

PATIENT PARTICIPATION GROUP

HOLLAND PARK SURGERY

Wednesday 31 October 2018 14.00pm- 15.00pm

MINUTES OF MEETING

Present: FS, RE, JB, RP, SL, ST, JK, IDP, IDB, CCW, KCM.

Therese Laurent (Chairperson/Strategy Manager), Raj Sharma (Practice Manager), Claudia Leacock (Medical Secretary and minute taker).

6 apologies received.

In total 62 invitations letters were sent to PPG members, 11 participated at the meeting.

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

Therese did the introduction and the PPG members present introduced themselves.

Therese repeated the purpose of the meeting. There were no outstanding actions from the last meeting. It was agreed at the last meeting that the PPG meeting would be every 5 months. It was also agreed to share emails, and send the minutes via email for the members who gave consent. The group agreed and Therese will create a group e-mail. One member would like a hard copy sent via post.

A copy of the minutes will be posted on the Holland Park Surgery Website.

Therese read out the Ground Rules for the meeting.

2. Staff Update/trainees

There has not been any significant movement regarding staff.

We have 4 new registrars, Dr Ed Collins and Dr Valerie Bernhardt, who are finishing in August 2019. 1 ITP, Dr Annabel Pettit (specialises in GP) part time, until January 2019 and Dr Michael Gallagher, F2, Junior Doctor, until December.

Regarding other members of staff, there have been no changes since May. A receptionist will be leaving at the end of November, and the recruitment process has started to replace her. The receptionist job can be challenging and the Practice is careful with recruitment. The vacancy was posted through the NHS website, and preference is for candidates with experience.

3. Flu Campaign/different vaccines used for over 65 and under 65

The flu campaign started early October. TL and RS explained about the different types of vaccines available for the over 65s (Fluad/ trivalent), the under 65s (quadrivalent) and the children. This is because they are more effective than last year. Nobody present reported having experienced any side effects. JB stated that she had a 65+ vaccine (not given at the surgery) and had not experienced any adverse effects, but has heard that someone had reaction 2 weeks later. Further information regarding the flu vaccines and potential side effects can be found on the following link: <https://www.gov.uk/government/publications/flu-vaccination-for-people-aged-65-and-older>

ID asked what would be the percentage of patients having side effects after vaccination. RS said that it is possible to do a survey to find out.

The delivery of the Fluad vaccination has been scheduled over 3 months. There is a shortage nationally for the over 65s vaccines, but the Practice had ordered the number of vaccines required

very early and has the quantity needed to meet the demand. The first batch came in the 3rd week of September. The last delivery will be on 6th November. New appointments have been put on system one. TL read the guidelines for the flu vaccinations.

2-3 year old children are given the intranasal vaccine. They can be given this at the surgery but for the school age children, this should be given at school. However, for children going to private school where there is no vaccination programme, their parents have been advised to contact Community Clinics.

4. E-RS/Electronic referral system for all hospital referrals

Claudia explained that with the new Choose and Book System, the GPs could book an appointment for them, and they would be handed the paperwork (with a password included) to enable them to be able to cancel or reschedule the appointment. If there was no appointment available, the GP would "Defer to Provider" which means the responsibility would be with the hospital to call the patient by a certain date. The GP would still hand the patient paperwork with all the necessary details to call the Booking Office, if they do not receive a call.

All referrals to all hospitals are now done through electronic referral system but not for community services referrals.

JB made the members aware, that she went to St Charles' Hospital to have an X-ray, but was told that this could not be done there and advised to attend St Mary's hospital. Not all types of X-Ray can be done at St Charles.

All patients are encouraged to access online services. For more information, the NHS has provided a guide on the following link: www.england.nhs.uk/patient-online.

5. Prescribing wisely/over the counter medication/online access for repeat prescription.

TL explained that the CCG had completed a survey re: OTC (over the counter) medications. There are a lot of medications that the GPs should be not prescribing, e.g. gluten food, sun cream, paracetamol as they can be bought over the counter. The surgery is still overspending on OTC products. GP Practices are trying to encourage patients to buy OTC medications. It would be up to the GP to explain this to the patient. The PPG members requested a poster to be put up in reception explaining the changes.

All GPs have been asked to minimise the use of the following broad spectrum antibiotics: co-amoxiclav, cephalosporins, quinolones, in order to preserve antibiotics' effectiveness.

The CCG had produced a guide about online services. At present, there is still no full access to medical records (only on limited cases), only summary records. A member asked why they could not access their full records. RS explained that there was no easy way to remove 3rd party information to clinical records and it takes time to go through the full records.

With the Prescribing Wisely campaign, the CCG recommend for the pharmacies not to issue repeat medications. They want all patients to order repeat prescriptions themselves to avoid wastage or requesting medication that is no longer needed and to do it online if possible. There are exceptions for vulnerable people, patients over 65, housebound, patients with learning disabilities, will still be allowed to ask the pharmacy to request their repeat prescriptions. The Practices has spoken to pharmacies in the neighbourhood about this.

JB asked if it would still take 48 hours to get a repeat prescription. TL explained that it needs 48 hours as the GP might not be able to sign the prescription on the same day. RS explained that GP practices do not accept medication requests over the phone to avoid any errors.

6. Primary Care Network Update/Integrated care team

The CCG requested for GP practices to regroup and form a Primary care Network (PCN) covering around 50,000 patients in order to deliver services on a larger scale. Holland Park surgery has joined with Portland Road, Pembridge Villas, Westbourne Grove medical centre and Grand Union surgeries. There are 5 Primary Care Networks over Kensington and Chelsea. We are called Team North B. There is still uncertainty about the way it will work. The Community Integrated Team would be helping, such as Rapid Response and the community nurses.

RS explained that our PCN has started a project on early or opportunistic detection of Atrial Fibrillation for the over 65s. The project is to screen patients for a 30 second reading to exclude patients with AF or paroxysmal fibrillation. This would ensure that patients are given the correct anticoagulants.

Positive feedback has been received from managers.

TL explained there has been a positive response to the request for a change to our catchment area. Patients up to Earls Court and Brompton Road will now be able to register at the Practice. A member asked if the Practice can offer sufficient number of appointments per day. TL and RS said that the Practice had to present data regarding the number of appointments and the number of GPs available per day. The Practice is in a good position on that aspect.

7. Commissioning Intentions services and out of hospital services updates

The Practice had to sign a new PMS (Personal medical Services) contract in July with reduced funding from the CCG/NHS. To compensate, the Practice had to commit to do a lot of other services: the Out of hospital services or Enhanced Services and the Commissioning Intentions services. TL read out the list of Enhanced services from 1 April 2018– 30 May 2019, on a yearly basis: Ambulatory Blood Pressure Monitoring, Warfarin monitoring, Care Planning, Wound Care, Co-ordinate My Care, Diabetes Level 1 and 2, high risk of diabetes, ECG, Care of Homeless, management of serious Mental Health illness and complex common mental health needs, Near Patient Monitoring (for patients under specific medication), spirometry, Phlebotomy, Ring Pessary, Extended Hours(Mon-Tues am and Mon-Wed pm).

From 1 July 2018 – the commissioning intentions services: supporting care for last phase of life, support for carers, reducing high attendance at A&E and urgent care centres, enhanced asthma (for patient attending A&E for exacerbation of asthma), access supply and demand (regarding the number of appointments offered and needed).

Members asked about appointments and TL explained that the Practice has to do an audit every 3 months over 2 weeks for the CCG. There is a survey to complete for patients in January about appointments needs. Types of appointments are a lot more controlled by the CCG. RS explained that we work alongside other practices. The Practice offers on the day appointments, pre-bookable (advance appointments) and 48 hour appointments. RP commented that it was good to have on the day appointments as you can solve your problem on the same day.

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

PPG members stated that it was sometime difficult to book an appointment with the same doctor. TL explained about the rotas and the appointment slots added on the system every 4 weeks. Some GPs have more appointments available than others because they work more sessions at the Practice. Many GPs are part time.

Information about each GPs and their specialities has been added in the practice leaflet and on the website. RS explained that the Partners Drs Bavani Dharmawardene and Ali Al-Rufaie have only 6 clinical sessions at the Practice as they also have to see patients in the care homes, and they also have commitments outside the surgery due to their roles and meetings to attend.

JB that it would be a good idea to put a notice in reception saying that if you have a simple problem, you could see a trainee Doctor and get to know the younger GPs.

The nurses and HCAs are doing a lot of the enhanced services. They are very helpful in delivering these services. We have had good feedback from the patients re: ECGs being done at the surgery.

TL asked the members if they had anything further suggestions, ideas or anything else they would like to discuss. No further suggestions were given.

JB commented about her experience with MCMW (My Care My Way) team when they visited her at home. She had been asked to complete a questionnaire, but she found the questions "off the wall". She saw a SHCA and a trainee, but never once did they walk around her flat, look at the environment and see if there was any risk. TL said she would pass the comments to MCMW team.

A member asked about the possibility to have a private podiatrist at the surgery as it is difficult to see a podiatrist for many people. TL explained the lack of room availability at the moment. RS said that the Hillcrest Pharmacy offers a podiatry service. At the moment, the practice provides rooms to accommodate the smoking cessation service, Healthy Hearts service and a Psychotherapist from the community wellbeing service, all on Wednesdays afternoon as the trainee Doctors are on outside training at that time. A private Psychotherapist also provides ad-hoc services.

A member asked about emailing test results and suggested to create a dedicated email address for this. RS agreed to speak to Dr Ali about this and the potential for a dedicated email in the next couple of months. It would need to be properly manned. As per the Partners decision, test results can only be given to patients after they have been commented on by a GP.

ID shared his experience about having to ring up 5 times re: blood results, which he was told would be on the system in 2 days' time, but were not on until a few days later. This was due to the results not been received yet by the Practice. TL said that there is still the problem of communication between different services.

Dr Ali suggested a way to obtain patient's comments about the Practice by making some feedback cards. TL asked the members if they would agree to test the cards and comment about them. All members present agreed and TL handed out a comment card to each member. Some completed their comments at the meeting, but others preferred to complete them at home, and will bring them back to reception. Comments could be put on the website with consent.

TL distributed to members who were interested an Open Age activity Calendar and a booklet about the community living well.

A member commented that Open Age was ran excellent service.

FS thanked everyone at the Practice for looking after her so well, but was wondering if the Practice had enough GPs and what is the ration to patients and the ration to other staff members. TL explained that HPS is a training practice, and currently has 10 GPs, 4 trainees, 8 receptionists, 3 nurses, 2 HCAs. Many members of staff work part time.

A member asked about registration. TL explained that a change has been made on a trial period to accept registrations at any time during the day. However, it is sometime difficult early morning at 8.00 when the receptionists are very busy with the calls. The Practice also accepts out of area registrations for people working in the area and wanting to see a GP during their working hours. The Practice is trying to be flexible.

It was agreed that the next meeting should be held early March 2019 and the invitations sent as early as possible.