

HARNES PATIENT FORUM

Minutes of meeting held on Wednesday, 11th May 2011 from 10.00am to 12noon

Venue: Boardroom, Hillside Primary Care Centre, 150 Hilltop Avenue,
Stonebridge, London NW10 8RY

Present:

Claude Forde	CF	Freuchen Medical Centre (<i>Chair</i>)
Dr Ethie Kong	EK	Clinical Director for Harness Consortium (Advisor to the Chair)
Caroline Kerby	CK	Clinical Lead for Harness Consortium (Advisor to the Chair)
Rob Esson	RE	Harrow Road Practice
Haji Ahmed	HA	Harrow Road Practice
Carmen A. Kiely	CAK	Harrow Road Practice
Owen Kiely	OK	Harrow Road Practice
Mahendra Chudasama	MC	Acton Lane Surgery
Bernice Donaldson	BD	Buckingham Road Surgery
Amanda Keagh	AK	The Stonebridge Practice
Iona Deans	ID	
Nitin Gajarawala	NG	Harlesden Medical Practice
Samantha Banton	SB	Practice Manager, Harness Wembley GP Access Centre
Keval Chavda	KC	Data Administrator for Harness
Lindsey Welsh	LW	PA to Harness Executive Team (<i>minute-taking</i>)

Item		Action	Timeline
1.	<p>Welcome</p> <p>EK welcomed all present and thanked CF for being the Chair and the 'voice' for our consortium for the past 5 years</p> <p>Introduction/Updates:</p> <p>EK announced that after the last Forum's meeting, due to the terms of the Forum, Nan Tewari, a patient representative from Wembley Park Drive, was appointed to be the new Chair for the Patient Forum. Nan unfortunately could not attend today due to her commitment as a carer. Nan will bring a vast experience to the Forum.</p> <p>Due to CF's contribution to the Forum over the past years, it was decided that he would be the President of the Forum, supporting and deputising for the Chair.</p>	EK	
2.	<p>Brief History / Updates from previous meeting</p> <p>2.1 The Patient Forum was set up 5 years ago as a consortium wide forum. It was the first of its kind in London. Harness's 16 practices send representatives to this forum. Some of the practices have their own practice's patient participation groups. Patients from different practices, supported by the Consortium Officers, come together to share and exchange their views on what is happening at their practices, and to learn and contribute towards the health agenda and changes. This is also the forum where the Consortium came to get consultations from patients on the NHS changes, service changes or service re design. Together with patients, practices would make decisions on the changing NHS landscape and on cost effective use of limited resources. The Consortium with the Patient Forum, demonstrating collaborative engagement between practices and their patients, hold an AGM each year to celebrate the consortium's achievements and plan for the following years.</p>		

<p>2.2</p>	<p>Draft Patient Charter</p> <p>(a) 1st Draft Patient Charter</p> <p>With public spending restraints cuts which have affected health and social care, and to ensure equitable cost effective use of resources without compromising the standards of patient care, a draft Patient Charter had been drawn up, outlining what a patient expects from the practice and vice versa. This 1st Draft had been written by a Working Group, in partnership with patients. It was brought to this forum for further comments and discussion. Then it would go back to practices and their Patient Participation Groups for a final look before it is adopted by all the practices in the Consortium.</p> <p>The draft charter was tabled and discussed.</p> <p>Members overall, thought in principle, that it was good. The draft would now go back to the Working Group for a final write up.</p> <p>Once approved, all practices will need to sign up to it, demonstrating an equitable standard of good care.</p> <p>(b) Patients' queries</p> <p>i) <u>Definition of Emergency appointments</u></p> <p>Discussion ensued on what constitute emergency appointments. Examples were discussed.</p> <p>If a patient is advised to self-treat and rest for a few days but still is unwell after a week, then the patient should insist to be seen or to speak to their GP or doctor on duty. If this is not happening, patients could bring such concerns to this Forum. EK suggested it would be best to try sorting such issue at a practice level. CK highlighted one of the issues is that with limited budgets, there have been pockets of varied care.</p> <p>Chest pain or an ill baby is considered as emergency.</p> <p>Our agenda is to provide equitable accessible cost effective health care in partnership with social care, to the population, with both care givers and patients taking ownership.</p> <p>ii) <u>Cancellation or re-booking appointments</u></p> <p>If a patient wants to cancel their appointment but no-one picks up the phone, then the practice has to decide whether to set up a direct line for cancellation or similar solution to address patient's frustration on the waiting. The practice should also offer a 'double appointment' if the patient has a chronic condition that would take more than 10 minutes (a typical appointment is 10 minutes and so a double appointment would give 20 mins).</p> <p>iii) <u>Interpreter service</u></p> <p>Every practice has access to the interpreter service and language line. Patients of such needs can request for an interpreter to help with their consultations. However, such requests need to be pre-arranged as it takes a few days to organise an appropriate interpreter.</p> <p>(iv) <u>Prescribing and drug costing</u></p> <p>Whether all drugs approved by NICE (National Institute of Clinical Excellence) should be prescribed was raised.</p> <p>EK is the prescribing lead for the consortium. She explained that NICE weighs up the research and evidence and gives guidelines. Guidelines are not mandatorily to be followed. The clinicians from primary care and hospitals, with advice from health economists and public health come together to discuss the guidelines when they become available. Factors which could influence decisions are the availability of effective alternatives, possible side effects of the new treatment, the benefits to the patients, the local health economy's affordability etc. The decision is a joint local decision between all clinicians.</p>		
-------------------	--	--	--

	<p>EK further gave clarification on licensed and un-licensed drugs. Some licensed/approved drugs by NICE can only be prescribed by Hospitals and not by GPs.</p> <p>Some drugs are un-licensed drugs and most are not prescribable by GPs, only can be prescribed by the Hospitals.</p> <p>Brent practices, with advice and support from PCT prescribing advisors, are coming together to derive a list of cost effective medicines for certain conditions, to ensure uniformity of care, not post code driven. So patients will be experiencing some changes in their medication items, but this would not be done on the compromise of care. There are items which are cheaper but still just as good.</p> <p>(v) <u>Patients register</u> There was a third of the population that was not accounted for from the census data. There are only 220, 000 residents in Brent according to the census data. But according to the GPs' patient registers, there are 330,000 patients. The Department of Health allocates health and social care fundings based on census data. This means we are a third of our registered patients are funded. This added to the financial constraint in Brent.</p> <p>Summary: All queries raised today would be passed onto the Patient Charter Working Group.</p>		
<p>3.</p> <p>3.1</p>	<p>NHS Changes update by EK</p> <p>NHS Brent re-structure / Brent Community Services joining Ealing Hospital ICO</p> <p>EK explained that the Brent Community Services have moved to Ealing Hospital's management. The Community Services (eg Health Visitor, District Nurses, Podiatrists, Physiotherapist services) in Brent, Harrow and Ealing have moved away from the PCTs, to join Ealing Hospital. This merge is known as Ealing ICO. We are hoping the actual services we get remain the same.</p> <p>Brent and Harrow PCTs without their community services, would concentrate on commissioning of services for Brent and Harrow residents. Though Brent PCT and Harrow PCT have merged, they each still have their financial books, ie Brent's current financial status is more favourable than that of Harrow.</p> <p>EK, as the interim chair of the Brent GP Federation, which comprises of 5 consortia, has a seat on the North West London Hospital Trust and Ealing Hospital Programme Board. The Programme Board looks at the viability of the two hospitals merging. On the Programme Board, patients are represented by the Patient's LINKS's Chairs. So Brent patients' is represented by Mr Mansukh Raichura. The intention is to merge services to provide best services suitable for the population across the 3 boroughs. Due to financial constraints, there is a need to collectively pool their budgets together to save management and operational costs, and at the same time, takes the opportunity to look at how services can be re designed or changed for the better. We in Brent need to ensure our services are not compromised. There would be some difficult choices to make.</p> <p>One of the concerns in Ealing Hospital, though financially stable, is the lack of trained doctors for certain specialities eg Breast surgery and urology. With the merge, it is hoped that there will be a rotation of skill sharing. North West London Hospital Trust which consists of 2 hospitals namely Central Middlesex Hospital and Northwick Park Hospital, is £19M in the red, and have services duplicated at the two sites, some services under used.</p> <p>This merger ICO proposal will go for consultation. We in Brent might loose some services from this re-structure. Furthermore, some services do not need to be at hospitals. Many outpatient clinics can be sited in the community buildings, still provided by skilled specialists. Patients only go to</p>	<p>EK</p>	

hospitals for operations and complicated tests.

The Health and Social Care Bill by Andrew Langsley, has been given a “pause” phase, giving us more time to put our views on the changes proposed in the Bill, to the Department of Health.

3.2 What is a GP consortium?

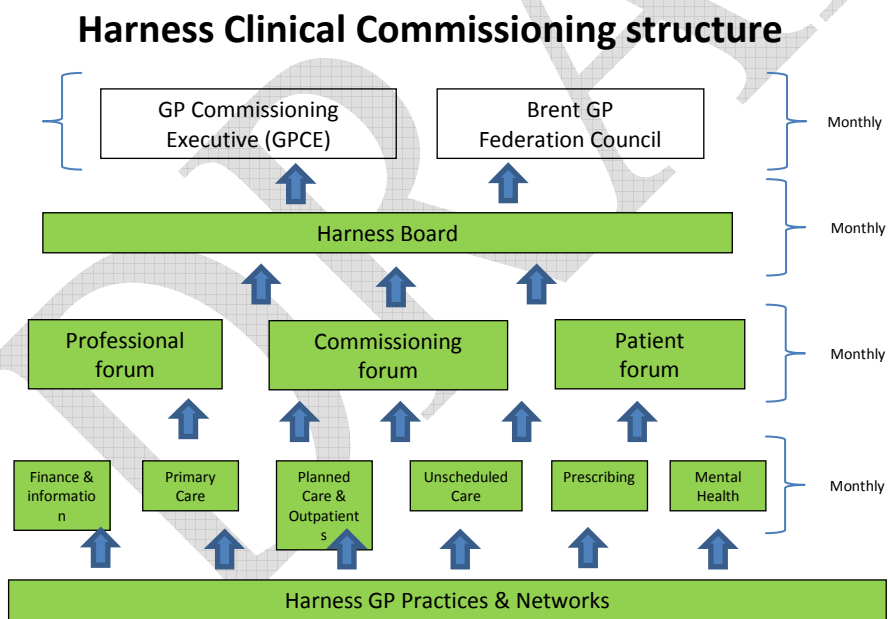
A consortium is a group of GP practices, coming together, to share their budgets, so that they can collectively commission the most appropriate services for their patients and also to ensure good general practice care is in place. There are 5 consortia in Brent. The 5 consortia come together to form the Brent GP Federation. Harness Consortium has member practices from Harlesden, Wembley, Willesden and Kingsbury localities. As explained earlier, we aim to have at least 2 members from each Harness practice to attend this Patient Forum and all input/feedback from the consortium wide forum, will be taken back to individual practices for further discussion at their own Patient Participation Groups or Forums.

It was proposed the input/feedback route will start from patients to individual practice to consortium to community engagement to NHS London.

We are working in collaboratively with some third sector/voluntary organisations e.g., Age Concern, Energy Solution. Patient members are encouraged to let us know which voluntary organisations would like to work with us.

Harness believes in the three forums working hand in hand and on the same level: The Professional Forums (Doctors, Nurses and Practice Managers), Patient Forum (this forum) and Commissioning Forum (Harness Consortium)

An overview of the Harness Clinical Commissioning structure:



4 Understanding Clinical Commissioning

4.1 Seeing GPs and what to do when surgeries are closed – who to contact, where to go

If your surgery is closed, contact or attend the Harness Wembley GP Access Centre which opens from 8am to 8pm (365 days a year). It provides a walk-in service if you need medical attention or need to be seen for your ailments or illnesses. It does not have X-ray facilities and have no access to your Medical Records but it will inform your doctors on the outcome of your attendance at the centre. So it is advisable to have a copy of your repeat prescription list on you, as the list will inform the doctors or nurses at the walk in centre, what conditions you are suffering from and what

<p>4.2</p>	<p>medicines you are taking. Parents who would like their children to be seen, should bring their red books.</p> <p>ACTION: CK and SB to do a A4 size leaflet to show patients what services are available at:</p> <p>(i) Harness Wembley GP Access Centre and (ii) Harness Harrow GP Led Health Centre</p> <p>ACTION: LW to bring fridge magnets with details of the centres to be distributed at the next Forum.</p> <p>Planned Procedures with Threshold/Individual Funding requests Based on clinical evidence, some procedures or operations are deemed not useful or helpful such as knee arthroscopy or knee or hip operations under certain ages, cataracts not affecting vision, varicose veins. Hence they are not to be carried out. These have been decided at a London wide level. However, if your GP thinks you still would benefit from the above or you think you need it, they can still refer you but the GPs need to complete the special forms and to send the forms to the Health Authority for approval. GPs are concerned that the patient will react and hence GPs will have to explain the process thoroughly to patients to avoid misunderstanding.</p>	<p>CK & SB</p> <p>LW</p>	
<p>5</p> <p>5.1</p> <p>5.2</p> <p>5.3</p>	<p>Services update</p> <p>Gynaecology Services in the Community The gynaecology service was a result of input from patients, doctors and practices. Traditionally, gynaecology services are usually run in hospitals. Now with the current re-design, consultants will be based in a community setting such as Willesden Centre for Health and Care (to some of us, it was known as Willesden Community Hospital in the old days) and provide the service with the same standard of care which will cost less and also using community buildings more wisely.</p> <p>GP will refer patients to the gynaecology pathway (referral to community pathway) served by experts or specialists in gynaecology and consultants from St Mary's Hospital, based at Willesden Centre for Health & Care.</p> <p>The pathway is used by patients from the 16 practices from Harness Consortium and 10 practices From Willesden Consortium and it has been working very well. In the future, there will an increase in this type of pathway and we hope to have an 'eye' pathway soon.</p> <p>Community service pathway EK encouraged the patient group to give input on new pathways that would like to have in the community e.g. (a) gynaecology which is currently running (b) ophthalmology (eye) (c) chest/ respiratory (d) diabetes</p> <p>ACTIONS: CK will set-up a system to identify for patients to form focus groups. CK will draft the system outline and get all practice's input to review the outline.</p> <p>Diabetes There is a varied level of care provided by different practices for their diabetic patients. We would like to ensure equitable access of the same level of care for all patients.</p> <p>e.g. Tier 1 – mandatory eye-check annually, blood test every 6 months or annually and regular medication reviews. Some practices provide beyond Tier 1. If there is a need for insulin adjustment or to start insulin (Tier 2), not all practices can provide this service. Through networking of practices, we can develop local clinics e.g, patients living in North of the borough, can go to Harness Wembley GP Access Centre, based in Wembley Centre for</p>	<p>CK</p> <p>CK</p>	

	<p>Health & Care, who has trained doctors, nurses and consultants to do Tier 2, or those in the south of the borough, can go to such a clinic in Hillside Primary Care Centre. However, in some special cases with complications, patients might need to go to hospital.</p> <p>EK emphasised that there is a Diabetic Register and advised diabetic patients not seen in the past 12 months to go back to their GP to review their tablets or insulin and their condition.</p> <p>ACTION: CK will liaise with Diabetes Lead to identify patients for diabetes focus group to do re-design work.</p> <p>5.4 Breast-screening Patients who have not updated their addresses with their practices, are advised to notify their GPs on their change of addresses and telephone numbers, to ensure that they are called up for their screening test. It is the responsibility of the patient to ensure that they receive their breast-screening report and when they do, bring the copy to their GP for updating. It creates a fail safe system- just in case-the GP does not receive a copy. If they do not receive the result after two months, contact the screening unit or the GP. Any problems with the breast screening programme, please tell your GP or bring it to the forum.</p> <p>Summary: Services can be improved with input from the Patient Forum with joint-decision exercises.</p> <p>5.5 Health Checks This health checks are for those from age 40 to 75 and especially with family history of conditions i.e. diabetics, kidney problem, cholesterol, high blood pressure etc.</p> <p>Patients with impaired glucose tolerance will stay as treated as pre-diabetics.</p> <p>It is only a 10 minutes test carried out by a group to nurses either at the individual practice or at a centralised centre organised by the consortium eg at Harness Wembley GP Access Centre or Hillside Primary Care centre.</p> <p>5.6 Smoking Cessation Health Checks will also pick up smokers. If there are sufficient numbers of people coming forward, then it will be viable to do a Saturday smoking cessation or a health check clinic.</p> <p>ACTIONS: CK will draft a plan to produce a leaflet to all practices as part of marketing the services CK will add this into the agenda item to the primary care group.</p>	<p>CK</p> <p>CK</p> <p>CK</p>	
<p>6</p>	<p>Future Agenda will be structured into 2 parts i.e (a) discussion/feedback/updates on practice and NHS issues (b) Condition Focussed discussion (1/2 hour) – topic selected by patients</p> <p>All agreed: (i) Asthma – June/July 2011 (ii) Diabetics – September 2011 (iii) Hyper-tension heart – October 2011 (iv) Christmas celebration – December 2011 (vi) Gout – January 2012 (v) Dementia – February 2012</p>		
<p>7</p>	<p>Dates of future meetings will be confirmed by the next Patient Forum.</p>		