**Minutes of Meeting of Primrose Hill Surgery Patient Participation Group held on Tuesday 10 December 2013 5pm to 6.30pm at Primrose Hill Community Centre.**

Present: Imre Lake (chair), Barbara Rosenbaum and Doro Marden (joint secretaries) Sylvia Jacobs and Eleanor Sturdy (committee members)

Peter Darley, Edith Darley, Theresa Hallgarten, Evelyn Noreiga, Jean Rossiter, Janet Brereton, Jessica Buck, Linda Jennings, Ann King, Rosemary Emanuel, Charmian Cannon, Jeremy Noble.

In attendance: Dr Elizabeth Bradley (till 18:00), Donika Xhixha.

Apologies: Barbara Wood (vice chair)

1. **Introduction to PPG and members**

Imre Lake introduced officers and committee members, and welcomed senior partner Dr Bradley and Practice Manager Donika Xhixha.

1. **Changes in the NHS and their effects**

Dr Bradley read out the aims of the PPG: ‘to strengthen the relationship between the practice and its patients, and to assist the Practice with continuing to improve its provision of healthcare while ensuring that patients are at the heart of decision making’.

She looked forward to working with PHSPPG in a positive way, using it as a channel to reach a representative section of Primrose Hill Surgery patients, to monitor their experience of services, improve care, and get feedback on secondary tier services (outside the practice) such as hospital transport. She hoped that it would not raise unrealistic expectations, and be constructive, somewhere to share views, avoiding becoming a complaints forum

Dr Bradley said that she was doing some work in the new Camden Clinical Commissioning Group as their lead on gynaecology. Primrose Hill Surgery was part of the North Camden Clinical Commissioning Group. She explained that Clinical Commissioning Groups (CCGs) had replaced the old Primary Care Trusts as the local unit of management for the NHS. She recommended looking at their website for more information ([www.**camden**ccg.nhs.uk](http://www.camdenccg.nhs.uk)). They meet once a month on a Thursday and anyone can attend as an observer.

Dr Bradley answered questions from those present:

* The newspaper reports that the Camden CCG budget was to be slashed by 25% were perhaps scaremongering.
* There was some monitoring of expenditure of prescriptions by the medicines management team and referrals via the Camden Clinical Assessment Service.
* All referrals for suspected cancer were seen within 2 weeks.
* Priorities for service review locally included:

Learning difficulties

Out of Hours cover (private companies Harmoni and one other)

Mental Health (Mental Health had been put to GP level and they had felt overwhelmed, this review aimed to improve services rather than restrict medication choices)

Diagnostics (In Health, a private service would take over services such as X rays, MRI scans and ‘oscopies’, taking these appointments away from hospitals. Dr. Bradley said this seemed to be a good, prompt service.)

* There were guidelines for referrals from GPs, and if the Camden Clinical Assessment Service refused a referral there was an ‘exceptional services’ route.
* Muscular skeletal services (physiotherapy) had been contracted to a company based in Newcastle, and there were 2 years still to run on the contract. People were not happy with it, especially the practice of first assessments being done by telephone.
* The rumour that Primrose Hill Surgery was getting rid of patients was not true. It probably came from the ‘Practice Cleaning Exercise’, whereby all patients were sent a letter to check that they were still at their registered address. If these letters were not returned, and there was no recent record of the patient using the surgery, they could be removed from the list. However if they came in they would be re registered. The PPG could encourage people to return the letters.
* The new systems were still evolving, it was a new way of thinking and there would be ongoing consultation with patients. The new screen for checking in could possibly also ask for ideas and feedback on certain subjects, and the PPG could have some input here.
* The PPG needed to reach out to a representative group, putting a note on repeat prescriptions might be a good way to contact those with long term conditions.
* The flu vaccine had run out because the suppliers had had quality control issues and had not sent the second part of the order. The order for next year has already gone in.
* Urine sample results did take up to a week to come back as the culture took 5 to 7 days to grow.
* There was close monitoring of private providers to ensure high quality, the responsibility for clinical governance lay with the Camden Clinical Commissioning Group.
* Primrose Hill Surgery had received ‘Innovation Fund’ money to improve communications, including texting, emailing and the new website.

Dr Bradley warned that the Practice Manager had a very busy schedule. Perhaps the PPG could feed in comments to the practice via the Practice Manager once a month.

1. **Introduction to the New Practice Website**

The new website was projected on to the screen for all to see.

Donika demonstrated the way to register as a patient for the on-line service for existing patients if they wish to use this service. For the new patients this registration is done from the moment they join the practice.

She explained that as a requirement from the Data Protection each individual patient would need to identify themselves in two ways, for example confirming the date of birth and showing a proof of identity (credit card, driving license, freedom bus pass, student card, passport, ID card). Camden CCG calculated that 80% of residents had internet access.

On-line registered patients would be able to book appointments for doctors and nurse, as well as requesting repeat prescriptions. This would free up the lines for those who could not do this, and for those who wanted a same day appointment (which could not be booked online).

There is also in the pipeline another service that would enable online requests for repeat prescriptions, after being processed, to go direct to a designated pharmacist.

Staff would be able to pick up if you needed a review of prescriptions.

Donika would be able to edit and update some parts of the website, others would have to be done by the web company who designed it.

If we know of patients who would benefit from registering on the website we could encourage them to visit the surgery and do this.

Feedback from other practices using the system was positive.

Results of blood tests etc would not be available on-line, though eventually patients would be able to access some of their essential clinical records online as agreed nationally, with the exception of those patients who have opted-out from the upload of their medical records.

Donika agreed that information and or links about community run preventive health type programmers such as the Keep fit for over 50s’ could be posted on the website.

Donika asked for comments and feedback on the website. The PPG would collate some of this.

1. **Other Means of Communication**

This had been covered above, though it would be a continuing item for future meetings.

1. **Agreement of Draft Constitution**

The constitution was circulated. The chair requested that comments be fed in to the PPG - email address [phppg@gmail.com](mailto:phppg@gmail.com)

1. **Dates of Future PPG Meetings**

Suggested dates were: Tuesday 18 March\*, Tuesday 17 June. Timing to be confirmed, possibly to be varied to reach different groups.

1. **Other Business**

None.

**\* DATE OF NEXT MEETING changed to be MONDAY 31 MARCH at 17:00, Dr Lim to attend. Venue to be confirmed.**