

## **GOWER PLACE PRACTICE**

### **PATIENT PARTICIPATION GROUP MEETING TUESDAY 2<sup>nd</sup> SEPTEMBER 2014**

**Attendees:** Margaret Versteeg; Dr Diana Manuel; Glenys Fenemore Jones; Leah Francis; Dr Mark Barrett; Carol Sheils; Michelle Green; Carole Buisson-Syla;

**Apologies:** Mary Pyke; Evelyn Abberton; Elizabeth Paul

#### **WELCOME, INTRODUCTION AND APOLOGIES**

Welcome to Leah Francis, new UCL Welfare Officer

#### **MINUTES OF THE LAST MEETING**

Previous minutes discussed and accepted.

#### **MATTERS ARISING**

DM commented on her experience with the new phlebotomy service and the volunteers employed there. The phlebotomy service is providing a map leaflet which has the wrong telephone number and DM had to call the practice to get their new telephone number.

The petition is still running and going well. We have almost reached 6000 signatures.

#### **PREMISES UPDATE**

UCL has served a notice to quit on the lease. This has been served to the practice.

Our lease will expire on 31<sup>st</sup> July 2015.

On 29 August 2014, the practice had a meeting at the potential new building in Malet Street with the University of London (new landlord), NHS England (the deputy director of primary care and her assistant) and UCL, who also came along to act as support. We have submitted our business plan to relocate and this has been submitted to NHS England and we are currently awaiting approval. It looks quite promising and positive but we have not received any formal or written confirmation.

The premises in Malet Street are not the size that we would like and that would be recommended for a practice with our number of patients. NHS England is aware of the problems of finding suitable space in WC1. Finding such space is very difficult and they are prepared to probably

accept the fact that this is the total amount of space we are going to be allowed. The practice has asked University of London a number of times as to whether we could have some more space but there is no more space available.

Next step: Once we have the formal confirmation we will progress to something called heads of terms for the new lease. After that, we hope to sign the lease for the new premises.

We have been told that there are a number of meetings that NHS of England is holding which our business case will go to.

If the scheme is approved then the space will need fitting out and this will take at least 6 months.

The practice has asked to have a lease for 20/25 years but it looks like it will be 10 years only. NHS England would prefer the lease to be for as long as possible.

The old unison building is going to be UCL offices.

The premises in Malet Street have big potential. We will be all on one floor and two extra clinical rooms will be built. We would like to continue our relationship with UCL and to provide services to UCL students along with other patients.

## **FRIENDS AND FAMILY TEST IN GP PRACTICES**

From 1<sup>st</sup> December 2014, it is a contractual requirement that all GP practices undertake the NHS Friends and Family Test (FFT).

The Friend and Family Test is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services.

The primary aims of the FFT are to:

- gather useful feedback from people who use services that can be fed directly to the staff that provide their care in a simple format, in near real time.
- identify areas where improvements can be made so practical action can be taken
- inform current and prospective patients about the experiences of those who use that practices services.

What is the initial FFT question?

- We would like you to think about your recent experiences of our service.
- How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment?

The responses are: 'extremely likely'; 'likely'; 'neither likely nor unlikely'; 'unlikely'; 'extremely unlikely'; or 'don't know'.

The wording of the FFT question and the responses must be exactly as set out above but a short free text after the question can be added.

We need to set up a system to record the answers and every month, the practice has to submit the results of FFT which will be displayed on the national website.

The FFT needs to be available to every patient. We will be able to inform patient about the new survey through text messages, website, the arrival system, leaflets, and envisage TV screen.

### **UNPLANNED ADMISSIONS DES**

Unplanned admissions DES is a government initiative. The idea is to try to reduce unnecessary admissions to hospital so they have asked practices to find 2% of their population (for us just over 300 patients) who may be at risk of an unplanned attendance at hospital, admission or A&E and they want the practices to proactively manage these patients by producing a care plan and by offering good access to the practice (priority telephone line). Overall, it should not add too much extra day to day work and hopefully it will be useful to the NHS.

The practice wrote to 306 patients and we have done care plans for half of those patients so far. All care plans need to be completed by end of September. A risk score is done to identify patients who need a care plans. Those patients are usually patients with more than one medical condition or patients who have complex medical needs.

### **ANY OTHER BUSINESS**

A shingles vaccination programme has been introduced and is based upon age.

If you think that someone you know has a problem with alcohol, they can go to Camden Alcohol Centre where they accept self-referrals.

**Federation update:** we are connected quite closely other Camden practices and there is a huge push in working together and sharing services. CS and MB have been attending a number of meetings and the latest agreement from many of the practices is to join together to look at federating certain services and using an organisation called Haverstock Health. Haverstock Health is an organisation run by GPs for GP practices in Camden. We have signed an agreement to say that we are willing to go to the next step and we believe that many practices are willing to go to the next step of federating.

The reason that federating is needed is because patients should be able to have 8 to 8 access 7 days a week and access to different services.

The Flu clinic here at the practice starts on 7 October 2014.

**DATE OF NEXT MEETING**

**16<sup>th</sup> December 2014**

**Summary of Action Points on next**

**SUMMARY OF ACTION POINTS – MEETING ON 2 SEPTEMBER 2014**

	<b><u>ACTION</u></b>	<b><u>DETAILS OF PROGRESS</u></b>	<b><u>RESPONSIBILITY OF</u></b>	<b><u>DEADLINE</u></b>	<b><u>DATE COMPLETED</u></b>
<u>1</u>	Update on premises	To be updated accordingly. Premises and our relocation continue to be a top priority for the practice and the PPG. Negotiations are ongoing	Mark/Carol	Next meeting	On going
<u>2</u>	Friend & Family Test	Latest update. FFT will become part of our patient feedback and we are keen to ensure it is accessible to all. We will introduce this new scheme to our patients via posters, website, electronic notice board, FFT forms available in the waiting room and face-to-face with patients where possible.	Carol	Next meeting update	Next meeting/ongoing
<u>3</u>	Federation within Camden	MB and CS will continue to attend meeting and workshops to gain as much information as possible on the benefits of this for our patients and report back to the PPG	MB and CS	Ongoing	Take to next meeting to update