



**DRAFT MINUTES of the**  
**North West London Strategic Health Authority**  
**Patients' Parliament Meeting 16<sup>th</sup> November 2005**

--The Board Room, Imperial College, St Mary's Campus, Norfolk Place, Praed St ,  
London W2 1PG

**Present:**

**Members**

Dr B N Bhagarva, **BB**  
  
Dilmohan Singh Bhasin, **DBS**  
Pearl Bridgeman-Boney, **PB**  
Owen Cock, **OC**  
Joan Davis, **JD**  
Robert Donald Esson, **BE**  
Amar Nath Girdhar, **AG**  
Rita High, **RH**  
Carl Johnson, **CJ**  
Liz Macauley, **LM**  
Christine Mead, **CM** (co-optee)  
Maggie Sanchez Charles, **MC**  
Jagjiwan Singh, **JS**  
Patricia Williams, **PW**

**Borough**

Hillingdon  
  
Ealing  
Hounslow  
Harrow  
Hillingdon  
Brent  
Hounslow  
Ealing  
Ealing  
Ham & Fulham  
Ham & Fulham  
Harrow  
Hounslow  
Ealing

**Prospective Applicants**

Gladys Jusu-Sheriff, **GJS**,  
Westminster  
Frankie Besser, **FB**, Westminster

**NWL SHA**

Jane Buckingham, **JB**  
Helen Robinson, **HR**

**NWL SHA Speaker**

Olivia Hammond, **OS**

**Health Link (HL)**

Elizabeth Manero, **EM**

Delyth Neal, **DN**

**Trainers:**

Angie Wilcock, **AW**  
Jackie Gilchrist, **JG**

**1. Welcome and Introductions**

Elizabeth Manero (EM) Chair welcomed all to the meeting and introduced new co-optee member Christine Mead, and both Gladys Jusu-Sheriff and Frankie Besser from Westminster who were attending as interested applicants for membership.

**Apologies:** Mansukh Raichura, Deva Samaroo and Ken Morjaria from Brent, Michael Hill, Hillingdon, Jim Wong, Ealing, Catherine Herriott, Harrow

**2. Parliament Member training: Meeting Protocols and Participation**

Angie presented on the agreed meeting protocols. Angie and Health Link will write to individual members to explain how the CCV course relates to the training involved in membership of the parliament.

**3. Minutes and matters arising**

Amend to show Rita High had sent apologies for the last meeting. The minutes were agreed as accurate.

**Matters Arising**

**Update on Membership** - DN reported that HL had made progress on making contacts with PCT PPI Leads, and voluntary groups in the boroughs where we still need to recruit members from. These are still Kensington & Chelsea, Westminster, and Hammersmith & Fulham boroughs. Leaflets had been sent to a Kensington & Chelsea



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Voluntary Sector Event with 600 participants attending. Information had been sent to PPI Leads for the Expert Patient Programme and Community Involvement in Westminster and in Kensington & Chelsea. The Voluntary Action Westminster Community Liaison Officer had emailed network managers in her area publicising the parliament and Health Link had received several enquiries for more information. Further work will continue on this. Members agreed to send in contact details of groups and individuals they thought would be interested. **Action all**

**Feedback from the Consultation Event held 17<sup>th</sup> October** – 'Your Health, Your Care, Your Say.' (YHYCYS) Consultation. A copy of the Consultation Feedback included in the meeting papers. Clear implications for the SHA's service review, which the meeting would like taken into account by the SHA. **Action: SHA**

The event had been well attended even though called at fairly short notice. Concerns were raised about the very short timescale allowed for this Consultation by the Government. For example, PPI Forums often meet monthly so are not able to organise extra meetings at short notice. The meeting would like a letter written to the DH on this with a copy sent to NWL SHA. **Action: HL**

EM reported that she had been a member of the national 'Have your Say' taskforce on PPI, although not able to attend all the meetings. The resulting report to Ministers reflected principles rather than recommendations. The White Paper is due in the New Year

**Paddington Basin Inquiry** – A presentation was given by Joan Davis, Patients' Parliament member and Chair of Community Voice in North West London and South West Herts. Joan gave a brief history of the inquiry. Harefield Hospital and the Royal Brompton had merged, and the Paddington Basin Project proposed that they move onto the St Mary's site. The Heart of Harefield campaign had said from the outset that the funding was not available for this and that there was not enough room on the site for the move. There had been a thorough report produced with 43 recommendations but with no content or index page, and it was made available via the NWL SHA website. The key factors leading to the failure of the project were:

- Poor Management
- Lack of a suitable site
- That the DoH came out with new requirements during the project development
- Tensions between the Hospital Trusts
- Funding problems

### **Recommendations included**

- The DoH should lead projects on large schemes as they have the expertise available (SHAs do not)
- The DoH should give clear guidance to Senior Project Management Teams and vet Health Authority staff for the expertise needed



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- The DoH should not introduce new requirements or produce new directions during a project without first evaluating their effect on large schemes
- Planning for what is actually expected to go on in the building must be fully understood
- World class vision – should be grounded in practicalities, planning requirements and what the public and clinicians want
- London large scale projects should be reviewed regularly. (There were in fact, 3 reviews but their recommendations were not accepted)

It was understood that the (Gateway) Review was not shown to the STHA Chief Executive or non-executive Directors. The Review shows that the project should have been abandoned in 2002.

In conclusion, there was a massive failure of planning and accountability throughout the project and this led to a waste of many millions of pounds of taxpayers' money. The meeting proposed that this becomes a full agenda item at the next meeting, by which time an update should have been received.

Suggestion that the Parliament invite a member of the Inquiry panel to the next meeting. JB offered to send hard copies of the Report on the Inquiry to members, a list of members who wish to receive a copy was taken. **Action: JB**

#### **4. Access to GP Services – Presentation by Olivia Simmonds (NWL Primary Care Trust Development Facilitator)**

OS explained that the SHA is working with PCTs to implement the new nationally agreed General Medical Services (GMS) contracts with GPs. The majority of GPs are not employed by the NHS but are contracted by the NHS. There are also a small number of salaried GPs employed by PCTs (Personal Medical Services contracts known as PMS). PCTs now have local GMS contracts with each of their GP Practices.

Primary Care Access Targets mean that for routine appointments, patients should be able to access a 'health professional' such as a nurse within 24 hrs, and a doctor within 48 hours. Since April 2003 under the new GMS Contract, GP practices are given incentives to achieve 'access targets' through:

- the Directed Enhanced Service – whereby a practice receives payment if it achieves targets
- the Quality & Outcomes Framework (QOF) points whereby practices enter data which is then assessed each year by visits from their PCTs.

PCTs are responsible for reporting on progress to Access targets in their Practices through:

- Monthly telephone Primary Care Access Surveys PCAS – with returns to the DH



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- QMAS – Quality management assessment system, which is in automatic system of 'non-clinical reporting'. Not all practices participate as they can choose not to. It is not known how many have opted out in NWL.
- QOF Assessment processes – A regular visiting programme to each GP practice.  
Some PCTs do a rolling programme of visits.

The average number of patients per GP in North West London is 560.

### **Question and Answer Session: Making Appointments**

Several members were concerned at how difficult it was to make appointments with GPs. They reported that through their own and the experiences of others they knew, that GP practices often responded in very unhelpful ways to patients phoning in or asking the receptionist for appointments. For example,

- Phones had been put down on patients when the receptionist realised that they could not give an appointment to the patient within the targeted 48hours;
- Patients had been told to phone back in 2 days time when no appointments were available.
- Patients are having to make lots of phone calls as practice lines were constantly busy or not answered.
- Practices are offering phone slots for patients to talk to their GP as an alternative to an appointment within 48 hrs. Some have been asked to phone back between a set time such as 1 – 2pm but the phone is usually engaged all the time. It is very frustrating and time consuming to get what the patient needs.
- Patients had ended up giving personal information to receptionists before they were given an appointment, as receptionists often acted as gatekeepers of any access to their GPs.

### **Making future Appointments**

There seemed to be a lack of flexibility around making future appointments too. If parents are working and need to see the Doctor with their child they need to book ahead for an appointment so that they can give notice at work for time they will need to take off. Staff did not seem to understand that people are feeling ill and vulnerable when trying to make appointments and needed to feel they could make appointments to see their GP as easily as possible.

OS reported that the DH had sent directives to GPs to stop 'embargoing' (not allocating appointments further in advance than the target time). It was also in the GMS contract that they should answer all calls within 10mins. GPs need to measure demand and capacity by recording demand over a 3 month period to see if they



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have enough appointment times to match the demand and adjust their service accordingly. Some GP practices have already done this.

It was suggested that members should complain about their GP services to their local PALS service whose remit is to listen to concerns and troubleshoot problems. This should help build up a pattern of issues with practices which can then be taken to PCTs to address. Patients can also ask to see their practice manager to discuss particular service problems such as an inadequate appointments system. EM responded that the role of the Parliament was to address issues strategically, not act as a collection of aggrieved individuals.

### **Flexibility of GP services to patients**

Agreed that there was a need for greater flexibility in GP services, especially as the NHS is seeking to make services more patient-centred. Suggested that different means of contacting the practices should be allowed so as to fit into patients' lifestyles, such as the use of email requests for appointments and repeat prescriptions. OS explained that all GP practices are required to produce practice leaflets to:

- inform patients how to make suggestions or comments to the practice
- how to book an appointment
- how to make a repeat prescription

OS offered to send members a list of what is covered in the GMS contract and which should be included in such a leaflet. **Action: OS**

Members also requested a copy of what services GPs are supposed to supply. OS reported that there is no 'patient-friendly' version of this available but that the DH does have information on the guidance, regulations and implementation of the GMS contract on its website. OS to send to HL to forward on to interested members.

### **Action HL**

Primary Care Leads can make suggestions for changes to GP practices but as GPs are independent contractors they can not enforce such changes. A patient survey is done every year as part of the QOF requirements which should be published by the PCT and is discussed with the local PPI Forum or non-executive directors at the PCT.

The Chair proposed that the Patients' Parliament draw up a charter of what they would like to see in Primary Care (taking into account the points raised in this meeting such as 'flexibility') which could be used by the SHA and PCTs. For discussion at the next meeting and circulation to the sector's PPI forums and OSCs. **Agreed. Action HL**

## **5. Preparation of the Patients' Parliament Work Programme**

It was agreed to take to the next meeting:

- A review of the constitution



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- Appointment of Chair/ joint Chair for 6 months
- Issues raised today

### Future Meetings

Agreed to

- Lengthen Meetings to 3 hours to allow time for the agenda and discussions.
- Give the SHA an information giving item in each agenda
- Invite a speaker to every other meeting
- To keep a blank agenda item to use as contingency factor re: timing to address short-term consultations

### The Work Programme

Suggested themes:

- Sector Review
- Issues raised by members – one or two a year?
- Issues raised by the SHA
- Older people (60+)
- Health Inequalities - Concerns about access issues for different groups using the NHS and whether it is covering their needs

Members requested sight of the SHA annual plan. **Action: JB**

### 6. SHA Report back

JB reported back on the future SHA Engagements and Consultations that would be taking place over the next year. A matrix of these was handed out. While acknowledging the limited time available, it would be helpful if the Parliament could take some time to look at 2 or 3 of these in particular. It was agreed to add an agenda item to the March meeting for discussion of the YHYCYS White Paper. There will also be the 'Healthy Futures' consultation (sector review) from June 2006 and various other topics for involvement over this period.

Agreed to include some of these in the work programme. In order to address the full workload of the parliament it was also agreed to consider working in sub-committees reporting back to the Parliament meetings.

### End of Meeting

**Next meeting:** To be held at **11.00am** on **January 18<sup>th</sup> 2006**. **New venue:** The Forum Meeting Room, 4<sup>th</sup> Floor, Bloomsbury Central Baptist Church, 235 Shaftesbury Avenue, London WC2H 8EP.