**MINUTES OF THE BUSH DOCTORS’ PATIENT PARTICIPATION GROUP (‘TBD PPG’) MEETING: 24 APRIL 2019, 5.30PM – 6.30PM**

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|  | Attendees: Patients: EH, RS, IB, OC  Staff: Deputy Operations Manager, Eva Krenova (EK)  GP Partner, Dr Beera Patel (BP) |
| 1 | **Welcome and introduction of new members to TBD PPG** |
|  | Welcome to OC who has joined our PPG. |
| 2 | **Updates since last meeting (EH /EK /BP)** |
|  | 2.1. We are still having no luck in recruiting more members to the PPG. The CCG and the GP Federation have been asked for support. Can the group and clinicians think of anyone who may be interested? Consider also a virtual PPG to encourage more interest.  2.2. Community Police – visited the practice in January 2019. EK updated the group on their recommendations and a further discussion took place (see further, item 3.2 below).  2.3. Work is still ongoing on the care navigation project (to try and direct patients to the best/ correct appointment for them). This is being led by the practice management team and Dr. Chatoo (see also item 3.1 below).  2.4. Practice telephone message was changed in December 2018 following suggestions at the November PPG meeting – to ask patients with complex conditions/ multiple issues, or patients who need an interpreter, to make a double (20 minute) appointment. The website has been updated to reflect the same message. The telephone message also alerts patients to the fact they may be asked some basic questions by the reception staff to help navigate their care. The group thought the new message was very clear.  2.5. Encouraging more patients to register for online services. A text survey of online use has been carried out and work is in train to encourage more patients to register for online services. This was discussed further (see item 3.8 below).  2.6. Hope Newcombe has joined the practice management team (April 2019) and will be working with Eva. |
| 3 | **Issues discussed** |
|  | **3.1. Care navigation:** RS had an excellent experience at another health centre in the borough (as part of a referral) and shared this experience with the group. This surgery (with more than 10,000 patients) operates a telephone triage system first thing in the morning which works successfully meaning that patients are directed to the correct appointment quickly and patients who do need to attend the surgery wait only 10/15 minutes. The waiting experience was quiet and calm. The group discussed this experience and BP said that Bush Doctors are looking at doing something similar in terms of triaging and care navigation. Dr Chatoo is leading this project including the development of a clinical triage protocol.  The practice will contact this surgery and find out more about how they do things and bring back learning to the practice.  BP also said Bush Doctors has a high number of walk ins, often due to the language barrier. For a successful triage/ care navigation/ new appointments system, the practice is looking to step away from traditional walk ins. It was agreed communication will be key. RS highlighted the need to be able to get through on the phone and OC highlighted the issues of frailty and language barriers. OC offered to help on multi-cultural issues/ language barriers/ translations. It was also agreed that to work, a care navigation system would need the support and co-operation of patients and BP suggested the PPG could help with this. Receptionists will also need appropriate training.  **3.2. Community Police recommendations:** EK updated the group.  There were 3 main recommendations:-  1. To re-organise doctors’ rooms to make it safer for doctors and easier for them to leave the room if faced with an aggressive or violent patient.  2. To fit glass across the reception desk or extend the desk so patients can’t lean over.  3. Working CCTV.  OC asked how the reception staff would feel about the glass. BP said they’d be very happy about it after a number of serious incidents, including one involving a patient with a knife and one where a patient tried to punch a receptionist.  The practice will seek further advice and discuss the implementation of the above recommendations with the managing director of H&F partnerships and report back to the group.  **3.3. Zero tolerance:**  tied into the above item (3.2), the group briefly discussed zero tolerance:  BP wanted to know what grounds the surgery has to take action (as a deterrent more than anything). EH agreed to look at the legal position and what actions could be taken/ what the surgery can say.  It was agreed the practice must inform patients that CCTV is in use (once it is up and running).  The group agreed that behaviour was important and should be taken seriously. It was acknowledged that the surgery has been very tolerant of aggressive and violent patients so far.  RS suggested the practice could seek advice on the layout of the reception and waiting area. Possibly from the Community Police/ a security adviser. BP agreed it might be worth looking at the layout and opening out the reception/ waiting area, e.g. by removing the wall between the outside access to reception and the seats. This might also reduce the jam to get into the surgery to make/ book in for an appointment.  The practice will consider what further advice it needs and discuss options on security/ safety/ layout of the surgery.  Re-design of W12 Centre was also discussed and whether there could be an opportunity as part of that to input into the re-design consultation and for the surgery to look at moving to new and more suitable premises.  **3.4. Booking appointments online:**  BP updated the group re: online appointment availability. At the moment, you can only book appointments online at 8am on the day for same day appointments, or in advance for early mornings (7am to 8am). There have not been many appointments online because there has not been the full complement of doctors. The practice is trying to recruit more doctors, but has experienced considerable difficulties in doing so. BP explained a full complement of doctors is a total of 3.5 days (7 sessions) of 8 doctors. There could be 100 extra appointments available a week with a full complement of doctors.  It was noted there are also not many frequent flyers (patients who repeatedly show up in A&E/ urgent care for medical care, consistently choosing this option rather than seeing their own GP). IB said that the instances of high attendances at A&E at Imperial has gone right down because of the intervention of social prescribing. A social prescriber is now allocated to each A&E.  **3.5. New Primary Care Networks (PCNs) and reduction to extended hours at the surgery from 1 July 2019:**  BP explained to the group that the new GP contract from 1 April 2019 requires all GP practices to join forces into networks (primary care networks) of at least 50,000 patients with effect from 1July. The aim is collaborative working and providing care on greater scale by sharing staff and some funding. The aim is also to provide a wider range of services to patients and for GP practices to more easily integrate with the wider health and care system. BP explained the government will fund a pharmacist and a social prescriber per network, along with a number of other things.  The Hammersmith and Fulham Partnership of 5 practices (Bush Doctors, Brook Green, North End Road, Park, Richford Gate) may not necessarily be one PCN. (*N.B. Confirmed post meeting that it will be one PCN*).  BP explained a reduction to extended hours at the surgery will be the likely result of a combination of this new national contract and cuts to the local funding for extended hours by the CCG. Bush Doctors currently offers the maximum number of extended hours, but this will be reduced as a result of the switch to a nationally funded contract and the CCG taking the funding away for local surgery extended hours.  The new PCNs will be funded for ½ hour extended hours per 1000 patients per week (so capped at 25 hours per 50,000 patients per week). In H&F Partnership’s case, the cap would be 33.5 hours a week overall. The cap will mean there could be a reduction for many surgeries across the Borough in the numbers of extended hours they provide, and it will at Bush Doctors. The Partnership/ PCN hasn’t decided how extended hours will be offered post 1 July (it could be offered in different places/ sites), but in real terms it could mean a cut to the extended hours at the Bush Doctors from 11.5 hours a week to 6.5 hours a week. The surgery will inform and consult its patients once it has more information. (*N.B. the Bush Doctors carried out a consultation of its patients (on the reduction to extended hours) in June. As a result, Bush Doctors will continue to offer extended hours on Monday and Wednesday evenings with no change. The surgery will also offer extended hours on two mornings per week (7am-8am). It will be closed on Saturdays. See website for further details.*)  There is also a wider consultation going on by the CCG relating to the potential overnight closing of the Urgent Care Centre at Hammersmith Hospital and the reduction in the number of Hubs from 3 to 1. (*N.B. The CCG’s Governing Body decided on 16 July to: (1) close Hammersmith Urgent Care Centre overnight and (2) keep the three Weekend Plus Hubs exactly as they are for the next financial year.*)  **3.6. Older people’s care nurse:** the group discussed how difficult and stressful it was to negotiate the system where a number of different clinicians etc. are involved (e.g. doctors, community nurses, hospital specialists). BP explained the practice used to have an older people’s care nurse but no longer does (? the CCG may have removed funding). BP said the multi-disciplinary team itself is expected to make contact with the on-call doctor, rather than asking the patient to do this. The group thought that special provision is needed for disabled/ older patients.  **3.7. Virtual/ e mail consultations/ clinics:** the possibility of this was discussed. BP explained the surgery had no resource to implement this at the moment but agreed to take it as a discussion point to the other partners. It was noted there would also need to be very clear guidelines on what would be appropriate for an e mail clinic.  **3.8. Online numbers of patients/ internet at home survey:** the practice wants to encourage more patients to register for online services. A text survey of online use was carried out (a text was sent to all patients who were not currently online and who had a mobile phone registered with the surgery). 7,401 messages were sent of which 3,971 were delivered. The response rate was 8%. Of that 8%, 78% of patients confirmed they had the internet at home (so could in theory register for online services).  When time allows, it was suggested the practice could organise waiting room help for patients to register online. BP also suggested the practice could ask the morning appointments queue outside of the surgery if they are online and if they want online access. |
| 4. | **AOB** |
|  | None. List of action points arising from meeting to be drafted and circulated to practice staff (EH). *Completed and circulated 3 May 2019.* |
| 5. | **NEXT PPG MEETING: Date TBC by Practice.** |