

GOWER PLACE PRACTICE

PATIENT PARTICIPATION GROUP MEETING TUESDAY 17th MARCH 2015

Attendees: Diana Manuel, Glenys Fenemore-Jones, Carol Sheils, Dr Mark Barrett,
Carole Buisson-Syla, Kate Elliott

Apologies: Mary Pyke, Evelyn Abberton, Margaret Versteeg,

MINUTES OF THE LAST MEETING

Previous minutes discussed and accepted

PREMISES UPDATE

Our current lease on Gower Place Practice is due to expire on 31 July; we are still in negotiations for space on the 2nd floor of Malet Street, University of London (UOL) known as Student Central.

A detailed application was submitted by the practice to NHSE's Primary Care Infrastructure Fund in February detailing the practices plans for these new premises and bidding for funding to refurbish this site and convert it to a General Practice. We will be notified of the outcome of this bid by end of March,

If our bid is successful we will be ready to start the project immediately and would hope to be in our new premises by the end of 2015.

As the Malet Street premise is a little bigger we hope to be able to offer more services and are also looking at the possibility of becoming a training practice which was also noted in our bid.

As a group we are confident that this is moving forward positively.

We are unsure if we will be able to keep the UCL logo but with the support of our UCL colleagues we hope this will be possible.

We discussed the patient population when we move. We will continue to see all patients who are living in WC1 (local residents, UCL students, UOL students) and continue with our larger catchment area for the UCL student community.

By next PPG meeting in July we hope to have more information.

APPOINTMENT AVAILABILITY

Currently there is a quite a long wait for routine/FU appointments which has resulted in the Walk-in-Surgery (W/S) being very oversubscribed. In order to address this we have taken on regular locum (Dr Alice Jardine) to work 2 to 3 sessions per week, this has freed up a number of appointments for our regular GPs. The Group concluded that this had helped a great deal

however we are aware that these appointments are taken very quickly when they are released (some on-the-day) and waiting times continue to be long.

We will continue to engage additional doctor help to address this situation. CS and Dr MB are monitoring the appointment availability to ensure additional access is available where possible.

Due to the recent increase in demand for appointments our waiting times for the W/S have been long, with some patients waiting up to 2 hours to see a doctor. Those patients who arrive near the end of a session, at times can still be waiting to be seen at the end of the morning/afternoon appointment sessions. This is not the level of service that GPP strive to offer.

As a group we discussed the reasons for this delay. We are unsure as to why it is busier; list size slightly larger, we experienced a meningitis outbreak it is also the season for coughs and colds and all combined has increased the need for patient appointments and has had an effect on our waiting times.

There is also a long wait for UCL Psychological Services. The group looked at two new services, Psychology Online & iCope both commissioned by CCG and are hoping to get information leaflets for these organisations to be displayed in reception, reference number of leaflets noted by Kate (receptionist).

Patients overall remain satisfied with our waiting times, it was commented by one of the group that this was normal for most NHS GP surgeries, however it was recognised that this is a problem for our patients, administration and clinical staff and is not the level of service we strive to provide. Additional doctor cover is being sourced and will continue.

CAMDEN FEDERATED WORKING

We are federating with GP practices in Camden. Haverstock Health has been engaged by Camden Practices to help deliver the requirements for this initiative.

NHSE have specified groups of min. 50,000 patients to provide extra services and extra care with opening hours of 8am til 8pm, 7 days a week; this should improve care for patients with long term diseases such as diabetes.

Haverstock Health are hoping to use larger camden practices, or in the South Camden Centre for health as Hub's whereby the GP's who work for the federation will operate out of the hub which they hope would be helpful for providing services for a larger cohort of patients and also for patients to have access to Enhances Services that they may not have at their own GP surgery.

Camden CCG have produced a document called 'The Primary Care Strategy'

The group expressed a need for patients to very be clearly informed about where to go for what problem – ongoing information being given to all patients.

We are very positive about this initiative and this should not impact on the services we offer at the moment; it should in fact enhance it.

We hope that members of our patients group will be able share ideas and experiences and help shape the future for Camden patients through Federated Working.

ANNUAL REVIEW OF COMMENTS, SUGGESTIONS, COMPLAINTS AND FRIENDS & FAMILY TEST (FFT) AT GOWER PALCE PRACTICE

Anonymised complaints tabled and discussed by Carol, only 3 written (email and post) complaints received for the year.

We all agreed that for a practice of our size this was a remarkable achievement.

It was noted and complimented upon that our receptionists are skilled at offering patients additional support when they express dissatisfaction with our services and most complaints are diffused by reception.

The group was informed that all comments, complaints and suggestions were addressed at the recent Practice Meeting in early March and appropriately managed with actions and outcomes recorded.

FFT had 282 responses, of these 231 patients said they were 'extremely likely' or 'likely' to refer us to their friends/family, we feel that some of the patients who responded with 'unlikely' or 'unsure' did so as they do not have friends/family in the local area. There were a number of comments on the FFT submissions also relayed by Carol to the group overall they were very positive.

NHS Choices Website: the comments posted were a mix of very satisfied patients and very dissatisfied patients, all comments on this site are anonymous. Carol went through the posting on this site with the group,

The Practice is rated 3.5/5 stars. We reply to patient comments, if they are unhappy we offer our apologies and offer the patient a mutually convenient time to meet with the practice manager to discuss their concerns. So far no patient has come forward to meet with the practice to discuss.

Overall the group feels our patient feedback in its many forms has been positive for the year 2014/15. In the areas raised where our services have been below the high standards we have set ourselves, we have made every effort to meet with patients, provide support and find a solution to their concerns. It was agreed that we will review Comments/Suggestions/Complaints at our PPG meetings every 6 months

GOWER PLACE PRACTICE ACTION PLAN FOR PRIORITY AREAS

We recapped on our busy year and updated the group on our priority areas.

Three priorities for this year:

1. Premises: to find a new premises to relocate to
2. Appointment availability
3. Improved access to variety of services at Practice

Premises:

The group was updated on developments and continues to support this project.

There was discussion in the group with all members. It was suggested that the new premises would allow for improvement in services and patient care. The practice would be able to increase the number of clinicians and also supporting staff.

MB mentioned that the practice intends to become a training practice for new GPs. DM commented as to whether we would have medical students. MB commented that this may be difficult as many of our patients are medical students who are registered with the practice.

Appointment Availability:

This was highlighted earlier in the meeting and has also been commented on before in previous meetings.

MB discussed that this area needs to be addressed. However, MB also mentioned that we are somewhat restricted with space in our current premises.

It was decided that we will continue to monitor this and we are actively engaging extra doctor cover and help to alleviate the pressure on walk in surgery and to increase appointment availability.

Improved access to increased variety of services:

It was discussed with all the PPG members present the exciting initiatives of new services available through Camden Federated Working.

MB commented that the federation will allow for patient to have 8-8 access at a local hub and will have access to all the National and local commissioned services.

DM commented this was a good step forward but wanted clarity on this about whom the patients may be seeing. MB reassured the group that patients will still be able to see their own GP through the appointments system and with walk in surgery and this was not changing. However, if patients wanted to see a GP at other times, they may need to see a different GP through the federation. The group seemed reassured by this.

General discussion topic:

GFJ asked whether the practice did home visits.

MB reassured that the practice offers home visits to housebound patients or those too ill to attend the surgery. We encourage patient to attend the surgery, however, where possible as MB stated that is much easier to assess patients in the clinical environment of the GP surgery.

Progress on previous years has been made for privacy and confidentiality, opportunity to speak to Dr/Nurse on telephone & for patients to attend GP first and not A & E.

Copies of patient ethnicity group form also given to all patients who attend PPG which will be filled out and sent to CCG.

ANY OTHER BUISNESS

Francis Report

MB discussed with the group the Francis Report. From this report there was a concern that Local GPs had no formal reporting mechanism to report their concerns about providers (eg local hospitals)

One recommendation from this report was that GPs, Primary Care Teams and patients had the opportunity to report any concerns they may have with provider organisations eg, hospital trusts, general practice, and district nurses. There is now a system where these concerns can be logged and trends can be identified in order to prevent further problems and hopefully address this. MB outlined this and gave the group the opportunity to come back to the PPG if they had any concerns about providers.

GFJ mentioned a repeat prescribing issue that a friend of hers had experienced (this friend is not a registered patient at GPP). This patient had experienced a difficult time in obtaining a hospital prescription as the hospital pharmacy was closed when the patient attended. The patient was unable to return to the hospital the next day and submitted the prescription to their GP practice. This prescription took 5 or more days to be issued resulting in a long delay for the patient to access required medication. As a group we agreed that this was not acceptable and CS suggested that the patient contacts their GP surgery to discuss.

DATE OF NEXT MEETING: June 15th 2015 – 12:30pm at GPP

SUMMARY OF ACTION POINTS – MEETING ON 17 March 2015

	<u>ACTION</u>	<u>DETAILS OF PROGRESS</u>	<u>RESPONSIBILITY OF</u>	<u>DEADLINE</u>	<u>DATE COMPLETED</u>
<u>1</u>	Continue with relocation project and keep the group informed,	As listed in the minutes and priority action plans	MB and CS	Ongoing until resolved	Ongoing
<u>2</u>	Monitor appointment availability to ensure sufficient doctor time available	Additional locum doctor time booked to allow for more appointments	MB and CS	Ongoing during this busy period	Ongoing