

MVMC PPG Annual General Meeting on Tuesday 5 February 2019

Held at Maida Vale Medical Centre

Present

PPG Patients:

Dr. Namdar Baghaei-Yazdi, Lena Choudary-Salter, Brian O'Neil, Stephen Homewood, Howard Salter, Margaret Legg, Jenny Green

Health Watch Representative:

Jill Praver

Practice Representative:

Donika Xhixha, Practice Manager

LCS opened the meeting and those attending introduced themselves.

DX reported that CLCCG has invested on new websites for practices, including the one for MVMC. The teething troubles, frustrating for staff and patients were identified as the website went live. Although the new website was functional, the Google search brought up the old website. The Project Manager employed by CLCCG for this purpose was notified to seek solutions. Text messages were sent to patients that have consented notifying them of the new url: /

There is an absence of GPs willing to be employed, a current issue that is an overall symptom partly due to Brexit uncertainties, and partly the GPs feeling in general underpay, overworked etc. Dr M Bakhtiar has stopped the work as employed GP at MVMC due to personal circumstances and choices. On the bases of good working relationship and goodwill, Dr M Bakhtiar continues seeing few patients during the extended hours on Tuesday evenings.

DX described that during interviews with GPs has come to fore a common thread. GPs are choosing to work as locums, as they feel that is the best way to manage the demands and the expectations in general practice, something that is considerably more expensive, but no choice due to the difficulty of finding clinical staff, not just GPs. The demand is higher than the capacity!

This led to a discussion exploring the question raised about partnership. There is the view that GP's would like to have partnerships rather than being salaried. However, since its formation, Maida Vale Medical Centre has been a family GP practice held and run by the Wright family of several generations of GPs. Given this history, Dr H Wright has no intention of changing the ownership, but he will continue being the principal GP, working closely with the Practice Manager and mentoring the GPs that like working in this practise. It is becoming apparent that a lot of GPs are choosing to work part-time, as they are choosing to develop professionally in more specialised interest.

The MVMC GPs do not attend the PPG meetings. Any issues are presented to the Practice Manager. She communicates them to the principal GP.

From the PPG point of view, this is an issue, (not less because the on-going situation with practices in the neighbourhood) and as the PPG seem to be heard and getting nowhere all the patients attending voiced consideration of breaking up the PPG.

DX expressed that alongside other aspects of PCNs (Primary Care Networks) developments; it is being considered and requested by many practices to develop the PPGs at PCN level.

Patients still feel the problem is that the practice has a sole principal GP that showed no interest at all to address or even consider the needs disclosed by the PPG.

Meanwhile, the practices feel that the expectations and the purpose of the PPGs need to be revised as they are meant to be a friendly critical and supportive voice!

DX conveyed the message that the practice had listen very much to the voices of patients, not just the PPG members, and has put all the possible resources in providing full time HCA/Phlebotomy for all the blood tests in the practice, so patients don't have to travel. New Practice Nurse, who is also employed full time, trained and competent in delivering additional services to the patients. All of these developments have been implemented as part of the services being moved from secondary care to primary care. Starting from April 2018, and gradually working its way through, Maida Vale Medical Centre at this point provides services in-house for Blood Tests, Diabetes Level 1, and ECGs, APBMs, Spirometry, not just for our patients, but available for all the other patients of other practices that form the PCNs in Westminster.

DX also asked PPG members for their understanding. Practices and patients have to be realistic in their expectations. The practice itself is rapidly adjusting to the new ways of doing things in order to maintain and sustain General Practices and NHS altogether. It takes time!

JP suggested it would have been helpful if some of the paperwork under discussion had been supplied earlier as this would have saved time. Amidst some discussion LCS said we should not forget that one of the reasons for the meetings was to see how we could give DX some support to help achieve our own aims.

DX reported that the issue of disabled access is helped by creating Hubs within the local PCN, meaning that at least more than one practice would provide the same service, therefore any patient with needs can be accommodated at the practice that has access for that particular service.

There is and will be a need to educate patients about changes and developments. This takes time, but what is being sought is quality in the doctors.

LCS pointed out that the practice has some 7,000 patients but only 1.1% replied to the questionnaire sent out. There is a need to encourage patients to respond but also there should be greater emphasis on prevention. The PPG requested that this is passed on to the doctors in the practice.

DX mentioned the increasing problems facing GP practices – increasing waiting lists due to taking on secondary care and with practices closing. Prevention in practice is being promoted through NHS Health Checks, Smoking Cessation, Care Navigators that utilise Westminster services to support patients with their social needs that affect their health and wellbeing.

JW of Health Watch said they were a Group that was there to ensure patients voices were heard in decision making and feed-back. She accepted that they had no legislative powers at all, but had strong monitoring and are in Health and Well-Being Boards. She said she was there to give support to GP Practices and on issues on information, visiting PPG's putting posters and providing on-going support. It was also pointed out that GDPR restricted information.

The question was raised how can the PPG expand? DX suggested asking the patients.

JG offered to provide a survey and a Practice Resource Pack. She added that they have what is termed a Virtual Group. This was not received with any hope or encouragement.

NB-Y volunteered to be a monitor to expand the Group

BH suggested a separate meeting to discuss expansion, representation and recruitment but it was pointed out that older people were at all e-literate. LCS pointed out that 65% of the patients in this practice are under 50.

JG raised the question of providing preventative advice and medicine.

LCS and SH go to a variety of meetings e.g. Continuing Health Care, Social Care (both at WCC and K & C). They can continue to go to further meetings but other volunteers would be really appreciated.

DX mentioned that London models by the nature of mobile populations differed from GP practices outside the London.

LCS referred to the integration of 999 and 111 with Urgent Care. It is an amazing Hub that embraces GP's, nurses, mental health nurses, pharmacists etc where they can all signpost where patients can go. Calls are free but answered quickly and there are also web-sites.

Mention was made of the development of consultations with GPs on video. The problem there is that while some have access and expertise to use this facility many do not and those need access/education and ability to take advantage of such a facility.

DX said there are several Care Navigators employed by CLH that work closely with each GP practice, helping the patients with social needs.

Time ran out and it was agreed the next agenda must include consideration of patients' satisfaction and complaint areas. DX pointed out that by the nature of it, not just in a medical centre patients/people tended to voice complaints far more than their satisfactions. This will be part of the agenda for the next meeting.

The meeting closed