ADELAIDE PATIENT PARTICIPATION GROUP (PPG)

MINUTES

Wed 6th Dec 2017 12:00-1:30pm

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| ***Present:***  Belgin Bozsahin (Practice Mgr)  Cathy Katz GP (part)  [Bee Thompson](mailto:beethompson@talktalk.net)  Carlie Newman  Graham Williams  Hilary Lance (Chair)  Juan Schehtman  Mark Agathangelou (part)  Natasha Leith-Smith  Sheila Rossan | **Not in attendance:**  Jamila Heinecke  Michael Fletcher  Sara Katchi  Vanda Renton |

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| **Item** | **Outcome** | **Action** |
|  | **Apologies and introductions**  Pat Callaghan has resigned from the PPG due to her changed work commitments on the Council |  |
| 2. | **CPPEG ( Camden Public and Patient Engagement Group) update**  This group has existed since the former Camden Clinical Commission Group. Patient engagement is embedded in all the key committees. Membership consists of 12 PPG Camden-wide patient representatives and a stakeholder representative from each of Camden Voluntary Action, Camden AgeUK, Healthwatch Camden, and Camden Carers. The group was serviced by senior staff in the CCCG with key responsibility for patient and public engagement.  Now, after three re-organisations, the recentestablishment of the NCL (North Central London ICS (Integrated Care System) and much-reduced staff teams, the CPPEG lead officer has a new job, and NCL has no dedicated resources for CPPEG.  CPPEG is currently self-managing and is preparing a proposal for a way forward, hopefully, supported by the Camden branch of NCL. This work needs to take account of the several other avenues being proposed for other models of engagement by e.g. NCL and other patient groups. [Note NCL covers Camden, Islington, Barnet, Enfield and Haringey ]  Mark is the current CPPEG chair and Hilary preceded him as chair |  |
| 3 | **Feedback on NCL ICB Primary Care Committee (North Central London Integrated Care Board)**  Mark is one of two “Community Participants” on this committee, which covers all five boroughs. Recent business has been dominated by discussion about the management of PG practice managed by AT Medics. Deep concerns have been raised about the management of these practices. It is understood that the contracts will not be renewed. Replacement management arrangements are likely to be managed by existing local GP Practices or not-for-profit private GP Practice. |  |
| 4. | **Practice Update**  **RSV (Respiratory Syncytial Virus) Vaccination programme**  This is an established vaccine that has been in use for some time with few side effects**.**  RSVcauses serious illness in infants and makes older people more vulnerable to pneumonia. A new vaccination programme is being rolled out for babies and for 75 – 79-year-olds. No information is currently available about why this older age group has been selected nor about any plans to extend the programme to the over 80’s.  **Staff update**  One receptionist is leaving, and recruitment has started for a replacement. The short-listed candidate is invited for a week’s trial working to assess suitability.  The administrative clinical data team, who do the clinical coding, is to be increased, thus releasing more GP time.  The Pharmacist working in the practice one day a week is going on maternity leave, but her work will be covered by the PCN (Primary Care Network) pharmacy team.  Additional workspace/pods for admin staff are planned by a more creative use of the existing space between the waiting room and the main office. This involve sealing up the unused door from the waiting room and cutting out new doors from to the work pods from the main office. All this needs to be consistent with fire regulations subject to a satisfactory fire safety inspection. This will also include revised fire safety features to the reception screen. Clinicians will be able to work one day a week from home on telephone consultations. These arrangements free up clinical rooms for face-to-face consultations. A donation to the costs is being explored  Clinical time is also saved by the increasing positive encouragement of the application of the national community “pharmacy first” scheme for defined easier treated conditions.  **Footfall**  It is estimated 80% of patients now use FootFall . Resistance users are helped to overcome their reservations. |  |
| 5. | **Next meeting:** **November open meeting**  Date and topic to be agreed. Hilary will send out a list of possible dates and topics. Members will be asked to indicate their preferred topic(s) and / or add their own suggestions. | Hilary |
| 6. | **AOB**  Belgin showed us a mock-up if a new board to be placed near the bottom of the ramp, giving the name of the surgery with the NHS logo) . |  |

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