

THE NORTH LONDON HEALTH CENTRE
PATIENT PARTICIPATION GROUP MEETING
HELD ON MONDAY 18TH APRIL 2016 AT 6pm

Surgery representative:

Dr Howard Daitz
Dr David Mass (part meeting)
Iman Habib (Practice Manager)
Lynda Michael (Secretary)

Patients:

Ms JB (In the Chair)
Mr FM
Mr EG
Mrs RF
Mrs KG
Mr SW (Groveland's PPG)

Agenda Item 1: Chairman's Welcome and Introductions

JB welcomed those attending. Members introduced themselves

Agenda item 2: Minutes of the last meeting and matters arising

The minutes of the last meeting on 12th October 2015 were agreed. There were no matters arising not on the agenda.

Agenda Item 3: Practice Development Plans – Dr Daitz

(a)CQC visit: Dr Daitz informed the group of the surgery's CQC (Care Quality Commission) recent inspection and explained the purpose of the inspection and what it entails ie the 23 criteria/ assessment techniques and protocols ,what they look for in a surgery , the kind of questions they ask and what they focus on. On the whole Dr Daitz felt the inspection had gone well. All staff worked extremely hard in

preparation of the meeting. JB was interviewed on the day of the CQC inspection and gave her feedback.

In response RF commented that in her view the surgery is of a high standard and would highly recommend it

In response to a query from FM on what the CQC should be focusing on Dr Daitz gave a brief explanation. There are also various other assessment processes that GPs go through with increasing involvement for example of Healthwatch Enfield which recently completed and published a review of GP practice waiting rooms, Friends and Family test submission to NHS England. All GPs are reviewed annually for example Dr Daitz assesses 20 other GPs annually. Arguably there is potential for streamlining the various different bodies 'processes.

Agenda Item 3: Practice Development Plan

Dr Daitz outlined the developments over the next few months as part of continuing investment in the surgery both as regards additional staff and upgrading the facilities.

An increase is planned in the number of Clinicians in the surgery including employing another GP. A Nurse originally from a Hospital has recently joined the surgery and is being trained to become a GP Nurse.

As regards upgrading the clinical space, the sinks in the various rooms are being upgraded/replaced over the coming months. All will be replaced within the next 3 years. Radiator covers are being installed to reduce dust and infection (as part of infection control).

Agenda Item 4: 2015-6 Patient Survey / Friends and Family Test (FFT)

132 patients responded to the practice 2015-6 survey in March 2016. The surgery has over 7,700 patients.

JB went through the survey key outcomes the results of which was overall very good with high levels of satisfaction and a significant majority would recommend the practice to family and friends.

One topic which had more mixed results involved the use of the Practice web site/ on line facilities e.g. for repeat prescriptions, making

appointments, getting blood test results or finding out information about what is available

Iman Habib confirmed that about only a third of the patients are using the on-line system. There is huge potential for encouraging patients to look on the website if they have a problem which could direct them to useful contacts in the first instance.

The meeting agreed that a leaflet should be prepared giving as much information as possible about what is available on the practice web site, on line facilities such as NHS Choices etc. and how to register for on line access. On the last point JB mentioned that the Ruth Winston Centre where she is a Trustee was aware that a number of its members were not confident in using the internet, for example, in renewing Freedom Passes and so they provided access, with support via their computers at the Centre to enable people to update their Freedom passes online

Action: JB will work with the Practice team to produce a leaflet to hand out in the surgery and make available on line to inform patients on the facilities available. KG volunteered to help.

There may also be potential for holding sessions for patients who do not have access to a computer e.g. as is currently happening in libraries in the LBE which will also be explored.

As regards the Friends and Family Test Iman advised that the surgery obtains its Monthly FFT results via Text Messaging method. Again the results were overall very good.

The meeting discussed the role of Healthwatch in Enfield, and their latest work in Enfield reviewing what surgeries have done re Friends and Family Test results.

Agenda Item 5: feedback from the Enfield CCG Patient and Public Engagement Meeting 23rd March 2016 and the Enfield PPG Networking meeting on 1st march 2016.

(a)CCG PPE Meeting

JB outlined the key topics from the meeting. The Enfield CCG continues to have a planned deficit of £14.4m in 2015-16. The growth of LBE

population of 14.2% in the last decade is a key challenge. A GP assessment service has been installed at the North Middlesex hospital and 2 additional hours per day at the Chase Farm Urgent Care Centre.

The recent consultation review of urgent care has been completed. A new contract has been awarded with effect 01-10-16 on the integration of NHS111 and Out of Hours. The focus this year is on Tele-dermatology, implementation of the outcome of the urgent care review and mental health of young people.

The CCGs in the North Central London Partnership (Barnet, Enfield, Haringey, Islington) are working towards a joint strategic plan with a changed emphasis to prevention. Targeting vulnerable groups' health problems, patient centred care/integration and financial stability. More information is available on the Enfield CCG web site.

There are a number of areas where public consultation is being used (<http://www.enfieldccg.nhs.uk/>) e.g. patient reps on gynaecology, NHS England Getting involved in primary care commissioning ..

As regards the CCG concern Re. the rise in patient demand for antibiotics Dr Daitz advised that the surgery is the lowest in the LBE in antibiotic prescribing.

b. PPG Networking Meeting

JB briefly outlined the key topics covered at the last meeting:

(a) Developing the concept of locality champions to link together PPGs in the NE, NW, SE, and SW of the LBE to promote healthy life styles and encourage patients to take part in their PPG. JB is the champion for the SW locality

(b) Do Not Attends which is a worrying issue. At the NLHC there is a notice in Reception of how many not attended the previous month FM suggested if a letter could be sent to those patients that do not attend appointments?

Action Dr Daitz agreed to send a letter to any patient after 2 none attends outlining the consequences.

(c) Healthwatch Enfield review of GP waiting rooms

(d) Implementation of the Accessible Information Standard aimed at ensuring that patients with communication needs can access GP services on line, in person, by mail etc. in accordance with the Equality Act 2010 .

Agenda Item 6/7: Developing Plans for community outreach on health and wellbeing in the SW LBE locality and actions for the next 6 months.

The meeting discussed the priorities for different groups of patients e.g. the “worried well” who use the internet to wrongly diagnose their issues, the elderly and others with chronic conditions reinforced by isolation, mothers and babies, carers.

There is clearly huge potential for outreach to such groups to engage with them to better understand the relevant health related topics and also avoid the overuse of A&E and requesting antibiotics. Different ways of patient engagement need to be explored e.g.:

- The over 50s could link with the local branch of the national charity Contact the Elderly and the Ruth Winston Centre at which JB mentioned a programme called “Beat IT” is aimed at addressing conditions such as diabetes, obesity etc. through a programme of talks and activities. Iman Habib suggested adding local groups such as RWC to the practice web site.
- RF highlighted the role of being a Carer and how it would be useful to advise Carers who is first port of call and to give information on the surgery’s website. Information already exists in the waiting room but the potential for targeting groups on the web site will also be explored.
- Mothers and children: requesting antibiotics and attending A&E could be addressed by going in to schools to give talks.

FM mentioned the Better Care Fund involving more integrated funding from health and social services

Action: JB will liaise with the Practice team and PPG contacts to develop a programme and identify sources of funding

Agenda Item 8: AOB and timing of next meeting.

There was no other business. The next meeting will be in September (to be arranged) with members kept informed of actions in the meantime. Dr Daitz expressed his appreciation to the Group and its input which will be taken on board and thanked all for attending.