

Dr Ian Kelso and Dr Rachel Hames

North Kensington Medical Centre

St Quintin Avenue, London W10 6NX Tel: 020 8969 5151 Fax: 020 8960 6040

www.northkensingtonmedicalcentre.nhs.uk

Opening Hours: Mon, Tues, Weds and Fri 8.00am-6.00pm Thursday 8.00am-1.00pm

Update report – September 2015

Patient Participation Group (PPG)

Agreed Action Plan 2015/2016 (To be read in conjunction with minutes from the PPG meeting held 22.01.15 and the PPG annual report March 2015)

Following overall successful implementation of the previous PPG action Plan the following items will form the action plan for the coming year. This action plan has been based on discussions during the PPG meeting held on 22.01.15 which in turn were based on patient feedback, comments and suggestions received over the course of the year. Please send comments and suggestions to lucy.stewart@nhs.net by COP 12.03.15

Priority area one – Decoration of consulting rooms in order to bring standard of decoration in line with required standards

This item has been brought forward from the previous action plan since very little progress has been made. Requests have been made to the landlord (NHS Estates) to re-decorate two of the consultation rooms in order to bring the standard up to current requirements, with specific regard to flooring and hand washing facilities

Actions:

1. One more application to be made to the landlord for upgrading works to be implemented

Who: Magda Mazus

By When: April 2015

This was achieved and estates staff attended the practice in Juneto assess the rooms. The flooring was assessed to be of priority and this job has now been ordered. We await a date for fitting

A list of contacts with the landlord to be compiled

Who: Magda Mazus

By When: April 2015

Magda reports this has been completed in case of need for below

2. A letter to be drafted and sent to local MP to enlist help to achieve this objective

Who: PPG volunteer (please) to be signed by all members plus all patients

By When: June 2015

Since this action is now under way the above action is not necessary

Further update

The re-decoration of two rooms must also be seen in the context of the building as a whole and service development at the practice.

The development of the Out of Hospital services (OOH) initiative in which the practice is actively participating has made us consider the confines of our current building. There have been two funds offered by NHS England towards premises development and both have been applied for within the deadlines.

In essence the schemes are as follows:

1. Minor Improvement grant
66% funding for approved submissions
2. Infrastructure Fund grant
100% funding for approved submissions

The practice submitted a bid for £150,000 to re-develop the remaining currently derelict portion of building, together with refurbishment of the two consulting rooms requiring updating. This plan would have resulted in all consulting rooms being up to required standards, and the addition of two further consulting rooms, a counselling room and a dedicated meeting/group work room

The submitted bid was refused under the terms of the infrastructure grant as not being a large enough scheme – this fund is awarded generally for schemes upward of £500,000

The submitted bid was granted under the minor improvement grant scheme first round. On reflection the partners decided not to proceed with this bid since the practice is within an NHS Estates owned building, where decisions regarding relocation have never been finally communicated. The partners are not prepared to invest in the region of £50,000 of their own money without assurance that relocation will not proceed.

The partners are now considering the submission of a bid to extend and refurbish the building should the opportunity arise in the next financial year as expected (although not yet confirmed)

Priority area two –Access to primary care services

A review of what is available and how it is accessed in terms of appointments. This will include the following:

1. Timings for clinics
2. Skill mix of clinicians
3. Types of appointment – to include urgent/routine, face to face/telephone/Skype,
4. The impact of DNAs
5. The impact of the forthcoming Integrated Health and Social Care for older people scheme
6. The impact of funds removal for the urgent appointment scheme
7. Reception hours/calls received
8. The current telephony flexibility - and staffing levels at key points during the day in order to ensure lines are answered
9. Adherence to practice protocols devised for easing pressure on the phones
10. Patient views on how appointments should be delivered and what type of appointment would be preferred.
11. How appointments are booked

Actions:

1. An assessment of what is offered
Who: Lucy Stewart/Magda Mazus
By When: May 2015
2. Review of telephone system
Who: Lucy Stewart/Magda Mazus
By When: May 2015
3. Patient questionnaire regarding how appointments are accessed, satisfaction with contact with the practice, satisfaction with appointments offered
Who: Lucy Stewart/Magda Mazus
By When: July 2015
4. Review of staffing levels/skill mix
Who: Lucy Stewart/Magda Mazus
By When: Sept 2015
5. Assessment and recommendations
Who: Lucy Stewart to partners and PPG members
By When: Sept 2015
6. Implementation of any agreed changes
Who: Practice team

By When: March 2016

This area of priority has been superseded in the last six months by the Out of Hospital (OOH) services initiative.

This is a local initiative designed to reduce the spend within secondary care on services that have traditionally been delivered in hospitals or community clinics but that GPs feel may be safely delivered within primary care.

Funds have been diverted away from other areas of service delivery in order to offer funding for providing these OOH services and practices in Kensington and Chelsea have formed a federation as required in order to so do.

The services to be offered at NKMC are as follows:

Anticoagulation blood testing

Simple wound care

Risk of diabetes and Diabetes care level 1

ECG testing

Mental health and serious mental health/illness services and care planning

Spirometry

Near patient testing

Ring pessaries

These services will be offered to our own registered patients as well as patients from other practices

Much time has been spent reviewing the skill mix amongst our clinicians and room usage in order to ensure that all services can be accommodated within our current facilities. All staff have also attended training on both clinical aspects of these services and on the technology required for this programme.

Whilst a review of how we offer routine appointments and contactability at reception remains a priority for review unfortunately this initiative has had to take precedence over internal plans for review/development

Priority area three – Communication of information to patients

Building on the action plan from last year communication of information to patients was still felt to be an issue by the group. The introduction of the newsletter has been welcomed by patients and will be continued. The introduction of the Patient Navigator has been hugely successful and is now a vital source of information and support to both patients and practice staff. The proposed extension of this scheme is welcomed by the practice

It was felt that information in the waiting room could be improved and that this could be managed by the PPG members (to include the forthcoming Health Watch patient engagement board).

Meeting Frequency - Whilst communication and updating on improvement progress has been e-mailed to the group throughout the year it was felt that physically meeting only once a year was not sufficient. It was therefore decided to increase this to twice yearly – but to retain the option, as previously that any member could call for additional meetings should the need arise.

Actions:

1. Continuation of Bi-annual Practice Newsletter
Who: Lucy Stewart
By When: April and Oct 2015
A summer edition has been circulated
2. If plans to extend the Primary Care Navigator role are approved the practice will make every effort to ensure that consulting space is allocated
Who: Practice Team
By When: On-going, depending on decision making process
There is no further news on this other than, as with the above it is anticipated that the PCN will play a role in the OOH services initiative so this very useful resource may be altered or discontinued
3. PPG to manage the poster displays in the waiting room (to include the forthcoming Health Watch patient engagement board)
Who: To be determined
By When: On-going throughout year
PPG members to update at next meeting
4. PPG meeting to increase in frequency
Next meeting planned for June/July 2015
Now scheduled 01.10.15 at 1.00p

Additional areas for monitoring:

Dissatisfaction with overall care received. This was reported in the survey conducted last year. The patients reporting this were asked to provide further information as to the cause for their concerns but no-one came forward. Whilst no action is intended for this year on this point it was felt important that this remains an open item in case any patient wishes to raise their concerns.

Reporting mechanisms

An update report will be produced in June for this action plan ahead of the next meeting and all items will be discussed at this meeting. The action plan will be amended as appropriate to reflect developments.

As with this action plan the update report and minutes of meetings will be published on the practice website and will be made available in hard copy version (and large print on request) in reception. Copies will be posted to known carers and to housebound patients. The Primary Care Navigator will hold copies for distribution

We have recently been informed that the IT support desk at the CCG will, with immediate effect now make no changes to our website. As they will not grant permission for our staff to make changes we are now looking at a new provider to host the website. Two companies have been identified and the partners are currently reviewing the options. Therefore uploading of documents may be delayed.