

# Holborn Medical Centre Patient Participation Group

Meeting of 16<sup>th</sup> February 2017

From the Practice:

Chair: Dr Alex Moghissi – AJM - (Partner)

Minutes: Oliver Honeywill – OH - (IT Admin)

Patient representatives:

Abjal Afras (AA), Philip Brisebois (PB), Caroline Levonian (CL),

Snezana Pejic (SP), Michael Pountney (MP), Andrew Roberts (AR), Ruth Steele (RS)

## Minutes

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### 1. Introductions

The patient group welcomed Dr Snezana Pejic to her first meeting of the PPG

### 2. Items from Previous Minutes

#### a. Phone Access

- i. **CL** – Possibility of patients having an option to leave voice message if enquiry is not urgent. Reception could review and respond at quieter times of the day – this was carried over from previous meeting – to be taken to the next Reception meeting.

**OH to Action**

- ii. Overhaul of phone system is underway to incorporate hold music, queue positions and new menu options (including item 1). Also to investigate if we can have hold music to break out into waiting areas to raise levels of background sound and hence improve . AA suggests also possible addition of public address

**OH to action**

#### b. Comparative review of Reception staffing levels

**RS** – requests the practice investigate this to see whether or not staffing levels at the practice are commensurate with practice list size.

**OH to action**

### 3. Emailed Agenda Items

#### a. Impact of new Sustainability and Transformation Plans (STPs)

**AJM** – the intended outcome of the Sustainability and Transformation plans for the five CCGs within North Central London (Camden, Islington, Barnet, Enfield and Haringey) is to have closer integration of Primary Care, Mental Health, District Nursing and other community services to provide more healthcare within the community, to avoid where possible bed-blocking within the Acute/Hospital setting.

Funding has been diverted from Camden to the other CCGs within NCL; The direction of the next five years is towards larger ‘super-trusts’.

As such, size is key going forward, with practices of less than six-thousand patients vulnerable: HMC has expanded in recent years by way of doubling the list size to over 11,000 patients. While there are some down sides to a larger practice AJM believes that being one of the larger practices in the southern part of the locality should provide better value for money and secure the provision of a local GP service which has always been a priority for residents since the inception of the practice in effect almost 30 years ago.

The first iteration of a member-run consortium of health providers in the area, is the Haverstock Health federation. It has successfully bid to provide Saturday clinics for the patients of its member surgeries, as well as Urgent care and Home Visiting for the 75+, however, there is concern the savings to practices made by the Haverstock are consumed by the cost of running the Federation.

**OH to action** – email PPG links to information about Sustainability and Transformation Plans (STPs)

The danger of having Private companies bid to provide these services is that they will bid low to win contracts, then fail to provide adequate services – there is evidence of this mechanism from the failed takeover of the Brunswick Medical Centre, by United Health, who beat local consortia (including one led by HMC) for the contract to run the medical centre, and were then forced to return management of the centre due to their own underfunding. From experience, not all private provision is to be opposed, the Brunswick is now being well-run by the Hurley Group, one of whose partners' is Clare Gerada, a former chair of the Royal College of General Practitioners.

AJM proposes that HMC work closely with this local practice based on open meetings with senior managers and the high quality of provision offered by Dr Mahungu the lead clinician whom can be supported by HMC; Quid Pro Quo the Hurley Group has much to offer in return. This model of collaboration seems to be to the benefit of the local practice populations and is one of the positives to come out of the Forward View.

Additional pressures on general practice come in the form of the Universal Offer, which states that GP practices have to offer all services,( which previously have been either core or optional), or lose the opportunity.

In order to cover other provisions and enable economies of scale, there will inevitably have to be shared resources, some of which, i.e. back-office/phone service, could well lead to a more impersonal service. On the plus side, these economies could well lead to improved homecare, increased training, and implementation of the London Living wage for home care assistants as proposed by Camden Borough at the South Locality meeting.

**MP** – Raised concern over the role of falling budgets in Camden Council will continue to cause bed-blocking due to pressure on social care.

**AJM** – There will be no further funding for any of these services, improvements will have to be funded through rationalisation, with primary care providers taking on some aspects of secondary care. The hope is for support for HMC to reclaim some of the PMS budget in order to avoid cuts to services.

**MP, RS** – What can patients do?

**AJM** – the main forum within the system is the Camden Patient Public Engagement Group (CPPEG)

**OH to action** – email PPG links to information about Camden Patient Public Engagement Group (CPPEG)

**AA** – Can the Federation formulate bids without consulting patients?

**AJM** – There is a Patient Representative on the board of the CCG, but patients are not consulted as a group as a matter of course.

**AA** – Where do patients voice their opinion?

**AJM** – The CPPEG is the forum for voicing concerns.

#### **b. Access to Physio locations south of Euston Road**

**AA** – South Camden residents not well served by having to go north of the Euston Road for physio services, which may, by definition imply patients have limited mobility, how can this be improved?

**AJM** – Key obstacle in locating suitable venue for South Camden is finding enough space to offer all services, rather than just basic physio/information which might be, under ordinary circumstances, offered in a GP consulting room, as some more complex patients may require specialist equipment.

Menu of services funded by CCG is more a la carte. Local provision of Phlebotomy once cut and then reinstated is potentially at risk. Drummond Street north of Euston Road is rather far to travel for blood tests for some and HMC would undertake to try and provide Phlebotomy in-house if funding allowed.

Status of extra in-house psychological services is uncertain but considered cost effective in parallel to that provided via the mental health trust. Unlikely that in-house Physiotherapy would be viewed as a priority with good provision local, albeit not on our doorstep. Space and resources are an issue. Ultimately the CCG decides level of service provision that follows funding rather like Medicine Management Team dictates prescribing policy and protects public purse.

#### **4. Any Other Business**

**MP** – Would like to mention the forthcoming national protest march to Save the NHS happening in London on Saturday 4<sup>th</sup> March starting at Tavistock Square. Also left some leaflets for Reception Area.

**MP** – Query over rent increase

**AJM** – Rugby Estate pushing for 35% rent increase in next round of negotiations.

**AA** – can the increase be challenged?

**AJM** – all rent increases are agreed in arbitration with a team of well-qualified, independent professional assessors.

#### **5. Date for next meeting.**

**6:30pm, Thursday May 18<sup>th</sup>, 2017**