

**MARYLEBONE HEALTH CENTRE  
PATIENT PARTNERSHIP GROUP  
Minutes of meeting 6.1.2020.**

**Annual General Meeting 6pm-7pm**

**Meeting Chair** Jacqueline Glasser (JG)

1. **Present;** Yvonne Turkistanli (YT) Judith Morris (JUM) Moosa Bhayat (MB) Jeanette Creaser (JC) Bernard Davis (BD) Jill Praver\* (Healthwatch) Eleanor Bron (EB) Dr Andy Goodstone (AG), Jim McGeehan (JMcG) Louise Aron (LA)  
**Apologies-** Drew Hyman (DH) Sylvia Lazzarini (SL) Josephine Becci (JB) Robert Eddison (RE)
2. **Welcome –** JG in her capacity as current Chair welcomed everyone to the meeting. The AGM was to be held and then the new Chair would chair the PPG meeting which would take place immediately afterwards. JG reminded the meeting of the governance of PPG and the importance of the annual review and elections for Chair and Deputy Chair roles.
3. **Importance of our PPG -** Dr AG reminded the meeting of the commitment PPG makes and has made for over 20 years at MHC. He said when PPG was first established it was ahead of its time, and whilst for many parts of NHS patient engagement has felt very ‘tick’ box the relationship between our PPG and MHC has always been very valuable and much appreciated.  
It is always noticed by external parties how active and engaged our PPG is and in fact at the recent CQC inspection PPG met CQC inspectors who have included very positive feedback in their draft report. They were surprised by PPG review of surveys and complaints and how involved PPG is in staff/service and local commissioning.  
Dr AG said the team at MHC feel very much that the PPG is their critical friend and that there is a distinct difference in ‘partnership’ which MHC/PPG have and ‘participation’ which is generally how user engagement takes place.  
Dr AG said he hopes that as MHC develops and grows so does the PPG and we remain partners working to deliver the best care possible for our patients.
4. **Elections-** JC thanked JG for all her hard work as Chair over the last year and JUM for her hard work as Deputy Chair and now called for the elections to be held.  
At the last PPG meeting it was agreed that the AGM and elections would take place on 6th January 2020 and nominations were opened.  
JG had been nominated and seconded and JuM had been nominated and seconded  
Both had full support of the PPG to remain in post; however JG said that it was important to follow the PPG Terms of Reference and our Charter and to hold annual elections to enable other interested parties to stand and have the opportunity to chair.  
There were no nominations and therefore  
JuM was re-elected as Deputy Chair and accepted the post  
JG was re-elected as Chair and accepted the post  
**PPG were delighted and all congratulated JuM and JG on their posts**

**JG in her capacity as newly elected Chair closed the AGM as there were no other matters for discussion and no AOB**

**PPG 7pm-8pm Meeting Chair** Jacqueline Glasser (JG)

**Present;** Yvonne Turkistanli (YT) Judith Morris (JUM) Moosa Bhayat (MB) Jeanette Creaser (JC) Bernard Davis (BD) Jill Prawer\* (Healthwatch) Eleanor Bron (EB) Dr Andy Goodstone (AG), Jim McGeehan (JMcG) Louise Aron (LA) Robert Eddison (RE)  
**Apologies-** Drew Hyman (DH) Sylvia Lazzerini (SL) Josephine Becci (JB)

1. **Minutes** of last meeting: Review of Minutes from 25.11.2019. All agreed actions completed.
2. **Matters** arising from Minutes that are not on the agenda: nil to note

**3. Practice Update**

**a) Staff- 2 medical students are based at the Practice for 10 weeks.** Discussion about MHC commitment to support the training and recruitment of new doctors/GPs. Benefits to patients were reviewed and there were no risks as students are not treating or diagnosing patients and are working under supervision. Good students get to experience seeing patients and work on communication skills.

Nurse Sue Beely is now able to perform smears so nurse availability should improve.

**b) Winter pressures:** PPG advised that the Practice faces high levels of sickness including doctors and nurses, although this has now reduced to a manageable level. However until we are back to full complement we remain focused on clinical work only, and there may be a delay in dealing with forms and letters for insurance and mitigating circumstances which are not an NHS requirement but done as a support for patients when requested

**c) Premises:** AG/JC are meeting with the landlords in 3 weeks- more details to follow

**d) CQC-Care Quality Commission:** Dr AG advised PPG that we had received a draft report which was very good. The inspectors recognised the hard work and commitment of both the team and PPG. They said that services were safe and responsive to patients' needs and that we met all CQC standards.

They made 1 observation that whilst the Practice respond and action all NHS alerts received about medication appropriately and safely (and they saw evidence of this) we may want to adopt a centralised repository to log alerts and actions. Currently JC does this for ones she manages and they suggest rolling this out as policy. MHC thought at the visit this was a good idea and was an example of how helpful external inspections can be. This is now in place at MHC. two areas were noted as requiring improvement: smear uptake is low as is childhood immunisation.

JC explained that MHC provide a smear taking service and all women 25-65 are invited to have a smear every 3/5 years and this reduces incidences of cancer. MHC contact patients who do not attend regularly giving face to face reminders, sending text reminders and letters and making telephone calls. PPG asked are MHC doing this robustly and JC confirmed we did as well as having protected slots and good access ( and noted by the inspector in the CQC report). PPG were concerned that MHC may be seen to be poor performing because of patients choice and disappointed that patients were not attending such an importance service

JC explained that MHC provide a childhood immunisation service and all children from birth or registration are invited to attend for immunisations in line with the NHSE vaccination schedule MHC contact patients who do not attend regularly giving face to face reminders, sending text reminders and letters and making telephone calls. PPG asked are MHC doing this robustly and JC confirmed we did as well as having protected slots and good access ( and noted by the inspector in the CQC report). PPG were concerned that MHC may be seen to be poor performing because of patients choice and disappointed that patients were not attending such an importance service

Given the public health importance of childhood immunisations PPG would like to be more actively involved in promoting both services.

**Action PPG to discuss further at next meeting, JC to produce target performance data and JG to include in newsletter**



7. **Newsletter:** Autumn newsletter items: promotion of the Wellbeing event, article from JG, Staff spotlight reminder re flu vaccinations and Immunisations including HPV\*\* (WHAT'S HPV/), Lateness and impact on waiting times, DNAs. Over the counter medication prescribing programme issued and available. Defibrillators. Staff and who they are/what they do. Cervical screening(smears) information. Listening table
8. A.O.B
  1. Discussion about prescribing services at MHC- Newsletter to describe OTC medication work and why this is happening. PPG supportive. Can Pharmacist ensure she is clear where she is calling from and why when she calls patients and say she is contacting the patient at request of the patient's GP as this can be confusing for patients
  2. New NHS app which links patients to NHS systems and advice to be rolled out soon-JC attending training 10.1.2019
  3. Listening table-can JC send EB a list of dates when listening table can be placed at MHC and EB will confirm when she can attend **Action JC**
  4. Interesting points raised for discussion by EB. Items placed into above work plan as requested by PPG (improve PPG notice board, listening table, powerful posters,
  5. JP shared a poster how to improve your local NHS services poster event(4.2.2020 10am at Abbey Centre, SW1P 3BU))- all invited and **action JC to place on notice board**
  6. JP shared a poster about primary care awards for PPG information and about London Clinical senate.

Practice website address: [www.marylebonehealthcentre.co.uk](http://www.marylebonehealthcentre.co.uk)

Next meeting dates 2020; February 17th , March 30<sup>th</sup> , May11th, June 22<sup>nd</sup>, August 3<sup>rd</sup>, September 14<sup>th</sup>, October 26<sup>th</sup>, December 7<sup>th</sup>, January 18<sup>th</sup> 2021

***'Working in partnership to achieve the best possible healthcare for our patients'***

Glossary;

1. CCG - Clinical Commissioning Group (Commissioners of secondary care and some primary care)
2. CLH - Central London Healthcare (GP Federation)
3. CLCH - Central London Community Healthcare (Community Services ie District Nurses)
4. DNA- Did not attend (appointments made which patients then fail to attend for.)
5. GDPR-General data protection regulations
6. GMS –General Medical Services (generic practice type of NHS contract)
7. HCA - Health Care Assistant
8. MDT-Multi-disciplinary teams (often used to describe MDT meetings)
9. MHC - Marylebone Health Centre
10. NAPC-National Association of Primary Care
11. NHSE - NHS England (Manage the whole NHS)
12. OTC- Over the counter medication which can be brought without a prescription
13. PCLN –Primary care Liaison Nurse (works for PCP)
14. PCN- Primary Care Network (previously PCH)
15. PCP-Primary Care Plus (primary care mental health service)
16. PiP-Practice in Partnership Contract
17. PMS-Personal Medical Services (a practice type of NHS contract individually agreed)
18. PPG - Patient Partnership Group
19. TRG-Transformational Redesign Group-CCG groups looking at clinical services(Dr Safa JG and AG are members)
20. WSIC-Whole Systems Integrated Care Programme.