Holborn Medical Centre Patient Participation Group

Meeting of 18/5/17

From the Practice:

Chair: Dr Vikram Dave GP Partner

Minutes:Oliver Honeywill – OH - (IT Admin)

Patient representatives:

John Mason, Michael Pountney, Andrew Roberts, Joshua Rozenberg

Apologies:

Philip Brisebois, Alastair Redpath-Stevens, Ruth Steele, Christopher Stocks

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Minutes

1. **Introductions**
   Becky Driscoll from the Patient Engagement team at Camden CCG
2. **Items from Previous Minutes**
   - ***a. Phone Access***
     - **i. Option to leave voice message**
       Feedback from Reception team was this would be less helpful a way to even out the workflow of tasks as lunch breaks have to be staggered over the afternoon period, so there are reduced staff levels at any one time later in the day.

   JR suggested turnaround time for messages would be OK at 24 hours

   OH Email messaging should help ease access pressure on phones

   VHD Practice is investigating on-line consulting tools, which would incorporate decision making algorithms to help to advise patients of appropriate use/actions.

   AR Felt it may be helpful to have more detailed information about waiting times for appointments. He felt wait times were actually quite good.

   VHD This may present some difficulty as the nuanced nature of appointment system at Holborn meant sometimes patients were seen immediately, sometimes spoken to on phone, sometimes booked themselves a routine appointment.

   MP Thought it would be helpful to make sure patients know the appointment system; however, making this information available to patients visiting the practice would not benefit patients who had yet to visit. Updates to be placed on patient information screen and practice website. **Action – OH**

   JR Online booking and repeat medication working, however, module to message practice not yet activated. **Action – OH to review with management**

   - ***b. Overhaul of phone system is underway to incorporate hold music.***

   OH This would be an interim measure to make use of the system more comfortable, until we would be able to upgrade entire system to incorporate features such as queue position

   - ***c. Music in waiting areas***

   MP Music would really only service to mask confidential conversations in certain consulting rooms right by waiting areas. Choice of Music could possibly be problematic.
3. **Local Developments – Neighbourhood working**
4. **Becky Driscoll from the CCG Engagement Team**

   BD Offered the group a brief overview of the Camden Patient and Public Engagement Group: e.g. role, structure, elections and meetings. Four elected patient representatives, meetings held monthly, alternate meetings open to public. Each meeting has duration of two hours, with two topics of discussion

on the agenda each time. Example agenda given for next meeting, on 12/06/2017 1) Autism planning, 2) C&I Foundation trust patient experiences.

JM Having attended one of the meetings felt he would not return, as it felt like the meeting was more a forum for disseminating CCG information than harvesting patient feedback.

BD Stressed the importance of honest feedback and thanked JM for his.

MP Wondered who set the agenda for the meetings – in response BD informed group this was decided in consultation with the elected patient representatives of the CPPEG, as well as being a forum for local services to discuss their work.

JM Felt it was not helpful not having an open agenda.

BD Pointed out there are other channels for feedback e.g. complaints etc.

OH Feedback does not necessarily mean complaint.

VHD Improvement could be facilitated by using patient feedback, in the same manner that GP submit feedback about services. Might there be a place for a patient feedback tool? Also, is there any possibility of an Open Agenda item?

BD Complaints received by service providers and comments received by the engagement group are collated with waiting times, and reviewed against performance targets set in contract, and then in turn reviewed by patient representatives.

JM Concerned about serious incidents being classified by the hospital trusts, rather than by the victim of serious incident i.e. Rape.

JR Felt it was not incumbent upon hospitals to classify allegations, but the police.

MP Felt two agenda items in two hours too ungainly

BD Terms of engagement of CPPEG are set by government policy and not open to interpretation.

MP For the CPPEG to have any teeth, the terms are in need of reform.

5. Emailed Agenda

None

6. Any Other Business

JM Felt monitoring waiting times might be helpful

VHD Echoed earlier comment about how this information is complex and not necessarily easy to define and collate, therefore not very helpful.

JM Mentioned so-called Blackpool Experiment – having hospital consultants see patients in GP practices. He wondered if there was any monitoring of practice financial commitment per patient.

VHD The greatest proportion of the practice budget is spent on staff.
Difficult to quantify spending per patient as a great deal of practice income was dependent on targeted activity.
The emerging model of hospital/GP working centres on neighbourhood working and recruitment in areas such as Mental Health liaison nurses, Community Psychiatry, Dermatology etc.
Practice does conduct demand management exercises by looking at waiting time for third available appointment for a period of weeks, but as explained before, complexity militates against meaningful conclusions.

JM Reiterates his query about spend per patient

MP Feels this line of investigation could imply some sort of rationing, and could be dangerous, leading to lack of quality when it came to provision of care.

VHD States he feels measuring the needs of the practice patients would be a more helpful metric than spend per patient. Performance management is conducted using referral data from CCG.

JM Perhaps aggregated data could be reviewed

MP Agreed such data may be useful if collected per condition, not patient.

AR Felt data about appointment could still be reassuring for patients. (Please refer to action points in item 2a).

VHD Peer working/review will reveal major concerns about services.
MP Discussion about patients seeing particular GPs has not yet arisen.
VHD Provision of services has changed – more GPs working fewer sessions means it is not practicable to always cater for this preference.
JM Felt that while practice may have identified patients with greater need for continuity, in practice the exercise was not so successful.
VHD The practice endeavours to rationalise chronic disease management with clinical leads for major groups, however, the preference on a day to day basis is for better access rather than specific GPs.
MP Does this make financial sense?
MP Concerned PPG is not, as demonstrated today, feel very representative.
OH Difficulty in engaging with people who have pressing engagements around work and family. **Action – OH to contact MP to obtain suggestions for additional avenues to explore to increase diversity**

7. **Date for next meeting**

Due to summer holiday commitments of all concerned, we propose to push back the anticipated date in August to:

2pm on Thursday 14th September

I will make sure this is confirmed with all parties no later than one month prior.