

306 Medical Centre
Minutes of PPG Meeting held on Thu 10 Dec 2015

Present: **Staff:** Mo Dawood (MD), Dr M Chawdhery (MC), Safiya Ali-Ibrahim (SA-NURSE),
Patients: Phillip Lipsidge (PL), Kathleen Lipsidge (KL), Ronald Halden (RH), Jean Halden (JH),
 Khurshid Qureshi (KQ), Richard Cooke (RC), Richard Harwood (RH),

Apologies: **Patients:** [REDACTED] (redacted)

	Agenda Item	Timings
1	<p>Meet, greet & eat</p> <p>Mince pies served to observe the festive season, but patients' encouraged to usually eat healthily.</p>	12.15 - 12.30
2	<p>Welcome & Introductions</p> <p>Introductions - A big welcome to all.</p>	12.30 – 12.35
3	<p>Minutes of the last meeting and any matters arising</p> <p>Minutes agreed as accurate with two corrections to read as follows:</p> <p>5. 2 It was felt that this was reasonable and currently wait times for any GP usually 5 days but this increases for named GP.</p> <p>5. 3 e. Converting the utility room to a holding room for cases requiring isolation or mothers requesting privacy to feed their babies.</p> <p>No matters arising.</p>	12.35 - 12.45
4	<p>Commissioning update and Locality Group Meeting (if any).</p> <p>Mr Qureshi had difficulty attending as he worked a long way away. It was felt that there were challenges attending these meetings due to other commitments. Dates of locality meetings (flyers) on the noticeboard and it was felt that we should seek out other patients who may be interested in this role.</p>	12.45 – 12.55
5	<p>Progress on agreed 3 Priorities for the year</p> <ol style="list-style-type: none"> 1. New seating in reception - Achieved 2. Review appointments and strive to improve wait times for routine appointments to within 2 weeks, based on patient feedback. <ul style="list-style-type: none"> • This was considered reasonable and currently appointment wait times for any GP usually 5-8 days but does sometimes increase for 	12.55 – 13.10

named GP and holidays.

- Challenges include, DNA's, whilst greatly improved with SMS facility, there is still room for improvement.
- Choice of appointments provided, from early morning to late evening and these can be booked in person, by telephone or online, but for practical reasons not by email.
- Practice compared favourably with neighbouring practices with instances of long wait times of up to 8 weeks reported at other neighbouring practices.







3. 3rd Priority – Further practice developments

A grant application had been submitted and supported by the CCG which included:

- a. Installation of wheelchair ramp at the front – This would also allow wheelchair users access from the front entrance. In the event of an emergency this would allow easy access for stretchers to enter the building. Also this would provide additional safety in the event of a fire making all fire exit doors wheelchair accessible.
- b. If practicable the installation of three single automatic doors to allow easy access for patients who are on wheelchairs, or mothers with buggies and children
- c. Landscaping back garden to facilitate the creation of children's play area with a covered wheelchair/cycle and buggy parking.
- d. Soundproofing works in the waiting area for patient confidentiality, particularly the wall adjacent to the consulting room attached to the waiting area. This is an issue at the moment and patient confidentiality has to be reinforced by making the wall of the nurse's consulting room soundproofed.
- e. Converting the utility room in a holding room for cases requiring isolation or mothers requesting privacy to feed their babies.

Mrs Lipsidge enquired about the timeframes and Mo advised that the practice had put in a bid to seek improvement grant monies and was awaiting the outcome. He was hopeful that as soon as approval was received the works would commence.

It was felt that the works should be prioritised, for example soundproofing (d above) and the garden landscaping (c above) later.

6	<p>GP National Patient Survey/Friends and family Feedback</p> <p>A. Friends and Feedback Sept, Oct & Nov Reviewed:</p> <p>Feedback generally very positive and the positive comments had consistent themes. Circulated Data for Sept, Oct & Nov Reports now published on the website and copies on noticeboard:</p> <p>Sept 2015 </p> <p>Previous Month: Aug 2015 </p> <p>Passive ✓ Nil comments received</p> <p>Not Recommended ✓ Condescending doctors who didn't take things seriously & offered no assistance.</p> <p>Oct 2015 </p> <p>Previous Month: Sept 2015 </p> <p>Passive ✓ Nil comments received</p> <p>Not Recommended ✓ didn't have a chance to collect or see my blood test results even if they are fine or not. No information if an endocrinologist has seen the results. In fact I got answer that my test is fine from the receptionist answering the phone. I do and do not understand the system yet and in the end but not at last I am not feeling any better than before.</p> <p>Nov 2015 </p> <p>Previous Month: Oct 2015 </p> <p>Passive ✓ Nil comments received</p> <p>Not Recommended ✓ when I went, the GP told me which one of my three problems was more important and discussed it with me and that's it. She told me my blood pressure was low and didn't tell me what to do. also she sent me away with two other problems that she didn't even check. ive waited ages to see a doctor and ive been in pain for a long time. so no, i wouldn't recommend it</p>	13.10 - 13.30
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✓ Ann on reception went over and above to get me registered and an appointment booked in a short space of time

- a. Explained that the Reports are in colour on the website and include patient comments positive, negative and passive. Comments in the main were usually positive and inevitably a very small proportion of negative comments (3 in total and one was a positive comment (Nov 2015) but may have been posted in error in the negative section) were reviewed. Copies available in the board.
- b. On average every month 50 responses received.
- c. Negative comments reviewed and it was felt that it was these were not significant and positive comments reflected that in the main the respondents were happy with practice services.
- d. Mr Cooke enquired if these were anonymous or name provided? It was explained that friends and family comments were usually anonymised.
- e. It was felt that there was a culture of actively complaining and Mr Harwood gave a good hospital example.
- f. There was consensus when Mr Cooke suggested that for complaints to be given due consideration it was important that names were provided as that would help the practice to review the complaint and make any improvements if necessary.
- g. Dr Chawdhery emphasized that the practice reviewed all feedback, positive or negative as it helped the practice to continually enhance patient experience.

B. NHS Choices feedback with practice response was reviewed for period– 21 July 2015-10 Dec 2015. 2 review in total.

- a. Two reviews received somewhat negative but were responded to positively, seeking further detail to investigate alleged concerns but no further response was received. It was agreed that in such situations it was sometimes difficult to ascertain the chain of events with clarity.
- b. Concerns were expressed that the NHS Choices feedback this month was anonymous contributors. It was suggested that if these complaints were truly genuine, why did the contributors just not contact the practice directly? This would have enabled the practice to look into the complaints and the outcome would have been mutually helpful. Whilst the practice team had reviewed the comments, the events were difficult to verify.
- c. The practice's actions showed that it was always open to reviewing any concerns where specific information was available and to learn from any shortcomings where these were identified.
- d. It was suggested that we should not worry/stress about some of these comments as the practice was providing a good service and isolated comments do not reflect this (the numbers were small).

7	<p>AOB</p> <p>a. Practice Mission statement and Statement of Purpose shared for feedback and agreed with the group, as it reflected what the practice strived to achieve.</p> <p>Mission statement:</p> <p>We aim to provide quality primary health care services with a personal and caring approach in a friendly environment; with the best interests of our service users at the heart of all we do.</p> <p>We aim to achieve this by maintaining a happy, professional, safe, adaptable and sustainable practice, nurturing a culture which provides continuity and is responsive to patients' needs and expectations within the framework of the NHS.</p> <p>b. Online Appointment Performance data received from CCG 5.11.2015 discussed. 19% of practice population had online access and the practice provided 33% of appointments bookable online (In top 3 in Southwark). Appointments offered up to 8 weeks in advance.</p> <p>c. Ivy Lane midwifery team now hosted at the practice. This was a priority last year when we tried to engage with the midwifery team but were not successful. Mrs Lipsidge enquired if the practice would be paid for this service? The answer was no the service had zero funding attached, but it was felt our patients may benefit from a local service as there seemed a baby boom locally. The service was for all patients in the locality, not just practice patients (post code based).</p> <p>d. Mrs Lipsidge pointed out that she would like to commend Sogim Pharmacy (the Old Co-op) for the excellent service and friendly staff. Mo agreed to personally call Yemi, the Pharmacist to convey the positive feedback.</p> <p>e. A big thank you to all PPG members for their time and support this year.</p> <p>f. Date of next meeting agreed</p>	13.30 - 13.40
	<p>Date of next meeting: Thursday 10 Mar 2016 @12.30pm</p>	

Meeting closed at 1.40pm

Proposed dates for future Meetings 2016:
Thursdays @12.30pm: 10 Mar, 16 Jun, 8 Sep, 8 Dec