

Primrose Hill Patient Participation Group

Notes of Open Meeting held on Tuesday 8 November 2016

Present: Eleanor Sturdy (vice chair, in the chair), Doro Marden (secretary), Theresa Hallgarten, Barbara Rosenbaum (committee members) and 20 members.

In attendance: Dr Jane Lim, Dr Abanti Paul, Ms Kathryn Meyer (diabetes nurse), from 7.30 Dr Robi Rahkit (consultant cardiologist, Royal Free Hospital)

Apologies: Barbara Wood (chair), Yve Newbold

1. Introduction

Eleanor Sturdy welcomed those present..

a) What have we been doing? Report from the Chair, Barbara Wood

Eleanor read out the chairman's report for 2016.
(the full report is appended)

There are now regular bimonthly meetings with the GPs to discuss concerns from a patient's perspective.

She said that Barbara Wood was standing down as chair, but would remain a committee member. Eleanor agreed to Chair the meeting and remain as Deputy Chair, pending a formal AGM in the early part of 2017. Doro Marden would remain secretary.

In her report, Barbara thanked all the committee for their hard work, the senior partners for commitment to the PPG link, and the Community Library for giving us a meeting room.

Eleanor said that more PHPPG committee members would be welcomed, anyone interested should talk to one of the members or get in touch via primrosehillppg@gmail.com

b) Screen Information about how long your wait may be

The PHPPG had requested a way of letting patients know which doctors were on duty and how long their wait would be. This was still a work in progress

c) Door to Surgery - working to improve ease of access

Dr Lim reported that they had obtained several quotes for work to the door. Member Des Pellicena offered to help the practice decide which was the best option.

2. Camden's GP Federation

(the full report is appended)

Eleanor is a Patient and Public Voice representative on Camden's GP Federation, which is called Haverstock Healthcare. This provides the legal structure for GP practices to bid to provide joint services.

GP practices are looking at collaborating to provide a wider range of services, these groupings are called 'neighbourhoods' and there are 5 emerging in Camden. '*Closer to home and staying out of hospital*' is the driving concept behind GP service development.

Two new services provided by the federation are Saturday appointments (which are provided at Fleet Road surgery and can be made via our receptionists, though not online yet) and home visits by Camden GPs.

Discussion:

Dr Lim said that these big changes were daunting but also exciting. Primrose Hill Surgery was forming a 'Neighbourhood' with 4 other high achieving practices with a similar ethos. These were Swiss Cottage, Bloomsbury, Abbey, West Hampstead and Ridgemount. Adelaide practice had decided to join the NW3 neighbourhood.

Elisabeth Horder talked about the Rapid Response Service which will visit at home and had been very helpful to her. It was clarified that his service cannot be accessed for the first time through self referral, but only via a GP or hospital.

Des Pellicena thanked the doctors for the onsite service at Oldfield which was greatly appreciated.

It was requested that leaflets about Saturday appointments should be available at the library.

3. Diabetes Ms Kathryn Meyer, Diabetes Nurse
(items 3 and 4 were reversed)

Kathryn reported on diabetes care in Camden which she described as very special. She is employed by the federation, and care is integrated with the Royal Free and University College Hospitals.

Tier one care was at GP level, tier 2 at a Community Clinic at St Pancras Hospital, and Tier 3 at hospital level. There is easy referral between the tiers so waiting times are reduced. The service starts with an assessment with a specialist nurse such as Kathryn at GP level. Then a letter with detailed results is sent out, which the patient discusses with the GP at another appointment, having had a chance to think and prepare questions. In the course of year a diabetic would probably only see a health care professional for at most one and a half hours, the rest of the time they cared for themselves, and this is where improvements could be made.

Part of Kathryn's role is to educate GPs on matters such as the use of new drugs.

Discussion:

Caroline Cooper asked if patients with the same condition could be put in touch with each other. Dr Lim said that matters of confidentiality made this difficult for GPs to do, though there were services such as 'Expert Patient groups' Des Pellicena offered to share his experience of diabetes with others, this could perhaps be organised through the PPG rather than the surgery.

Helen Newnham pointed out that many national specialist health charities could put people in touch and Diabetes UK could be helpful.

A new service for prediabetes patients was about to start, focussing on prevention.

Mr Lalani, our pharmacist, reported that he would soon be an independent prescriber for COPD (chronic obstructive pulmonary disease), asthma and skin conditions and will have a room to see patients at the pharmacy.

Dr Lim urged those who had not done so to get their flu injections without delay, they could be done without an appointment.

4. Heart Disease - Dr Robit Rakhit

The chair welcomed Dr Rakhit from the Royal Free Hospital.

Dr Rakhit reported that the Royal Free had a ground breaking service for heart attack patients, using a rota of consultants, with 90% of those who needed it getting an angioplasty within 90 minutes.

Deaths from coronary disease had reduced by 50%, mostly as a result of lifestyle changes: smoking and exercise. These accounted for 80% of the improvement, with 20% being the result of improved medical and surgical interventions.

Keeping the right weight was important, but the emphasis on reducing sugar and saturated fats was not enough. Proven the best was the 'Mediterranean diet', high in nuts, fruit and vegetables, fish, white meat and olive oil (half a litre a week).

Exercise was also important and 150 minutes of moderate exercise (which could include gardening and housework) or 75 minutes of vigorous exercise per week were recommended.

For cholesterol control, lifestyle changes were most important, and should be tried before statins. It must be an individual decision to take them, but they produced a 30% reduction in heart attack and stroke. High doses of statins could actually reduce plaque in the arteries. There was now an injectable anti cholesterol drug which brings levels right down. NICE has agreed it for those with familial high cholesterol. The aim was to get blood pressure down to 120/70 for everyone who has already had a cardiovascular event.

Discussion:

Dr Rokhit did not advise statins to be taken as a preventive for young people, diet and exercise were the best. Not smoking was vital, 30% of treatment in the Royal Free was for conditions caused by smoking.

How can GPs best give advice on exercise and diet? Someone praised the '5 portions a day' video shown in the surgery, and Dr Rokhit felt that national level campaigns were most important.

Dr Paul, who has run a marathon, offered to lead a walk, without medical questions!

Air pollution caused heart disease through the action of free radicals, resulting in damage to organs which was the first step towards disease.

Alcohol was a good thing, but only in moderation, with one unit a day for women and two for men. Sardinian red wine was reputed to be the most healthy!

5. Other Business

The chair warmly thanked the speakers and Dr Lim and Dr Paul for inviting them.

Another open meeting would be organised in the Spring, perhaps with the topic of exercise.

Appendix 1

Chairman's Report 2016

This has been a busy and challenging year for the PPG and for the Practice. Today is the second Open Meeting which we have organised and we are grateful to Dr Lim and Dr Paul for providing outside expert speakers for today and for our previous meeting.

The meeting in May which was attended by 22 members of the PPG looked at the topics of the Camden Federation of GP's, the role of Health Watch Camden, and the Practice's new services for older patients and the booking of Saturday appointments with other practices within the Federation. Dr Lim also updated us all on other news about the Practice including the favourable CQC report and becoming a teaching practice.

In addition to the Open Meetings the committee has been working hard to foster good communications with the Practice and the doctors. We now meet on a regular basis every other month with the doctors and sometimes with the Practice Manager to discuss issues and concerns from the patient perspective. Amongst the issues discussed have been

1. Continuing patient concerns about referrals to secondary care. The doctors are now going to hand out an information sheet to patients who are being referred at the end of the consultation to support them.
2. Patients do wish to know which doctors are on duty each day and whether appointments are running to time or are delayed. We are

assured that the display monitor in Reception will be modified to indicate the waiting times for the doctors on duty.

3. Privacy for discussions between patients and the receptionists.

Although there is a more private space available for this now we have no information as to whether this is being offered or how often it is taken up.

4. The heavy entrance door to the Surgery. This is still causing difficulties for patients and carers.

5. Better communication with patients and carers. The PPG now has a notice board in Reception which can provide information about local health and well being opportunities. Suggestions for content for this are most welcome. There is also a new practice leaflet available in Reception but we have no feedback on how many have been distributed and we would welcome comments on the content.

6. The bi-monthly meetings of the doctors and the PPG committee

members are an opportunity for more up to date information for patients and carers about the proposed changes to local services including the Camden GP Federation and our Practice's services. This is welcome but the Practice has needed our support to communicate these out to patients.

The PPG committee has organised two articles in "On the Hill" and sent out 13 emails to our 103 PPG members who have given us their email addresses. The practice website remains a concern and is difficult to navigate and slow to put up patient-friendly information.

We are very lucky to have Eleanor Sturdy, our Deputy Chairman, and Doro Marden, our Secretary, who have both been attending many meetings and events of the Camden CCG Patient and Public Engagement Group and have kept us up to date with information about the fast moving changes to general practice. Eleanor has been appointed to the Board of the Camden Federation of GPs and has also been to the Annual Meeting of the National Association for Patient Participation. Other members of the committee have also been generous with their time and attended events which they have reported back on.

I have decided that it is time for me to stand down as Chairman of the PPG and it is now time to elect a new chairman. Doro has kindly agreed to stay on as Secretary. The committee has now been reduced to (?) members and we urgently need some new hands. I would encourage anyone who is interested to put their name forward.

I would like to thank all the members of the committee for their support and hard work. I would also like to thank the Community Library for allowing us to hold our open meetings here free of charge. I would like to thank Dr Lim and Dr Paul for their commitment to the link with the PPG.

Finally I would like to thank for their support all the members of the PPG who are the voice of all the patients of the Primrose Hill Surgery and for whom the practice exists.

Appendix 2

Report from GP Federation – Patient and Public Voice

Representative (PPV) :

Since April 2016 when I was appointed as one of two PPV representatives to the board of Camden's GP federation, I have been at 6 board meetings, one Camden-wide GP workshop and one national primary care conference, together with countless local meetings with Healthwatch, Camden CCG, CCG Patient Participation Group, other PPGs, and voluntary sector and community healthcare projects.

I have learned a lot and here are some of the highlights:

- Camden has 400 GPs. There is a shortage and it is proving a challenge to recruit enough, so we have a number of locum GPs working on a long-term basis.
- The 35 GP practices in Camden are spread across the borough with varying sizes of premises and quality of facilities for primary care services.
- Most of the GP partners in our surgeries are now looking at ways they can collaborate with other practices to offer a wider range of primary care services. The groupings of GP practices are being called "neighbourhoods" and there are 5 emerging across Camden.
- All Camden patients can now access a GP appointment on a Saturday at one of three locations in Camden if they wish, and the evening appointments will be coming soon. Everyone can still book an appointment with their GP of choice at their surgery.
- Home visits by Camden GPs have been very popular and successful in providing care to some of the most vulnerable patients in Camden. The federation is re-tendering to continue this service and we hope it will remain with the federation as the GPs involved are all aware of the local issues.
- Nationally, the same picture is developing and there are predicted to be almost 5 million patients belonging to groupings that offer integrated primary care services intended to improve wellbeing and prevent/reduce hospital admission.
- Closer to home, and staying out of hospital, are two of the guiding principles behind these primary care collaborations – and this is very much the driving force behind the 5-Year GP Forward View that was published by NHS England earlier this year.
- Two important projects have been kicked off in Camden with funding from NHS England:
 - Streamlining the GP's paperwork to reduce the time they spend reviewing letters
 - Providing Mental Health specialist nurses in some GP surgeries for the care of those with serious long-term mental illness.

- Two groupings of practices will be the first to pilot these ideas.
(NW3 and South.)
- The way in which Camden CCG interacts with the other 4 CCGs in North Central London is changing. There will be one Accountable Officer and one Finance Director for the whole region.
- Each of the 5 boroughs in North Central London is expected to have a GP federation that will deliver the integrated primary care for patients.

Please contact me on Eleanorsturdy@gmail.com if you have any questions.
Eleanor Sturdy