

Holborn Medical Centre Patient Participation Group

Meeting of 26th November 2015

From the Practice

Chair: Alex Moghissi (Partner)
Vikram Davé (Partner)
Minutes: Oliver Honeywill (IT Manager)

Patients in attendance:

Gillian Braithwaite-Exley, Philip Brisebois, Louise Jefferson, John Mason,
Michael Pountney, Joshua Rozenberg

Minutes

1. Arising from last meeting

a. Appointments with named GPs

i. Staff Retention

Alex Moghissi (AM) went in to some detail with regards the role of the practice in training fully fledged doctors in the particular skills pertinent to general practice. Philip Brisebois (PB) emphasised the importance of seeing a familiar face when faced with chronic illness. AM – patients with complex needs are discussed at weekly clinical meetings, so to reduce need for these patients to reiterate their needs each time they visit. In addition, changing work patterns of GPs now means they tend to work fewer clinical sessions in order to focus training on special interests, and with more female GPs, there is need for GPs to balance work and family interests, hence more doctors working fewer hours, therefore decreased individual availability, increased number of clinicians providing cover. Michael Pountney (MP) asked how many clinicians provide the cover currently. AM replied we have two partners, six salaried GPs, three registrars, three nurses and one health care assistant.

ii. Practice Populations

AM Practice has always had a growing population, though the growth has been fitful in nature, essentially, the practice has grown from eight hundred to eleven thousand over the course of the last three decades, and the demographics have also changed, as the population has grown. The last spurt of growth came with greater registration of students over the last five years; this is going to change further with the opening up of practice services to the staff of Great Ormond Street Hospital.

John Mason (JM) further enquired as to the impact of these changes to the population demographics in terms of increased waiting for treatment from first referral, investigations etc. AM pointed out any deterioration in terms of treatment waiting times could not be directly attributed to any single group, and while improvement was desirable for all concerned, the practice has to operate under conditions quite different to those of even five years ago, with the practice remunerated on a per capita basis, rather than per consultation. MP agreed that whilst desirable, it is not necessarily be achievable under the financial restraints the practice is under. AM also reiterated growing the practice list size is in fact a way of stabilising provision here at HMC, rather than undermining it. However, it was agreed that balancing the increased load on the practice, with increased provision, should be undertaken gradually so not to overburden resources. JM suggested that sharing the business pressures with the practice population may be helpful in managing expectations.

JM expressed concern about what he felt to be redundant investigations. VD said he felt these investigations had become required to ensure that full, up to date clinical information was available to clinicians conducting secondary care.

b. Call for nominations for PPG committee.

This item was not discussed, and should be carried over to the next meeting.

2. Threat to provision of services at Holborn Medical Centre by renegotiated PMS contract with NHS England.

AM explained the provision of primary care in Camden is divided between practices with one of three types of contract with NHS England, the General Medical Services (GMS) Contract, the Personal Medical Service (PMS) Contract and the Alternative Private Medical Services (APMS) Contract. Holborn changed the type of contract some 10 years ago from PMS to GMS in order to fund extended services offered to patients. New contract to be imposed on 1st April, 2016, will represent a significant loss of income to practice. The Practice plan to offset this loss of income is to increase the list size further. In order to accommodate this increase, the Practice has won a grant to cover over half the cost of remodelling the basement to provide two further consulting rooms, allowing for yet further provision of clinicians.

Joshua Rozenberg (JR) commented he thought this a sensible course of action.

Vikram Davé added to the conversation that a further increase in the list size should help stabilise the future of the Practice, as it became one of the larger practices in the locality.

PB noted the problem he had had with booking an advance appointment had improved.

VD noted that booking appointments too far in advance lead to a steep increase in the rate of non-attendance. MP wondered what impact the introduction of text reminders had had. AM responded that while the introduction of text message reminders had helped to reduce DNAs (Did Not Attend), encouraging patients to book too far in advance was likely to lead to increase in their scheduling of clashing events, and so make the reminder service less useful under these circumstances. VD added that the optimum maximum booking ahead period was likely to be around six weeks, explaining that the practice's broad variation of access should make it reasonably possible to get an appointment as required. AM raised the possibility of video-based/Skype consultations, once there was full clearance of any Information Governance/Confidentiality matters.

3. Practice support of industrial action by junior doctors

AM stated he supported potential action by junior doctors following changes being proposed to their working conditions. These changes, he felt, undermined the efforts put in by training clinicians, and removed checks to ensure patient safety. The practice itself is unlikely to be affected directly, however, there would be information made available for patients to review. AM stated there was a concern that junior doctors, having completed their training may look abroad for working conditions which were less punitive, which would have a damaging effect on provision of services throughout the NHS.

4. Any other business

a. Seven day Access

MP asked about roll-out of seven day access for GP services, with respect to Holborn Medical Centre. AM replied this would be managed via a hub location for the south locality, based at Stephenson House, just near Warren Street station. Historically, there has not been such great demand for weekend clinics. With high fixed overheads, on paper, it makes appears to make sense to open longer, however, there are a number of things militating against this; for example, although eventually there may be Saturday opening at HMC, care will have to be taken about supporting infrastructure and services, and the allocation of funding for urgent as opposed to routine care. Likewise, although there may be an appetite for overtime within the workforce, there may be less enthusiasm for this over the weekend, as staff, like patients, may well need this time for domestic affairs and family time. Initial coverage is likely to go live in the new year. It was agreed amongst the patients present that further updates about this via the practice newsletter would be a very good idea.

b. Blind Spots in Healthcare Provision

JM brought to discussion the matter of where the particular weak-spots in the NHS were. To his mind, the weak point was Primary care, however, AM felt it was more likely to be Social care. Gillian Braithewaite-Exley (GB-E) agreed, and MP felt it would be helpful to reiterate to patients the manner in which social care links with healthcare, both to improve healthcare outcomes for patients and to alleviate pressure on resources. MP thought it might be a useful agenda item for the next meeting; also wondering whether or not the practice might lobby for improvement to services. OH will investigate whether a visiting speaker from local services might attend the next meeting, to address any concerns.

5. Date for next meeting.

With the festive period looming large, it would seem inappropriate to propose a meeting in December, however, I would suggest that a meeting in the new year, sooner rather than later, would be useful in keeping momentum up with respect to broadening the appeal of the Patient Participation Group, and defining its goals, and possible actions. I would suggest Thursday 14th January as the earliest date, and Thursday 4th February as the latest, with the 21st and 28th in between.

Oliver Honeywill
08/12/2015