North Kensington Medical Centre Patient Participation Group (PPG) 11th September 2019

Notes

Attendees: Dr Djordjevic, Shona Elliott, Patients SD, JC, HP, AF, JR, MM

PPG membership – The role of the PPG was discussed for those who are new to our PPG. The purpose of the PPG is to provide support and feedback to the practice. It is a requirement from the Care Quality Commission (CQC) but practice would still continue to have a PPG if this no longer became a requirement. The practice finds the PPG meetings extremely useful and welcomes the feedback.

Repeat prescriptions - Members of the PPG have requested patients to be informed when their medications have been stopped and why. TD explained patients who are on repeat medication are required to be reviewed at least once a year. Repeat Medication will only be stopped when a patient continuously fails to attend their appointment for medication review. Occasionally medication needs to be authorised. NKMC is aware that when requesting online, patients are unable to request medication because of the authorisation. This is an IT issue which is out of our control.

My Care My Way (MCMW) – PPG members asked how many of our patients who are over 65 have had a care plan appointment with MCMW – TD confirmed around 65% of our patients have now received a care plan. TD unable to comment on the total number of patients who have been referred to MCMW due to patients being discharged after support is no longer required. NKMC is currently short of one case manager although the practice does still have a Case Manager (Mitch) there should have been 2 case managers. One case manager should have been full time and the other should have been part-time. TD was unable to comment on if there has been an overall improvement with patients who are accessing MCMW.

Primary Care Networks (PCN) – NKMC is part of NeoHealth PCN along with 8 other local practices. All practices within the PCN are financially linked. NeoHealth PCN is currently linking attached staff i.e. Clinical Pharmacist, District Nurses and MCMW. No impact on patients as of yet but patients will eventually be able to access other services through these 8 other practices.

Building Developments – Plans for the practice to refurbish the empty space next door were discussed. The practice is still having issues with lease. Need to have lease in place in order to receive improvement grant from NHS England. Practice has sought legal advice and was advised to not sign the lease. The practice is also currently negotiating facilities management charges with NHS Property Service. The practice has written to LMC, CCG and the local MP. Previously contacted Kate Braidy from the CCG but she was unable to help.

NHS England will provide 66% of the cost for refurbishment. Practice needs to cover the remaining 33%. Dr TD said the practice is currently taking part in paid research projects which should help cover this cost.

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Pembridge, 13 Hospice – Is now closed and there are no plans for it to be re-opened due to staffing and CQC report. Patients are now being re-directed to St Johns wood. TD commented that it has been a valuable resource which she would regret losing permanently.

CCG Merge – There are current talks about eight CCG's (Clinical Commissioning Groups) across London to be merged together. During this discussion TD was asked about her opinions in regards to the merge. TD stated she is not in agreement with the plans. Main reason being other CCG's are in debt whereas West London CCG is not and therefore would absorb their debts. Practice will vote for CCG's to be merged.

Staffing - A few of the PPG members expressed their concerns about the reception staff here at NKMC. In the last meeting a PPG member expressed their concerns about a receptionist being unwelcoming towards him when he was trying to register. PPG member stated TD said she would address this but he feels he has not seen any change. PPG want to know what is the practice doing about this. TD explained this was discussed with reception at the time, which resulted in two receptionists leaving. Two new receptionists joined earlier this year.

As we do for all complaints from staff and patients, we request that this is put in writing and the practice will investigate. Verbal feedback is useful however we need to have specific details and evidence for complaint to be upheld.

PPG member stated we discussed staffing issues in the last meeting but this was not included in the minutes. TD stated the minutes are sent to all PPG members for approval before being published and asked the PPG member if he brought this to Shona's attention. PPG member stated he did not respond for other reasons. He also mentioned the problem is not limited to this practice but other practices across the CCG area with reception staff having problems with sign-posting patients. Reception training was mentioned and TD confirmed that all receptionists have to be trained to be able to take up employment. Customer care training is a CCG requirement.

PPG member stated they have expressed their concerns about the atmosphere in reception which started long before TD joined the practice. It's not just a negative atmosphere but also unhelpful. TD asked PPG member if this applies to all reception staff we had since TD joined the practice. PPG member didn't want to say it's the whole reception team all the time but it is very often. TD stated if this comment applies to all of the staff we have hired over the last few years then there is a problem.

TD reiterated that if anyone has a specific complaint, they will need to put this in writing to and go through the correct procedures. We look for evidence and listen back to telephone calls. We also pay for a HR company to assist with staffing issues.

Reception staff has a meeting once a week with partners which is when they can raise their concerns.

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Another PPG member commented on a new receptionist and stated she was polite and welcoming.

Next Meeting Wednesday 15th January 2020, 2:30pm at the Surgery