



**242nd Meeting, on Thursday 7<sup>th</sup> May 2015, at Mount Vernon Hospital.**

**ATTENDANCE:** 37 members and guests

### **1. Welcome and Announcements**

**a. Welcome:** The Chairman opened the meeting by welcoming all present, particularly our guest speaker and visitors.

**b. Apologies:** Michael Stafford (*Harefield Tenants & RA*), Lindsey Fealey (*Michael Sobell Hospice*), Pamela Grimwade (*Mountwood Surgery Patient Group*), Sadie Wright (*Southbourne WI*), Janet Baddeley, Bob Batchelor, Nannette Spain (*Individual Members*),

**c. Video of the meeting:** The meeting was being recorded. Anyone not wishing to be filmed was asked to move out of range of the camera.

### **2. GUEST SPEAKER : Julie Sands, Head of Primary Care North West London - NHS England: speaking on "Spotlight on GP Services "**

- a. Primary Care NHS England has a statutory duty to work with local Clinical Commissioning Groups (CCGs) to provide the best care for patients.
- b. Primary Care North West London serves a population of 1.9 million people, and is responsible for 8 CCGs - Brent, Central London, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow and West London - with a total of 400 contracts. GP practices work with the CCGs to provide Primary Care for the local population.
- c. Formerly GP contracts required only core services - treatment of sick people, chronically ill patients, the terminally ill, and services such as cervical and other screening programmes.
- d. However, nationally in 2015-2016 GP practices are expected to provide the following services:
  - Minor Surgery
  - Childhood immunisations, 'flu and pneumonia vaccinations.
  - Diagnosis & support of dementia patients, including care plans – a government drive for early diagnosis of dementia provides GPs with clinical "tools" and training in diagnosing dementia.
  - Health checks for those with learning disabilities.
- e. GPs should also:
  - Avoid unplanned admissions and be proactive in the care of vulnerable people by helping them to care for themselves.
  - Meet the reasonable needs of their patients for home visits, nurse appointments, appointments to see a GP on the day requested, and to make appointments for a particular GP in advance.
- f. GPs will also be encouraged to extend the opening hours of their practices, possibly achieved by forming a network with other local practices to improve opening hours and weekend surgeries.
- g. Additions to GPs' 2015-16 contracts include:
  - Every patient, including children, should have a named GP taking responsibility for that patient.
  - By 31<sup>st</sup> March 2016, GP practices must publish on internet the number of full and part time GPs in 2014-15 in their practice, and their average net earnings, including contracted / salaried GPs.
  - Extended online patient access to services, including medical records, and appointment booking - pilot schemes already use Skype and emails to set up patients' appointments.
  - CCGs, as commissioners, must receive and assess the plans of each practice for out of hours services. If not satisfied, the CCG can nominate an Out of Hours Practitioner for that practice.
  - A Patient Participation Group (PPG) should be set up in each practice to discuss benefits for the patients and to make improvements to the practice.
- h. NHS England will review GP practices at the end of 2015-2016, with action if necessary.

The speaker then invited questions. Audience members expressed their concerns about GP services and posed many questions, leading to the following comments from the speaker:

- i. Some GP practices were good and some not so good. Single GP practices, which cannot provide all the services required, are being encouraged to see the benefits of working in a larger organisation, but as each GP surgery has its own contract it is difficult to fulfil this.

- j. Many GPs do not wish to merge or work within networks and many are coming up for retirement.
- k. More surgeries are needed because of more people but land is not always available. This is a National problem. Health Education England is working with CCGs to try to address the problem.
- l. GPs are to be given more training in diagnosing dementia and each GP practice should have a specialist in psychiatric problems, either a doctor or a nurse practitioner.

The Speaker was thanked by James Kincaid, which was given resounding applause by the audience.

## PART II

The Chairman invited discussion on the Part I issues. Members were concerned about variability between GP practices, poor monitoring of practices, staffing problems and inadequate numbers of staff in training, limited opening hours, lack of job satisfaction for GPs and poor PPGs. Central and North West London FT's reduced budget for local mental health services also caused concern.

**3. MINUTES OF LAST MEETING :** The Minutes of Thursday 2nd April were agreed and signed.

**4. MATTERS ARISING :** There were no matters arising.

### **5. URGENT BUSINESS :**

**a. Subscriptions 2015-2016:** Members were reminded that if subscriptions now due are not paid by 1<sup>st</sup> June then our Constitution allows membership to be lapsed.

**b. Election procedure 2015-2016:** Nominations had been received for all roles within our Executive Committee but no roles are contested and therefore no ballot is needed.

**c. Items on display:** These included publicity posters for our June and July meetings, copies of reports from NHS Board meetings held in public, and the Paul Strickland Scanner Centre's 30th Anniversary Appeal for a new scanner to replace its 8 years old scanner.

### **6. OPEN FORUM :**

**a. Issues from the April news-sheet:** Concern was raised about the provision of wheelchairs for patients in Harrow and Hillingdon, which the Chairman agreed to address.

#### **b. Our prime current concerns for action:**

- Integration of services in the community / transfer of services from hospitals into the community - we hope to hold a CCG Forum in our September meeting to address local progress on these issues.
- Northwood and Pinner Hospital Site - some positive ideas appear to be emerging, which we must monitor closely.
- Strategic plans for the Mount Vernon Hospital site need to be developed – we must urge both The Hillingdon Hospitals FT and East and North Herts. Trust to work on these issues.

**c. Discussion on Patients who do not attend NHS appointments:** Sheets were provided with detailed data about missed appointments in a large GP surgery in Hillingdon (*Sheets available on request to the Chairman*). Members were shocked by the scale of this problem and agreed that this issue should be discussed further at meetings later in the year.

**d. Hillingdon External Scrutiny Committee's review of The Hillingdon Hospitals FT:** The Care Quality Commission's report on this trust was to be considered by the External Scrutiny Committee on Tuesday 12th May, at 6pm in Hillingdon Civic Centre, High Street, Uxbridge.

**7. ANY OTHER BUSINESS:** Personal experiences could be noted after the meeting, for our records.

**NEXT MEETING:** Thursday 4th June, 7.45pm at the Post Graduate Centre Mount Vernon Hospital, when the guest speaker will be Rikin Patel, Community Pharmacist, speaking on " Getting the best from your local community pharmacy ". This will be followed by our Annual General Meeting.

The meeting was closed at 9.40.p.m

Joan Davis, Chairman

*Notes: 1. Proposals for corrections to draft Minutes should be submitted to the Chairman in writing – please 'phone 01895 636095 for address details. 2. Personal NHS experiences can be reported at the end of all Council Meetings.*

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