**Monday 10 July 2017**

**AGENDA:** Last minutes - To be agreed

**Summer Newsletter**

**Dr Corbetts’ Patients Not to transfer to other Partners**

**New Trainee Dr Redlin [CK] FT X 1 yr ST4 p/t**

**Lease Update – No progress**

**PMS Contract Review**

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| **Last Minutes** | Agreed |
| **Dr Chua** | The meeting today was led by SC in place of Dr Corbett who has now left the practice |
| **Summer Newsletter** | We went through the Newsletter which refers to who will be covering for Dr Jacks and Dr Dharshika Srikantharajah will be replacing Dr Corbett |
| **Lease Update** | No progress as of yet, but certain that the overall landlord who leases out the building to the NHS isn’t looking to make any changes – the practice sublets from the NHS |
| **PMS Contract** | Not much progress, although next year services are expected to be reduced, however, the practice is unable to reduce what’s already being offered. There will also be a 30-40% drop in funding there will be more details given in October/November 2017 |
| **AOB** |  |
| **DNs** | Have now moved back and SC thanked the Forum for their support and help in achieving this goal |
| **PCN** | Bernice works with us but is a part of Age UK – she deal with patients who are 55+ & is extremely helpful when it comes to local services |
| **Podiatry** | Is becoming a problem due to the waiting time, but is not a part of Abingdon Medical Practice but rather Podiatry is related to the Community Services which is where Alma is the receptionist |
| **Brompton Hospital** | VB informed the forum of the Brompton hospitals cardiology department was being closed down on the grounds that as a specialist hospital it was too expensive to run & a meeting being held on 11 July 2017 at Chelsea Town Hall. |
| **Did Not Attend [DNAs]** | Are still high, after the third DNA we write to the patient. The patient list is now 8,500. There are no appointments for 2 weeks now with a specific GP |
| **Repeat prescriptions** | Are initially done by the nurses & Nora & everything needs to be checked. It’s easier & more efficient to have them go straight to the chemist. Although, Tesco’s can forget to print out the second page & assume it’s the patients fault. It was suggested that the patient could come to the practice & have the script printed out & take a copy or a photo to Tesco’s |
| **Whole Systems** | Training will be given in September so that patients who request a health check will be given 30-40’ to see a GP either here or a Violet Melchett & together you will go through your needs – do you need physio etc. For the moment the practice is not signed up to it, because it would mean seeing 3-4 patients 65+ with long term conditions & involve other specialities. |
| **Health Checks** | The whole systems discussion raised questions about health checks in general & how often should patients request a one. SC explained that if a patient has a chronic or long term condition like diabetes, then they do need to have an annual check-up. However, if someone is generally in good health, then it’s a question of being sensible but not of needing one annually |
| **Our Services** | Megan kindly offered to draw up a list of the services we are able to offer due to the size of the practice. |

**Monday 10 April 2017**

**AGENDA:** Last minutes - To be agreed

**Dr Corbett retirement [Clare]**

**Dr Jack’s Maternity Leave**

**GP cover**

**Spring Newsletter**

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| **Dr Corbett** | Will be retiring at the end of June & that there is a book for people to sign. Those who see Dr Corbett were sad to hear that she was leaving |
| **Dr Jacks** | Is away on maternity leave & due back around January 2018 |
| **GP cover** | At the moment there will be Dr Mactavish who was a registrar here many years ago will be here to cover for Dr Jacks patients & Dr Corbett’s patients surplus & our new registrar Dr Siraj is here to help cover the workload. A new GP will be recruited in June/July with a view to starting in September |
| **Spring Newsletter** | This was distributed & raised a discussion about confidentiality. It was explained that only medical staff have access to these records, & the information is not to be used for research & no-one can access the records without using a card. Plus, no-one can access the information outside of the practice unless consent has been received from the patient. As Megan explained she works for the Rapid Response Team which operates out of Kensington Town Hall & unless the patient gives their consent to the GP for them to look at their medical records, they are working with a patient with limited information. However, if consent has been given, then once they’re finished her access rights are removed. Allowing people to have access to medical records can benefit both the patient & the staff when it comes to medication, & knowing what other health issues a patient may have in case any conflicts of treatment may arise. Rapid Response Team is mainly for housebound adults but the team don’t treat children. In fact no such team exists for children. |
| **AOB** |  |
| **Bernice Semple** | The Primary Care Navigator [PCN] came to the meeting & explained her role at the moment. She’s employed by Age UK Kensington and Chelsea& deals with any social problems a patient (age 55 and over)may encounter, such as getting to appointments, the bank, helping patients to get the benefits their entitled to & the primary aim is to help patients stay at home, & she’ll refer patients on if they need help she can’t provide. The role of the PCN is gradually transitioning from the **Social Care** side to that of being more of a Health and Social CareAssistants role, & is part of Whole Systems, which gives patients with multiple health problems a whole care plan. At the moment Bernice covers 3 surgeries, but within whole systems there are 2 hubs one based at St Charles Hospital [SCH] & one based at Violet Melchett [VM] & the PCNs role will be removed altogether. She finds that she gets referrals from GPs, GP reception staff [outside of the Abingdon MP] & pharmacies. According to where you live will dictate the age related starting point¸ although the age in K&C is 55 and over. It ranges from 50+ to 65+ in different boroughs. Bernice seemed to feel that Whole Systems could be with us by September & will attend the meeting in June to give the forum an update as to what’s happening. |

**Monday 9 January 2017**

**AGENDA:** Last minutes - To be agreed

Cora & Emily representing District Nurses

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| Last Minutes | Agreed |
| Cora & Emily  District Nurses [DN] | Cora explained that she’d replaced Stephen Lord & how with Emily they’d reviewed the situation & were starting to introduce some implementations as to how the DNs would work. Weekly meetings with GPs to improve communication & better visibility will improve their efficiency. By the end of January the DN team leaders will be providing feedback & will be back in the Abingdon which was well received. Cora admitted that there was a lack of clarity & explained how relationships with hospitals had changed. DNs are no longer invited into hospitals to discuss a patient being discharged home from hospital with the various services involved. However, with the re-introduction of Matrons Cora felt this would improve the present situation, but the lack of information sharing needs to be looked into, & since the introduction of SystmOne the discharge notification to GPs from hospitals was improving & now needs to be extended to DNs. |
| AOB |  |
| Whole Systems | The practice will join & hope this will improve general communications with all hospitals & include weekly catch up with GPs who will liaise with DNs to make sure they’ve received the latest notifications. GPs also need to ensure that patients understand the need for their consent to share their records, especially as we have a high % of elderly patients |
| GP Practices | Are no longer a sustainable business. Some practices are owned collectively & share the back office staff. There’s a lack of GPs & more local GPs are actually closing. The PMS contract is being phased out. Funding is to be reduced by 30%, while service charges have been increased by 6-7 times their present value. The practice is not allowed to offer other services, as need to remain within the NHS Medical requirements, to avoid a conflict of interest. An NHS practice is allowed to have 10% but they’re not entitled to NHS care. At the moment it looks like GP practices are expected to treat more people but with less funding. The role of the Primary Care Navigator [PCN] was extremely useful for the elderly, but the role is now changing & seems to be moving away from how to navigate the NHS & Social Services & help deal with the paperwork, to allow GPs to concentrate on what it is they’re trained to do. |
| Megan | Introduced herself new to the practice but also involved with rapid response team |
| Sarah | Our registrar until August |
| Lease | This is in the hands of a solicitor & a surveyor who are looking at the building & the shared part of the lease which needs to be re-negotiated |
| Sharing the Meeting | AR asked if the Forum would be interested in sharing the meeting, if so would they want to Chair it as well? The overall feeling was that they were quite happy with the present format. |

**Monday 10 October 2016**

**AGENDA:** Last minutes - To be agreed - Autumn Newsletter - District Nurses & Primary Care Navigators - Renewal of lease and service charge update - New Registrar – Dr FP

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| Last Minutes | Agreed |
| New Registrar | Dr FP was introduced to the Forum who will be with the practice for 6 months training |
| Newsletter | It was suggested that we have an ongoing fixed column filled with information such as practice contact details, how to make an appointment, send a text to cancel an appointment, inform people what services we offer etc |
| District Nurses [DNs] & Primary Care Navigators [PCN] | CK explained how changes had been made without any consultation. Our house bound patients are now under 2 different teams 1. Abingdon team (based at Emperors Gate) and 2. Holland Park team (based at Colville HC and for whom we have not even any contact details) VB offered to help & will write to Cora Molloy (who has taken over from Stephen Lord) Also, we’re now onto our third PCN & again no consultation & only a weeks’ notice was given. It would seem that the role of the PCN is being merged with those of a Health Care Assistant [HCA] within the Whole Systems initiative. CK confirmed the practice would have to investigate becoming involved with Whole Systems in order to retain this valuable resource of PCN. |
| The Lease | The building is privately owned by a local man. The head lease is taken by NHS Prop Co and the practice take an under lease from them. The initial lease was for 12 years & expired 3 years ago. The GPs tried to negotiate a new lease with the old PCT but now have to start again with NHS Prop Co. The practice is engaging a solicitor and surveyor to help negotiate the process – the proposed new service charge is 6-7 times the old one. |
| **AOB** |  |
| Other GP Practices | The Earls Court Medical Centre recently issued notification they will have no premises to operate from with effect from the end of December 2016. The Health & Wellbeing Centre in Earls Court [a privately run NHS practice) are not renewing their contract so that practice will presumably be put out to tender again. Redcliffe Street Practice in SW10 are also looking for new premises to operate from. |
| New Nurse | Megan Herriot, an Australian trained nurse (she was previously working as a District Nurse locally) has taken over from Lisa who has gone off to train to be a Health Visitor |
| New Receptionist | Kat is a new part time receptionist and so reception is now open from 08:00 to 18: 30 fully including lunch time. This extra receptionist time will also Nora to do more Health Care Assistant sessions in the practice. |

**Monday 11 July 2016**

**AGENDA:** Summer Newsletter - Open Lunch Hours - Chaperone Policy - 172 Missed Appts [6 June-6July 2016]

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| Last Minutes | Agreed |
| Summer Newsletter | VB asked if it was possible to use both sides of the newsletter rather than the one side only, which could offer information such as what patients could do to improve their journey & help us at the same time. The phone numbers for GP Practice & the Community side & explain their differences. How can patients cancel their appointments? An article about shingles. To explain new Chaperone Policy. To publicise number of missed appointments. |
| Open Lunch Hours | This means no ability for reception to have lunch meetings |
| Chaperone Policy for Everyone | CC started by asking if everyone knew what a chaperone is & how they are being offered to everyone now, regardless of sex. |
| Missed Appointments | 172 missed appointments, in fact nationally missed appointments are generally quite high. Should we have a cancellation line? After a discussion it was decided that the practice would trial a special "cancellation telephone" for patients to cancel appointments unable to keep. If a patient DNAs 3 or 4 appointments they are sent a letter. The new appointment duration time hasn’t increased waiting times & is better for GPs. |
| **AOB** |  |
| Wheelchairs | Wheelchair services now available from the NHS – deal with fittings, & new ones |
| Out Of Hospital Services [OOHS] | Labour intensive & complicated. |
| Shingles | Try to call patients but not enough vaccinations available |
| Private medications | Need a consultants letter |
| Integrated Care | Well-funded but problems with staff |
| New Patients | VB asked when are we going to put up a sign in the windows either A4 or A3 to advertise that we are registering patients. We can’t say we’re full & turn patients away of they’re out of the catchment area |
| New Receptionist | Starting Tuesday 12 July 2016 |
| Website | We don’t know how many people look at the website or use it. It contains a lot of information |
| Co-ordinate My Care | [CMC] share patients information with ambulances, out of hour GPs & whoever needs to be aware of the patients’ needs |
| 2 Week Referral | For cancer still works well |
| Royal Brompton | A specialist hospital is under threat of closure again |

**Dr Chua** **11 April 2016**

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| Last Minutes Agreed |  |
| 15’ Appointments | Proving to be having a positive impact – downside losing 2 appointments per session. Urgent appointments are still 10’ |
| CQC | Visit a practice every three years |
| Patient Forum | Not visible enough on the website needs to be placed somewhere more obvious |
| Phones | Are an ongoing issue |
| Name badges | To be raised again for a discussion within the practice |
| Dr Malhas Surgery | Not sure about the impact of registering patients from the Malhas surgery. Our list size is down from last year. If it goes below 7,800 this will prompt a review. However, to ensure we are covered, Dr Jacks & Dr Laskor will be doing some Saturdays & some extra sessions during the week |
| **AOB** |  |
| Dr Verma | Introduced herself |
| Ryan | Has replaced Eunice |
| Europe | If we come out of Europe there’ll be more money for the health service |

**Dr Raby**  **11 January 2016**

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| Last minutes | Agreed |
| 15’ minute appointments | Decided at a partners meeting to extend appointments from 10-15 minutes which means there will be longer appointment times for patients. The reduced number of appointments overall will be offset against there being no longer a need to offer double appointments, for example for people who need interpreters. |
| CQC Inspection | AR explained to the Forum that the practice had received the formal report from the CQC inspection visit. Overall we received a ‘good’ rating. Practices are judged under 4 categories: Well led, Caring, Effective & Safety. In all except safety a good rating was given. In Safety the practice was judged to require improvement. He reassured that forum that there was no actual risk to patient safety, however 1. Some drugs had been found to be out of date 2. The practice needed a mercury spillage kit. All of this has now been remedied & posters around the practice have been put up to inform patients of how the CQC inspection went. |
| **AOB** |  |
| Health Watch | CM informed the forum that there was going to be a meeting about DNs at Worlds End Health Centre. JM expressed some interest & may attend meeting too. Since moving it’s harder to communicate with the DNs who have a high turnover of agency nurses, & are now having to cover for other teams & GP surgeries covered by Emperor’s Gate. If patients are to be kept at home & for the Out of Hospital Services to work, then there needs to be more DNs in order for care planning to be successful |
| Check Website | Are the Out of Hospital services we cover listed?? Warfarin, ECGs, 24 HR BP monitoring & so on. Plus, need to make sure that FP checks the virtual patients’ discussion forums to see if anything relevant to the patient forum meetings has been raised. The term /virtual patients’ should be replaced with patients’ virtual group |
| Nurse Triage | Had positive feedback |
| List size | The practice list size has dropped & the practice will need to further investigate to determine some of the reasons for this. It is likely to be in part due to NHS England patient deductions (FP69) after writing to patients to determine if they have moved away. In general we have a very fluid population which means the practice in order to retain a minimum number of patients 8,000 is always open to new patients |
| Phones | JS raised this again as he has now moved & found getting through problematic. AR said to raise the issue at Mondays meeting so that it can be reviewed again |
| Name Badges | There was a consensus that it would be helpful if reception staff could wear name badges in order that they know who they have spoken to. This will be discussed at the practice business meeting. |
| Housing | VB asked if there is a charge for this. If the patient has approached housing then they normally send a form which the GP will fill in & return free of charge. However, if a patient wants a private report done then yes there would be a charge for this |
| Homeless patients | If a patient is homeless then they would be seen as an Immediate & Necessary patient, but if they required on going treatment then an address within the catchment area would be needed. K&C is fortunate in having several hostels so street homelessness isn’t that common |
| Maternity Survey | CM asked if she could do a post hospital survey with new mothers to find out what their experience in hospital was like. AR asked CM to hand in an example of the survey so that the GPs at their Monday meeting could make an informed decision. |

**Dr Kilduff October 2015**

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| Last Minutes | Agreed |
| Newsletter | This was discussed with the forum who agreed that advertising the services of the Care Navigator could be useful. When complete the Newsletter will be placed in reception & be available online. It will mention: Change of Address: If a patient lives too far out of the catchment area the Health Authority (HA) will remove them from the list; Surveys need people coming out of hospital to give us their feedback, the Friends & Family survey isn’t producing anything except a lot of positive feedback, e-prescribing: This means the prescription will go straight to the pharmacy of your choice & you don’t need to come into the surgery to pick it up. But you can carry on picking your prescription up if you’d like to, flu jab Is now available at the practice for those who are at risk & available at Boots, Sainsburys, Tesco etc , text messaging: We need to get consent from a patient before we send text messages & if they say no we need to tick the dissent box, MEN ACWY vaccine |
| CQC Visit | An outline of how the visit went was given. Five people came & stayed until 19:30. Practice was informed that books due to the risk of cross infection needed to be removed, & they also checked that Legionella checks & so on had been carried out. The practice is still waiting to hear if they’ve passed or not |
| **AOB** |  |
| Dr Corbett | Returned 1 July with reduced hours |
| Medical booklet | Health care links will be kept/given but all medical advice will be removed – all contact details will be added email address, & opening hours |
| Posters | It was decided that all patient information should be moved upstairs & perhaps a bigger or even a second noticeboard is needed. There are also many leaflets available on the ground floor |
| Website | There are 100 virtual patients. The minutes are on the website & there’s a discussion forum. The Patient Forum (PF) also suggested an events calendar that promoting Health Days & know about such events as Silver Sunday could be added, plus links to other useful websites. |
| South Hub | We will be a spoke for them |
| Patient Representative Group (PRG) & Health Watch | AW explained that at the PRG meeting there were 4 people from 3 different surgeries attended. The members of the PRG were both interested & intrigued to hear that they have access to online training. It was also discussed that Health Watch is raising expectations of what to expect from GP practices & is trying to create an effective network of volunteers to help keep patients at home. |
| Out of Hospital Services (OOHS) | Much of this is a tick boxing exercise & some practices are giving much of this work to their administration staff to deal with |