

**MARYLEBONE HEALTH CENTRE
PATIENT PARTNERSHIP GROUP
Minutes of virtual meeting 7.12.2020.**

Meeting Chair Jacqueline Glasser (JG)

Present; Judith Morris (JUM) Jeanette Creaser (JC) Bernard Davis (BD) Yvonne Turkistanli (YT) Moosa Bhayat (MB) Sylvia Lazzerini (SL) Billie Hands(BH)

Apologies- Eleanor Bron (EB) Dr Andy Goodstone (AG) Jim McGeehan (JMcG) Drew Hyman(DH) Dr Tom Mtandabari, C Bollinger (CB)

Minutes of last meeting: Review of Minutes of 22.10.2020. All agreed actions completed

1. **Matters** arising from Minutes that are not on the Agenda: nil to note

2. Practice Update

a) **Staff:** Reception have recruited a new apprentice called Lucy Holmes-she is with MHC for a year. Last 2 weeks as MHC staff having to self isolate/been unwell. This has not impacted on running of surgery but has meant staff have been working extra hard at a time when we are extra busy. Physio services are now available through direct booking at MHC-Reception and drs can add patients straight into the clinics on MHC appointment systems. This has greatly improved access for patients to MSK services and means GPs no longer need to consult with patients to refer-therefore saving valuable GP appointments.

b) **Premises:** Nothing to add until the Church appoints a building company.

c) **Flu:** The Practice flu campaign is very successful to date.

Over 81% of over 65 year old patients have attended or declined their flu jab. The 19% continue to fail to respond to reminders/unsure/have appointments booked

At risk group not as good at attending for the jab-lots decline-61 patients out of 477 still to respond/have/decline

MHC still has available stock and will continue to vaccinate but we will no longer continue to call patients as we have offered the jab multiple times and this wastes resources.

MHC now offering the jab to 50-64 year olds which has proven a challenge as there are such large numbers. (2000 patients to jab)

d) **COVID:** MHC have noted a slight increase of calls. Reports of increase of local school sending years home Recent incident of a patient attending having COVID symptoms and in close contact with someone with COVID lying when screened at the door in order to gain entry and access to routine treatments. This resulted in the premises been partially closed for decontamination and a Nurse and GP sent home and clinics cancelled. A patient attended for a flu jab and refused to wear a mask because of psychological issue.

Discussion about patient and staff safety and the importance of maintain tight restrictions on entry-PPG felt that the need to remain open for all patients, keep staff and patients who attend a priority.

Action JC to send a text/add to website to advise patients of what happens when entry rules breeched.

COVID VACCINE- Will not be delivered by MHC/individual practices as logistics of transporting the vaccine difficult. It seems as if the Westminster vaccine administration will be done at Lords Cricket Ground and South Westminster Centre. Cohorts will be care home staff/residents able to travel, NHS staff (possibly hospital staff initially) and then those patients aged 85 and over. Then the next groups will be by age working down from 85 until 50 and at risk groups (shielding) of all ages. Little information available but JC will keep PPG posted

3. **Newsletter:** The spring newsletter should contain DH's description of how it feels to be a patient accessing services during COVID at MHC (amongst other items) Pathways to urgent services to be included. Section on E Consult and patients feedback with examples of how this service is beneficial for patients. Piece about the physio service. (perhaps April)

4. Primary Care Network (PCN) -

JUM described the last stakeholder update. The group discussed extended hours and JM reported other surgeries reported the same concerns raised by MHC and our patients-extended hour's services too far from 'home' and patients prefer to be seen by their own GP. Seemed to be a lack of clarity about pathways to services such as A and E and St Charles minor injury service. Concern raised about marketing in general about extended hub services.

5. **E Consult:** It's still early days of using the service. Vision at MHC is that patients can send E Consults (safe system as directly into systemone and can be audited) and this will reduce the time drs spend on consultations so will have better availability.

Patients sometimes send E Consults instead of a request for an appointment, asking about administrative matters and these are dealt with by Admin. GPs deal with between 1-6 E consults a day. Approximately 30 minutes a day are reserved for E Consult requests.

Patients have given little feedback but where they have it has been good. 67% would recommend the E consult service to family and friends, 83% said the E consult service resolved their issue and meant that they didn't have to call MHC again about the same matter. 83% said they received a response within 24 hours (the recommended time). Patients heard about the E consult service from other patients/ via a visit to our website or 33% from MHC reception. Patients said they received a prompt response, Dr Verma was very diligent with the issue, consultant communicated clearly. One patient said it was a system which was too long winded. PPG said they would like regular updates on E consult.

6. Patient comments and feedback

- One PPG member said her family had recently needed to use MHC more than usual and they thanked MHC for being 'wonderful, providing a safe space and systems and found the team response has been exceptionally good'
- JC feedback that a patient recently commented that reception were not always giving patients the appointment option to forward book with a GP of choice where this was available- JC said the reception team had received a reminder about this
- PT said she had a 24 hour BP monitor (APBM) and had not been given the results. JC assured PPG that the team audited the results of all patients with a 24 hour BP monitor and all abnormal results had resulted in a consultation the same/following day. PTs are advised when the GPs refer for 24 hour BP to arrange an appointment for the results-to ensure this is clear this message will be repeated when the pt has the APBM, an appointment booked and confirmed by text.
- JC read a summary of a story where a patient was under the care for 3 teams (2 hospital and GP) and when she need transfusion treatments she had to go to hospital, at first in a taxi which is unable to drop her at the door and getting to the A and E department physically difficult, by ambulance which did take her to the door but took longer and required unnecessary tests by the paramedics and she feel a waste of ambulance resource, and when GP sent her a letter to show in A and E to speed up the process A and E didn't want it/to read it. PPG were saddened to hear how a patient is need is unable to navigate the system more easily. Discussion about changes and JC said the MHC team were considering how we can leave messages for out of hours providers about patients in need but unclear if this reaches ambulance services.

7. AOB

JC confirmed patients are asked not to call for routine matters between 9-10am as this is when unwell patients call to arrange appointments.

Another patient sent a thank you for Andrew's help as well and said he had arranged some walking support aids very efficiently.

Meeting dates 2021

January 18th, March 1st, April 12th, May 24th, July 5th, August 16th, September 27th, November 11th, December 20th February 3rd 2022.

Practice website address: www.marylebonehealthcentre.co.uk

Next meeting dates 2021; January 18th, March 1st, April 12th, May 24th, July 5th, August 16th, September 27th, November 11th, December 20th February 3rd 2022.

'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 i.e. District Nurses)
4. DNA- Did not attend (appointments made which patients then fail to attend for.)
5. E Consult- an electronic consultation through S1 the GP NHS database system.
6. GDPR-General data protection regulations
7. GMS –General Medical Services (generic practice type of NHS contract)
8. HCA - Health Care Assistant
9. MDT-Multi-disciplinary teams (often used to describe MDT meetings)
10. MHC - Marylebone Health Centre
11. NAPC-National Association of Primary Care
12. NHSE - NHS England (Manage the whole NHS)
13. OTC- Over the counter medication which can be brought without a prescription
14. PCLN –Primary care Liaison Nurse (works for PCP)
15. PCN- Primary Care Network (previously PCH)
16. PCP-Primary Care Plus (primary care mental health service)
17. PiP-Practice in Partnership Contract
18. PMS-Personal Medical Services (a practice type of NHS contract individually agreed)
19. PPG - Patient Partnership Group
20. Stakeholder Group-GP Federation group of pt reps looking at services(JUM is a member)
21. WSIC-Whole Systems Integrated Care Programme.