

PATIENT PARTICIPATION GROUP

HOLLAND PARK SURGERY

Wednesday 10 April 2019 2.00pm- 3.00pm

MINUTES OF MEETING

Present: ID, EA, MA, JK, RE, SL, JB, RP, AP, VP, MF, RK, PK,

Therese Laurent (TL) (Chairperson/Practice Manager), Claudia Leacock (Medical Secretary and minute taker), Janet Ellis (Nurse Practitioner), Odeta Pakalnyte (Healthwatch)

Apologies: 6 apologies received.

In total 61 invitations letters were sent to PPG members, 14 participated at the meeting.

1. Welcome and introduction/purpose of meeting/rules Update on actions from last meeting

Therese (TL) welcomed all the participants, and each member introduced themselves. Odeta attended on behalf of Healthwatch. TL read out the ground rules of the meeting. She stated that any suggestions are welcome.

2. Staff Update/Reception/GP Trainees/Pharmacist

TL updated the group about the recent staff changes. Raj Sharma has left the practice as Practice Manager, and TL has taken over his role. Nelab and Lisa are assisting her in different tasks. We have 4 new trained receptionists and it has a positive impact in reception. Participants had no complaints about reception and gave positive feedback about the receptionists.

Dr Sophie Le Gros will be going on maternity leave in July.

The current GP trainees are Drs Valerie Bernhardt and Ed Collins (who both finish in August 2019), Dr Diana Newman (F2) and Dr Jessica Theile (ST1).

We are expecting a Clinical Pharmacist to be at the practice for 3 sessions a week, to help with medication reviews, medication queries and long term medical conditions such as diabetic patient. They will work alongside the GPs and nurses.

3. GDPR/privacy notice/posters/access to medical records

“The **General Data Protection Regulation (GDPR)** came into force on May 25, **2018**, and was designed to modernise laws that protect the personal information of individuals. **GDPR** alters how businesses and public sector organisations can handle the information of their customers”.

The privacy notice and posters are displayed in the reception. We are GDPR compliant. Patients have to give consent to share their medical records. All new patients have to be told. The Data Protection Officer is someone from NHS/CCG but in the Practice, the Data Controller is Dr Al-Rufaie.

Odeta explained that community services (primary care) and hospitals have different IT systems. They have some of the records. If you stay in hospital long term, they have to ask the GP to send

over a medical summary (medications, allergies). The hospitals are working on that. Hospitals can send information to the GPs like results of tests and scans. If the hospital does not send, then the GP will not see them. A patient asked if a patient was in the A&E at Charring Cross Hospital with a stroke or heart attack, how long would it be before the information is sent to them. Odeta replied "not too long. They will start treatment before the information is received".

Patients can have their records transferred but it depends of the clinical system used by the different services. Records are transferred electronically via system one – e.g. Hammersmith and Fulham are on the same system. Brent is on a different system.

4. Online access/repeat prescription/project for e-consultations/tele-dermatology project/e-referral system

TL stated that we encourage everyone who registers to have online access.

The pharmacies are no longer allowed to dispense repeat prescriptions (unless bedbound or vulnerable patients). This is part of "Prescribing Wisely", a way of saving money and to avoid pharmacists over ordering. For repeat prescriptions, patients may come in person/post/or send electronically. We do not allow prescription requests over the phone. A participant stated that he found the online access complicated, but another participant found it easy.

There is a Project about e-consultation in which the Practice would be interested to save clinicians' time, via Skype or an e-consultation program/app. This could be useful for working/young people. It is a work in progress. There is a CCG pilot in Brent, and if it works, this would be offered to all CCGs and Practices.

A patient commented that she left a message for the duty doctor in the morning, and was called at 9pm. Currently telephone appointments are booked daily but the receptionists do not know at what time the GP will call the patient. TL said some GPs like to call at 8am, lunchtime or evening. It was agreed to ask GPs to give reception their preferred time when calling patients and we could give this time frame to patients to avoid patients waiting all day for the call.

A patient said she asked to speak to Dr Al-Rufaie for 1 minute, but was denied. She asked if more appointments could be turned into telephone consultations. TL said we have a lot of telephone consultations, but could review with the Partners if more can be added. Regarding speaking to a particular Doctor when this doctor is not on duty or the telephone appointment not schedule, this would be difficult as the Doctors have full clinics. Messages can always be left for a Doctor but with no guarantee that the Doctor will call back the same day. The patient also stated that she rang up at the end of March for an appointment a month later, to be told that she had to call on 18 April, when new appointments would be put on the system. TL stated that appointments are added 4 weeks in advance at the moment. The Practice usually has appointments available on a daily basis.

5 practices, including HPS, are piloting the tele-dermatology project. Dr Bavani is leading on this project as she is doing minor surgery. GPs can take a picture; send it to the consultant in hospital. This will save time for the patient. If you have something urgent, you can see the consultant much faster.

The Practice is also taking part in the project for detecting atrial fibrillation for the over 65 patients. This is done by the Health Care Assistant. We have a gadget which you place your 2 fingers on. It is linked to an App and can detect can if you have atrial fibrillation. This is a project with the new Primary Care Network.

Electronic referrals/ choose and book – all referrals to hospital are now sent this way as we can no longer send referral by fax. A GP can send an appointment to the patient, which will save a lot of time. Radiology requests are also sent electronically to avoid mistakes.

5. Primary Care Network

TL reminded participants of the purpose of the Primary Care Network (PCN) as a group of practices of about 50 000 patients and delivering services as scale within the PCN. Currently our PCN is called West Hill Health, comprising the following practices: Holland Park Surgery, Portland Road, Pembridge Villas, Grand Union medical centre, Westbourne Park medical centre and most likely other practices will join.

The current project is about detecting atrial fibrillation early for patients over 65.

6. Commissioning intentions services and out of hospital service updates

We are offering most of the out of hospital services, for example ECG, ABPM, asthma reviews, mental health reviews, care planning and others. Practices within our PCN can refer to each other to be able to cover the entire PCN population for each service. We also do the Commissioning Intentions proposed by the CCG to compensate for loss of money from the new contract. These cover reviewing A&E attendance, end of life plan and appointments demand

A participant enquired about blood test slots – if a patient needs a blood test could the nurses add these more slots. TL explained that nurses do have slots, but they get used up quickly.

7. Project for HPS from the PPG's members/ Suggestion for improvement/ patients' feedback

Odetta talked about projects from the PPG members for the surgery and explained that the PPG can conduct projects to help the surgery. A patient suggested to have a list of GPs on display on the board in the reception.

A patient asked whether it was possible to see the same GP when calling a few weeks before for an appointment. TL explained that it depends of the availability of the GP, leave and other commitments, but we try when possible. The rota is put on the system 4 to 6 weeks in advance. TL said this could be discussed at the next general practice meeting.

There was a discussion about the NHS choices and Google comments. TL said that the comments completed by the group last time could not be put on the website as people need individual login. Some comments on Google are not good, but TL explained that most are anonymous and others with name could not be traced as our patients. TL said that anyone of the group could go on Google and add positive reviews.

Another patient stated her daughter thought Holland Park was a fantastic practice. She got quite distressed when she saw negative reviews. Odetta said that people will only write when they are unhappy and we should not focus on this as the group gave very positive feedback. She said members should look at CQC reports instead, not at NHS Choices or Google. TL said that there were a few problems with reception, but these are now resolved.

8- Any other business

Patient stated that she had a bad reaction with the flu jab. She had the jab done at the pharmacy. Her arm is still aching 2 months later. She was triaged by MSK on the phone. When speaking to the

consultant, he said that he had seen 10 patients with aching arms. She enquired about using the children's nasal spray for the flu. Janet replied that the spray was not licensed for adults and that Public Health England had no plans to change the vaccine. There is research taking place with patients having flu jabs/not having flu jabs. Info is being collected for side effects. Janet said that only 1 or 2 patients complain of pain for a couple of days. It is quite unusual for a couple of months.

A participant asked who is accountable to Healthshare and which services are sub-contracted by the CCG. Odeta stated that services such as Orthopaedics, Rheumatology, MSK, Pain Management. There is no full list - it was just a conversation she had. MSK have to follow CCG guidelines. Patients can self-refer to Physio. Odeta will be meeting Healthshare at the end of the month. She will bring feedback to the group at the next PPG meeting and how to self-refer appropriately. If patients want to complain about MSK, they need to speak to the service itself or to the CCG. TL informed that she attended a CLS meeting where they gave results of a survey about MSK. The feedback was that patients could not call them, or were receiving no response to calls. They are aware of this and making improvements.

Members agreed that it would be sensible to have a poster in reception on how patients can self-refer to the MSK service. They would also like a notice on how to self-refer to Community Living Well. Odeta will send us a list of self-refer clinics. Janet gave a copy of the self-refer form to each participant.

Members also said they would like a list of hubs in the area in reception. TL informed that the list was on display.

Healthy Hearts has been renamed as "One You Clinic".

A participant suggested that we should encourage more patients to join the PPG, for example patients with children, or ask them to give suggestions of what they would like to be improved). TL stated that every new patient who registers with the surgery is asked whether they would like to join the PPG.

A member asked about test results being emailed. TL stated that the Partners have decided that it would not yet be possible to send results by e-mail before they have been seen by a Doctor in case of abnormal results. There is more risk of patients panicking. But when the results have been seen, the patient can request to have them by e-mail. The way forward is full access to medical records by 2020.

Odeta informed the group about the next PPG Network Meeting about the GP Primary care Networks on Tuesday 7th May 2019, from 2.00 to 4.00pm at Kensington Town hall and invited members to attend.

Date agreed by members for next PPG meeting: Beginning of mid-September 2019