

**BELSIZE PRIORY MEDICAL PRACTICE
MINUTES OF PPG MEETING**

14th February, 2020

Present:	
Name	Title
Mrs Janet Talines	Deputy Practice Manager
Dr Mohssen Dabirikhah	General Practitioner
Miss Zena Al-Tamimi	Medical Secretary
Mr H M	PPG Member
Mrs A A	PPG Member
Miss S O'K	PPG Member
Mrs B G	PPG Member
Miss L H	Volunteer from Camden's carers Service

	1.	Introduction to PPG meeting and to new GP
REVIEW AGENDA	2.	Representative from Camden's Carers service discussing their community service
	3.	Covid-19 and what the Practice is implementing
	4.	Fire Safety
	5.	Interpreter services available for clinicians to use with patients
	6.	PCN discussion
	7.	Feedback from PPG members on the Physician Associate role within primary care
	8.	Screenings done/ cervical, chlamydia, HIV, breast etc
	9.	General discussion on services in the Practice
	10.	Short discussion on referral process for routine referrals

AGENDA ITEM	Discussion
<p>1. Introduction to PPG meeting and to new GP</p>	<p>Deputy Practice Manager, JT , led the discussion. She introduced the new GP, Dr MD who is holding sessions on Tuesdays, Wednesdays and Fridays.</p>
<p>2. Representative from Camden's Carers service discussing their community service</p>	<p>Representative LH led the conversation.</p> <p>Camden carer's service offers advice, support and activates for family and unpaid carers needing support.</p> <p>The carers they usually support are family members who are unpaid.</p> <p>They offer support with financial issues, mental health issues and any other kind of support a carer needs.</p> <p>67% of carers suffer from poor mental health whether that be problems with stress, depression and anxiety. This service offers them information about local services they can self-refer to for support.</p> <p>Money can be given to carers for support for example money for a short holiday, or money to help with their driving lessons or money for a spa trip or gym membership- these types of activities are highly beneficial for their mental health and give them a break.</p> <p>LM expressed that GP Practices should consider prioritising carers if there are problems with access to appointments at that Practice. This is mostly due to the fact carers should be in good health and remain in good health in order to carry out their carer duties. LM also expressed that when the GP is notified that this patient is a carer that this should be recorded on the medical records and coded, to enable all staff to be aware that this patient is a carer and to possibly prioritise getting them a sooner appointment as they are vulnerable people.</p> <p>Patients that are cared for are usually patients who are frail or disabled with long-term health conditions and need assistance with activities of daily living.</p> <p>LM handed out leaflets for this service which the practice will display in the waiting room.</p>

<p>3. Covid-19 and what the Practice is implementing</p>	<p>There was a staff meeting held to discuss the impact that this virus will have on the Practice and what changes we are making.</p> <p>PPE was ordered: we have stocks of goggles, masks, gowns, aprons and FFP3 masks as per NHS requirements.</p> <p>Receptionists have been trained on how to screen a patient for the virus when they call on the phone. These will be questions asked: for example, “have you travelled from China”, “have you been in contact with anyone who has travelled from China”. If yes to these answers, we will tell the patient to stay at home and book them a telephone appointment.</p> <p>We have an isolation room. This will be a room to put a patient in if they walk into the Practices and we suspect they have the virus due to their symptoms. We will then call 111 to gain advice on how to best direct the patient.</p> <p>Most importantly If Receptionists suspect the patient has the virus due to alarming symptoms of a fever, a dry persistent cough, the GP will be informed and the patient will be booked with a clinician for a telephone consultation. During this consultation the clinician will gain further information and history.</p> <p>An alert will be displayed on the Practice website, keeping patients up to date with Practice changes in line with NHS recommendations.</p> <p>Dr MD expressed his views. Without testing patients it will be difficult for the Practice to distinguish patients diagnosis from their symptoms as the symptoms of the Coronavirus mirror symptoms of seasonal flu and other viruses. One key symptom which we can use to distinguish the cases is difficulty breathing which is a symptom of the Coronavirus.</p> <p>The virus is highly contagious and can be spread through ears, mouth, nose or eyes through droplets in the air. For this reason we screen patients before booking them an appointment and if a patient happens to walk in with these symptoms we are trained on how to act, ie a specified isolation room, away from other members of staff or any patients to minimise any risk of human exposure to the virus.</p>
<p>4. Fire Safety</p>	<p>All staff recently attended an in house training on fire safety.</p> <p>There is a fire marshal appointed for the Practice and a fire marshal appointed for the whole health centre.</p> <p>Fire exists were shown and an action plan to be followed, in the event of a fire, was discussed in length.</p> <p>Electric equipment is kept safe by annual calibration checks.</p>

<p>5. Interpreter services available for clinicians to use with patients</p>	<p>The Practice is located in a very diverse Borough of London.</p> <p>A vast majority of patients do not hold English as their first spoken language, or hold English at all in their spoken language.</p> <p>The Practice has interpreters available for face to face appointments. Also if an interpreter is needed at any time, there is a telephone line the Practice can ring where a translator will be available via phone call. This enables us to give the same level care to all patients no matter their spoken language.</p> <p>Also on the Practice website there is an option to change the language of the content to ensure it can be read and accessed by all.</p>
<p>6. PCN discussion</p>	<p>The GP partner Dr NH and MW, the practice manager attend meetings held with our practices in our PCN group.</p> <p>The PCN have so far supplied the Practice with a clinical pharmacist who is holding a clinic, once a day, almost weekly. She is doing NHS health checks, blood pressure reviews, tracking patients on high risk medication etc.</p>
<p>7. Feedback from PPG members on the Physician Associate role within primary care</p>	<p>PPG member SO'K showed her gratitude for our PA, IS. She reported his clinical knowledge and management plan with her was of a very high standard and she was more than grateful with the care she received.</p> <p>PA's can practice medicine just as much as GP's can within Primary care. They can go on home visits to patients, they can be on duty, they can take history, give advice, administer vaccinations to babies and young children, they can administer non-private travel vaccinations, they can review patients with long-term health conditions etc ; they cannot however prescribe medication. They will always have a dedicated GP with them to use for advice, a second opinion and to issue medication.</p> <p>Other PPG members discussed their positive experiences with the PA's as well, expressing that patient's should not be hesitant or unconfident with them when booking an appointment to discuss medical issues.</p> <p>The Practice also has a female PA who holds sessions on Tuesdays, Wednesdays, Thursdays and Fridays.</p>

<p>8. Screenings done/ cervical, chlamydia, HIV, breast etc</p>	<p>The Practice will be targeting patients below the age of 25. This is part of the National Chlamydia Screening Programme (NCSP) . We will mostly offer it to patients between ages 16-25. This will be a urine sample or a swab depending on the patient and the decision of the clinician. We will offer this straight away to patients newly registering who are within this age group.</p> <p>HIV screening will be offered too.</p> <p>Routine breast screenings are organised by local breast screening units and not the GP Practice. In Camden it is organised by Central and East London Breast Screening team for women between the ages of 50 and 70. Some women who are ages 47-49 and some women who are aged 71-73 are also eligible. They will receive an appointment letter in the post.</p> <p>Cervical screenings are organised by the GP Practice. We offer screenings to all patients over 25. This is part of NHS cervical-screening programme.</p> <p>Bowel screening is offered to men and women at 55 years of age aimed to detect early signs of bowel cancer. This is organised by Public Health.</p> <p>The Practice received clinic letters from the clinics, when patients are screened or are not screened due to non-attendance. The Practice also receives letters when there are abnormal results.</p>
<p>9. General discussion on services in the Practice and at local hospitals</p>	<p>Access to appointments has improved to an exceptional level as reported by the PPG members.</p> <p>Also access to emergency appointments has increased.</p> <p>PPG members questioned the role of a HCA and what duties they can carry out: usually blood tests, dressing changes, stitch removals, NHS health checks, give advice on contraception, give advice on cholesterol and blood sugar level, give advice on dietary changes someone can make to decrease their weight, ear syringing, 24 hour blood testing etc, long-term condition reviews, foot checks etc.</p> <p>Royal Free Hospital no longer accepts direct walk-in blood tests and ECG tests. ECG will now be a referral made internally at the Practice. Blood tests have to now be organised with pre-booked appointments with the patient and the Hospital.</p> <p>The Practice can now offer blood tests in the afternoon for patients who cannot attend in the morning or during usual working hours.</p>

	<p>For patients needing blood tests who are housebound, the GP will organise a District nurse or community Phlebotomist to do this. The results will get sent to the GP which are usually received within 2 days.</p> <p>PPG members queried the process of patients receiving their blood results.</p> <p>If blood results are normal then Receptionists can give out this information over the phone or in person if a patient presents querying their result. If the blood test is normal the Practice will not contact patients and we inform them it is up to them to chase up their results.</p> <p>If a patient rings or presents querying their result, which may not be normal – ie there are results out of range, then the Receptionist will offer them a telephone appointment to discuss the results with a clinician. If the patients argue and demand that the Receptionists give them the blood test, Receptionists are trained to inform the patient that they are not medically trained to give blood results to patients.</p> <p>Print outs of blood results can be given to patients; they will have to sign a consent form allowing the Practice to process their information.</p>
<p>10. Short discussion on referral process for routine referrals</p>	<p>PPG member BG has an issue whereby she was given an appointment to have her breast screening in a clinic that was not local to her and she wanted to change this. She queried how she would do this.</p> <p>ZA, medical sec. who deals with the referrals explained it is not the Practice which organises these routine breast screenings and she would have to contact the number on the letter she had received.</p> <p>PPG members queried how referrals are booked.</p> <p>Routine referrals are sent to CCAS- Camden clinical assessment service. They are made up of a team of non clinical and clinical staff who screen the referrals and send letters to patients asking them to book their appointments.</p> <p>Suspected cancer referrals are booked within 24 hours by the GP Practice. ZA then communicates with the patient regarding their appointment details.</p> <p>Urgent referrals are also booked directly by the GP Practice within 24 hours to 48 hours and ZA will also communicate this with the patient.</p>

Next Meeting: TBA