Holborn Medical Centre Patient Participation Group

Meeting of 11th February 2016 - 14:00.

From the Practice
Chair: Dr Vikram Davé - Partner (VHD)
Minutes: Oliver Honeywill - IT Admin (OH)

Patients attending:
Philip Brisebois (PB), Michael Pountney (MP), Joshua Rozenberg (JR), Ruth Steele (RS).

Minutes

NB Please note! This meeting followed a more conversational approach to issues which came up over the course of discussion prior to the start of the meeting.

It should also be noted MP requested at the end of the meeting that the following meeting should follow a more structured approach as indicated by the agenda.

Point of agenda – these gave rise to conversation – notes of which follow

1. *Points arising at meeting of 26th November, 2015*
    a. *Seven Day Access – (OH)*
    b. *Blind Spots in Healthcare Provision – (OH)*
2. *Any Other Business.*
3. *Date for next meeting.*

1. MP – Thanked us for fulsome minutes of last meeting

2. RS – Concerned as had read in newspapers about GP stress – wondered what the impact had been at Holborn, and what steps were being taken to cope with it.
VHD – Explained there is, in general, a recruitment crisis in primary care due to enforced GP contracts. There is a 25% reduction in GP applications, and a general lack of experience in applying candidates. GPs currently struggling to remain patient-centred and impositions of input to super-patient group (clinical commissioning group) are having adverse effect on face-to-face interaction between doctors and patients. There are thought to be a great many (5000 to date) doctors leaving the NHS – indeed, one doctor recently leaving this practice may well be looking to emigrate in search for more stable employment terms, less bureaucracy and better remuneration.
Despite this, morale is still good at Holborn, despite very long working days, and the practice still managed to retain its culture of evidence-based holistic care with trainees.
There is concern in the new contract having a negative impact to the practice budget of at least £100k, with no choice for the practice in which targets need to be achieved to attain full budget award.

JR – Obviously, there is some trust concern within NHS with regard doctors excepting patients for the purposes of incurring payment.
VHD – The problem is more that practices can have very varied populations, depending on location, so uniform targets may variously disadvantage certain practices (i.e. HMC practice demographic skewed by student population – no accounting for this in targets). Core funding is also being cut, and reallocated through extended access services.
MP – What is the solution to this?
VHD – The budget for the practice is gradually being stepped-down over 7 years. Patient input may help to reclaim some of this income.
Ultimately, a reduction inpatient care may have to be made to accommodate loss of budget.
MP – Is interested in being further involved with Patient Participation at a higher level via the Camden Patient Public Engagement Group (CPPEG), however, their terms of engagement of compulsory attendance at 6 meetings per year equates to 100% attendance, and is too much to commit to as well as PPG meetings at the practice; too proscriptive.
PB – Without wishing to speak out of turn, but politely asks what the exact point of the Patient Participation Group? Information seems to be too vague.
JR – Echoes this point of view.
VHD – There has not been a history of an active PPG at Holborn, so it has proved hard to build momentum. The virtual group did not fare much better, and has the disadvantage of excluding less tech-savvie groups.
Patients should be assured that no substantive change in contract would be imposed without communication/consultation with patients.
VHD - The Clinical Commissioning Group (CCG – replaces the former body of the PCT – Primary Care Trust) itself represents both benefits and challenges for GPs. It means there is more autonomy, but requires increased input from practice lead GPs in terms of regular monthly meetings. It has led to improved outcomes for some chronic conditions like diabetes, but still suffers from a funding crisis for provision of care around Mental Health and patients with multiple morbidities. The structure is cumbersome, but its employment of private providers for some key services has improved waiting times
RS – this improvement does not necessarily equate with improvement of quality, however; would like to ask for more feedback to patients about CCG.
VHD – Balancing the needs of the patients and the practice is not easy to achieve.
MP – Concerns raised over lack of forum for patients.
VHD – there is input from patient members of the CPPEG at CCG level See earlier point.
RS – again reiterated there was no strong tradition of PPG at Holborn despite continued effort to engage with patients.
MP – was there continued effort to engage patients simply to avoid sanctions?
VHD – The main purpose, and benefit to patients, of PPG is to help manage provision to patient's expectations.

3. PB – How should patients feed back to the practice in a manner which was not impersonal? How could patient liaison be improved? How could emergency care be avoided? Who should patients speak to? And how best to signpost appropriate service? Should there be further Reception training? Better patient information? All this would help to avoid precious GP consultation time?
VHD – The practice had trialled Telephone Triage, but while it was effective, it proved to be too costly to retain. The practice has a good portion of Book on the Day appointments set

aside for urgent issues, and the duty doctors always had recourse to Telephone consultations with patients if appropriate.

4. PB – Wished to raise the issue of GPs requesting patients to book follow-up appointments within certain time frames, and there not being appointment availability for this.
MP – This sort of feedback was very useful – but would be more helpful if it could be put in the context of national feedback – where was this to be found?
PB/MP/RS – Generally all agreed it would be helpful to have the Friends & Family Test (FFT) feedback based on care aspect of appointment/consultation/visit.
OH – agreed to edit form for FFT to specifically ask for feedback regarding care aspect of consultation.
VHD – Booking follow-up appts with specific GPs was sometimes made difficult due to the unpredictability; Reception staff have also raised their concerns about this too.
MP – did the practice have readily available figures for non-attendance of appointments? Were there alerts on records for patients who frequently DNA'ed? Was this information ever published?
PB - Perhaps it could be incorporated into the Friends & Family comments? This information could even be put on the practice website and display screens at the practice, or even on prescriptions

5. MP – had there been any effort to engage with local schools and other community organisations?
OH – efforts to advertise the PPG in local schools had not garnered any response.
VHD – Similar efforts with university students had resulted in much the same outcome.
OH – While efforts to engage with all groups had to be made, success could not be ensured; hence somewhat limited demographic variation of PPG membership.

At this point – 16:30 – the meeting was drawn to a close, with the date for the next meeting to be discussed via email, upon circulation of these minutes.