about network approach to EMIS that we are interested in development to their Patient Access software for question/option facility to assist in making nurse appointments.
 - g. Triage set up is in progress with the practice discussing what the best model should be. Probably a 'doctor first' triage so that appointments are guided by talking to a Dr first. Ground rules need to be set up eg paediatric rashes and other exceptions, where we need a different plan for conditions that cannot be diagnosed by phone. Some practices have nurse practitioners doing the triage.
 - h. Friends and family test (FFT) recorded very positive comments about the doctors and receptionists. The main issue repeated is people trying to get through by phone for appointments. KB was asked if she could send round a summary of FFT and NHS choices feedback and complaints that we can discuss at another meeting. Any significant events relating to patient safety, or positive events, could also be considered and instructive.
 - i. Dr Saldanha said that AS, Secretary Team Leader, has been singled out in Barnet by the CCG for being very effective. She looks at all the protocols and systems and safety nets at WMC and her expertise is now being used to help other practices. It's really great to have her on board.
 - j. The Chairman's letter reporting on progress with the Action Plan was circulated to the wider patient interest group, approx thirty people, also to all those on the mailing list, around 2000 email addresses, and is also placed on the website.
7. Newsletter – little specific feedback from the last one, second of the series, produced in April. We are looking to produce the third edition for October, or possibly late September so it can be given out at flu clinics as last year. Also displayed in the surgeries and circulated by email was the one page "You said, We did" document.
8. BD attended two meetings of Barnet CCG, on 30th April and 7th May. The first was about NHS 111 and the Out of Hours service which BD thought was well organised and a useful discussion. UC also said that she had used 111 for neighbours and that it worked well. Dr Shah said that 111 was out to procurement in April and also the Out of Hours, currently run by BarnDoc. The meeting on 7 May about PoLCE (Procedures of Limited Clinical Evidence) was, by contrast, poorly attended and ineffectual.
9. BEH (Barnet, Enfield & Haringey) CCG offer free training events called Compassion in Dying, advising on "Lasting Power of Attorney" and Advance Decisions. This is for patients, but Dr Shah has attended the training. The next ones are in Enfield and Wood Green, considered too far for most, so KB will try to get a date to run the event at one of the surgeries and publicise it. GPs are also doing dementia training and improving their skills on end of life, advanced care, planning. GPs are recommended to discuss advanced care planning with patients over 75. You cannot demand a treatment, you can only identify what you

don't want. You can download a "living will" form from the Internet. Power of Attorney has to be registered and is pricey, circa £100.

10. CP of Oak Lodge Medical Centre was invited to talk about the local networking, including bringing patient groups under the network umbrella. Our network of six practices in Burnt Oak and Colindale, Colindale & Burnt Oak Healthcare Ltd, work together and have agreed some standard protocols eg new patient registrations, done some pilots - dressings clinics and minor illness clinic, shared appointment clinics. The patient's medical record is available with patient consent when attending a network surgery other than the home surgery. The group of clinicians and managers meets once a month, with managers also meeting on their own once a month sharing ideas and suggestions for collaborative working. They are planning to have receptionists going between Oak Lodge and WMC, to watch, learn and make comparisons. This develops the potential of supporting each other in terms of receptionists and in other ways such as if a practice manager is off sick. A flu jab campaign can be run with bulk purchase and shared clinics across the six surgeries.

CP asked if we would be prepared to help them with their patient group and constitution and also proposed a network PRG group meeting every six months. She suggested we might chair this as we have the most mature PRG in the network. Her proposals were readily agreed.

11. NAPP (National Association for Patient Participation) encouraged a PPG awareness week from 1st to 6th June. We were unable to run this through lack of preparation time and shortage of volunteers. With Kiran and Caroline we will discuss raising awareness within our network.

12. Healthcare Navigator - AH has been talking to Age UK about in house advisory sessions to help GP practices to give information to elderly (see item 9 above). This takes in form filling, will writing, Power of Attorney, and can include legal advice. For free advice, 'elderly' is defined as over 55. AH and ST, practice nurse, are going to an Age UK coffee morning next week to look at how we can work together. They are also looking to speak to the Stroke association and are cooperating with The Disability Foundation, who work inside the RNOH once a month and offer complementary therapies. It is not necessary to have a registered disability to use this service.

AH asked whether PRG could support at the in-house sessions, for which Age UK are happy to train volunteers. This work is all with Barnet Age UK and there is not yet contact with Age UK in Harrow.

13. AOB. Mention was made of government aspirations for 7 day accessibility to surgeries. This is a distant prospect, potentially feasible only through networking.

14. Date of next meeting: Thursday 1 October 2015

Thursday 25 February 2016 (AGM)

Actions:

- 1) KB to report on the type of patients that are registered for on line booking to see what the spread of patients is
- 2) KB to send around a summary of Friends and Family, complaints, NHS choices data, for discussion at one of the future meetings
- 3) KB to try and book the Power of Attorney talk at one of the surgeries
- 4) CP, KB and HO to help organise a pan network PRG meeting