**Primrose Hill Patient Participation Group**

**Notes of Open Meeting held on Monday 9 March 6.30pm at Primrose Hill Community Library**

Present: Barbara Wood (in the chair) plus 25 members

In attendance: Dr Jane Lim, Dr Abani Paul, DrEhsanAlkizwini

Apology YveNewbold

1. **Introductions**

Barbara Wood welcomed Dr Lim and asked her to outline changes due in the practice.

 **2. Changes in the Practice**

Dr Lim said that Dr Elizabeth Bradley was moving on after 15 years in Primrose Hill.

The terrain for GPs was difficult, many young doctors had moved out of general practice, had gone out of London or abroad. The ‘Five Year Forward Review’ published by National Health England, outlined the challenges facing the health service and why things will be different. The service could be £30 billion in the red by 2020, and GPs were expected to take on targets which included community based services, working in federations with other practices.

She had therefore decided to replace Dr Bradley with 2 partners. She introduced DrAlkizwini and Dr Paul.

Dr Alkizwini said that he had done his GP training in Camden, had been brought up and still lived locally and looked forward to a long career in Primrose Hill. He was getting involved with Camden Clinical Commissioning Group in the area of ‘unscheduled care’.

Dr Paul told the meeting that she also lived in Camden and was a service user as well as provider. She had been working already as a partner in a Camden practice and knows the local systems and services. She and Dr Lim had met in the discussions about federating practices.

Dr Lim also reported that they hoped to appoint a permanent nurse who is a senior practitioner and knows the practice in the summer.

The practice was aiming to engage with the local community as partners in health promotion and improving health.

1. **Referrals and Targets**

In response to questions, the doctors described the system for referrals, which needed to go through the Camden Clinical Assessment Service rather than direct from GP to consultant. Sometimes patients received a letter saying that an appointment had been cancelled when in fact the referral had been rejected. This was an issue that the practice could take up with CCAS. There were some procedures classified as of ‘Limited Clinical Effectiveness’ but GPs could appeal on behalf of their patients.

Dr Lim said that they did have targets for some procedures, such as monitoring blood pressure. They can make a case for exceptions, for example if the medication has particular side effects. They tried not to be too target driven, but to look at the patients’ needs.

1. **Proposed changes to premises**

Dr Lim reported that the practice rented from 2 landlords, and negotiations for new extended leases were pending.

They had applied to a government fund to reconfigure what is presently Dr Bradley’s room into 2, with direct street access and the possibility of using sliding walls to create one bigger room which could be used for meetings, health promotion and clinics such as a travel clinic and drug detoxification work.

In response to comments from the floor, the doctors said that they would look into a permanent ramp and automatic opening for the main surgery door. They also said they would look at installing a board indicating the names of the doctors on duty and the waiting time for ongoing appointments.

 **5. Questions and Comments from the floor**

**Named Doctor**: Patients over 75 should have a named doctor, as should patients with more than three chronic conditions. Other patients would be patients of the practice as a whole. When hospitals ask for the name of your GP, that person will not necessarily receive the letter. Up to 100 letters a day per doctor were received and they try to distribute them appropriately. Dr Lim said that if you haven’t heard results of a hospital test or investigation direct you should go back to the practice as they can follow up.

**UCH Experience**: A person present reported on poor care for her young adult son at UCH where he had been admitted via A and E with major delays for acute appendicitis. There had been a problem with his records, resulting in 3 different hospital numbers, and some question over whether he had been considered to be a foreign patient. Dr Lim said that it was more difficult to take things up with UCH as they were an independent trust, unlike the Royal Free but that she would investigate the matter further.

**Role of PPG:**In answer to a question the chair and vice chair described the relationship of the local PPGs to the Camden Clinical Commissioning Group. There were opportunities to feedback both general and specific comments about the service to the Camden Patient Engagement Group, and there were regular consultations about areas of work - most recently about out of hours care for example. Meetings were circulated via the email list, and anyone was welcome to attend and report back to the committee and open meetings.

**Health Promotion:**It has been agreed that there would be a Community Information Board in the surgery to publicise local healthy activities. There and in the library there could be information about useful websites such as labtestsonline which told how to read results of tests and could help patients to be more self reliant. Dr Lim said that a new admin employee was interested in IT and might be able to help in that area. 75% of patients could now be reached by text.

Speakers at the community centre ‘Open House ‘ on a Wednesday could be invited to cover topics such as Alzheimers, depression, PTSD and Seasonal Affective Disorder.

**Prescriptions:**There was concern that generic prescribing sometimes led to medicines which looked quite different and could cause confusion. Doctors replied that this was up to the chemist, but GPs could request that medicines were put in a ‘Doset’ box for each day of the week if that would help.

**Surgery Hours:** Waiting time for appointments was now 10 to 14 days, the government had pledged 8am to 8pm opening hours 7 days a week. This would only be possible by federating with other practices, and would take another 6 months to organise. Credit was given to Barbara and her team of receptionists for their work.

1. **Closing Remarks**

The chair thanked the doctors very much for attending the meeting. She asked for any suggestion about future topics or locations for meetings to be emailed or dropped in at the surgery.