**Primrose Hill Patient Participation Group**

**Minutes of Meeting held on Tuesday 24 June at 6pm at Primrose Hill Community Library**

Present: Barbara Wood (in the chair), Sylvia Jacobs, Des Pellicena, Audrey Sheridan, Jayne Mitchell, Peter Mitchell, Rosemary Emanuel, Evelyn Noriega, Doro Marden, Bernadette O’Donaghue, Chris Blencowe, Judith Blencowe, M T Tower, Theresa Hallgarten, Jeremy Noble, Barbara Rosenbaum, Eleanor Sturdy, Valerie St John, Yve Newbold

In attendance: Dr Elizabeth Bradley

Apologies: Imre Lake (chair), Jodie Hartmann

1. **Welcome and Introductions**

Barbara welcomed those present, saying that the PPG aimed to be ‘critical friend’ of the practice, supporting it to meet our needs by informing it of concerns.

1. **Survey**

Eleanor Sturdy introduced and handed out the draft patient survey. This aimed to elicit areas of concern (and praiseworthy elements) which could be fed back to the practice. There were 6,000 patients in the practice, and 140 had so far signed up to the PPG. The survey would be emailed to addresses on the PPG list, available on the surgery website, in the reception area and in places such as the library and Oldfield. Any comments on the draft survey could be emailed by 1 July to primrosehillppg@gmail.com, or left in the surgery.

1. **Referrals**

Dr Bradley described the process for referrals. All referrals from GPs went to the Camden Clinical Assessment Service (CCAS - pronounced seecass) which does have a gatekeeping function. If they agreed with the referral they went through to ‘Choose and Book’ to send the patient to the right clinic. The service was run by experienced doctors, however, as someone pointed out, they did not know the individual patient. An indirect advantage to patients of this centralised system was the good information that it made available for the commissioning process.

Dr Bradley said that a GP could appeal if a referral was refused, however there were some cosmetic procedures, such as varicose vein removal, which were no longer treated on the NHS. There was a wealth of information on the Camden GPs site which is accessible to the public - <http://www.camdenccg.nhs.uk/gps> - she would check if there was a link from the surgery website. A patient could only request a particular hospital.

There were no direct referrals for orthopaedics or rheumatology, as the muscular-skeletal services contract had been given to a separate organisation - their physiotherapists assessed for referrals. Likewise ‘In Health’, using private facilities, offered faster scans and x rays. This system seems to work well. It is understood the scans can be made available to local hospitals if needed.

If a referral had been made and the patient did not hear anything, the GP could follow up if alerted, however GPs had no automatic way of knowing if nothing had happened. All appointments at UCH were easily checked online, Royal Free not so easy. If there was a possibility of cancer, patients had to be seen within 2 weeks, (and GPs would know if this did not happen) otherwise longer waits were common. Patients could ring up CCAS themselves, but they would need their referral number from the surgery first. If patients wanted to be seen again by a consultant they could ring his or her secretary, the number was usually to be found on any letter from them.

Dr Bradley said that GPs were having to act as secretaries for the hospitals to some extent, for example if someone with an irregular heartbeat saw a cardiologist and was then discharged, the GP had to chase up and re-refer.

One person present had had to wait over 2 months for the result of an x ray and the GP had had to contact the hospital. Dr Bradley said that she received up to 40 test results a day, and did try to ring the patient if there was any abnormality.

Every hospital has a PALS (Patient Advice and Liaison Service) which can give advice and information including about making complaints. Most people had not heard of this service and it was felt that information could be made available in the waiting room and website.

It was suggested that the PPG could help to write some simple information for patients being referred so that they understood the system better.

There were then some suggestions about improvements to the surgery:

* a permanent ramp of some kind at the entrance
* a way to increase privacy when talking to receptionists

These issues would be covered in the survey.

There was some concern about the ability of the surgery to expand to offer more services, given the constraints of the building, and a question if they could use any other space in the area.

Dr Bradley said that the new check-in screen would offer a chance for the surgery to ask patients some questions, and the PPG would be able to have some input on these.

Many regular patients were not able to use online services, so information in the surgery itself was important.

Soon every patient over 75 would have to have a named GP. At present the surgery did not run separate lists for each doctor, and it was not clear how the new policy would work. The point was made that hospitals and ambulance drivers always asked for the name of your GP and this could be a source of confusion.

There was some concern about the ‘rumour mill’ which said that particular GPs should be asked for to cover particular areas of health, such as children. Dr Bradley assured us that all were General Practitioners and not specialists.

If people were interested in issues to do with health finance and policy, the Camden Commissioning Group (CCG) and Health Watch Camden offered opportunities to get involved.

There was discussion about the possibility of identifying and training patients to act as mentors or guides through the system, particularly giving people a contact if they had an unusual diagnosis. The Expert Patients Programme was mentioned - a series of meetings offering training and advice for people living with chronic conditions. This would be organised at CCG level.

There was mention of follow up from the previous meeting - had the Diabetic Clinic and the Anticoagulant Clinic been set up?

The chair said that it would be important to involve the receptionists in the survey and its results, and they had been positive about the PPG. Issues such as being asked when making an appointment whether something was “an emergency” and not being able to talk about more than one complaint per appointment had been raised.

1. **Topics for Future Meetings**

The chair said that the Autumn meeting would be in October, date yet to be confirmed. The chair of the National Association on Patient Participation Groups was to be invited, and this was welcomed. People were asked to let PHPPG know of any other suggestions for topics either by email (primrosehillppg@gmail.com) or using the PPG suggestion box at the surgery.

1. **Other Business**

No other business.

DM 29.6.14