306 Medical Centre
Minutes of PPG Meeting held on Thu 12 Sept 2019

Present: **Staff:** Dr M Chawdhery (MC-GP) Mo Dawood (MD-PM), Patricia Giddarie (PG-ADM),
Patients: Richard Cooke (RC), Phillip Lipsidge (PL), Alan Robertson (AR), David Pickard (DP) Kathleen Lipsidge (KL), Kwame Ocloo (KO), Sandra Floy (SF), Tina Thorpe (TT)

Apologies: **Patients:** Rasheed Adedoja (RA), Richard Harwood (RH), Khurshid Qureshi (KQ)

	Agenda Item	**Timings**
1	**Meet, greet & eat**	12.15 - 12.30
2	**Welcome & Introductions** Welcome extended to new member Tina Thorpe	12.30 – 12.35
3	**Minutes of the last meeting and any matters arising** The minutes of the last meeting were agreed subject to minor typographical errors and can now be uploaded on the website. **Matters arising therefrom:** ▪ It was agreed that as per good practice abbreviations should be written in full in the first instance and can thereafter be used for ease of understanding. ▪ It was also agreed that PPG members' names would be published and consent was given when they joined the group as previously agreed. Members had the right to withdraw their consent at any time by informing MD. **Update on 3 priorities:** **1. Priority 1:** Review appointments and strive to maintain wait times for routine appointments to within 7-10 working days (locality cluster agreed) and review and publish; ▪ **Update:** At the time of the meeting the next available routine appointment with a GP was in 6 working days. ▪ **Availability of appointments –** The practice compares well locally in terms of availability of appointments and that was the view of the PPG members from their experiences. Appointments are released at various intervals to meet the access needs of the practice population and demand is managed effectively. TT, who recently joined the practice also expressed her view that we performed well in this area. ▪ **Did Not Attend (DNA) working data shared:** So far April – Aug 547 DNAs (see appendix for breakdown). Patients who DNA are sent an sms using our new sms tool AccuRx. The sms advises them that in future they should ensure that they cancel their appointment if they no longer need it so it could be offered to someone else. ▪ TT enquired what if any investigations of Did Not Attend (DNA) data are carried out by the practice. MD explained that we have tool called Apex Edenbridge which enables us to review the data but as a small practice time is scarce to carry out a detailed analysis, in terms of the age and socioeconomics. However we do review the data (DNA trends	12.35 - 12.45

	and days, times DNAs occur) to guide our appointments planning. ▪ A discussion also took place on the circulated data if it should in fact state how many patients attended as opposed to DNA'd. It was felt that data in this form may give a more positive view to attendance but its usefulness inform patients was questionable. ▪ The current data as published gives an insight into failed attendances and helps inform patients on the importance to attend or cancel and at the same time explains why we all need to work together to ensure we use our scarce resources appropriately. The DNA data circulated is also usually presented as percentage of total available appointments. ▪ Also due care is taken to ensure that vulnerable patients and young children who fail to attend are reviewed, as are patients who have been booked for a clinical follow-up. ▪ The practice tries to opportunistically educate patients who do not use the service appropriately, this is however carried with empathy in a softly, friendly and understanding manner. **2. Priority 2:** Premises Refurbishment Plans discussed. MD also advised that we would progress gradually with other works over the next two years in stages to include patient entrance flooring, waiting room flooring and lights. ▪ **Update:** Patient entrance flooring replaced and new lighting under consideration (LED to reduce costs and try to embrace green initiatives) – awaiting quote **3. Priority 3:** Practice Newsletter twice yearly Spring and Autumn ▪ **Update:** Draft Autumn Issue circulated and focus on National Patient Survey Results. Also available on request in any other version for visually impaired etc. **Hearbase** – New Accredited Quality Provider (AQP) NHS Audiology Service trial planned for every other Thu from 1pm-5pm at the practice, has been cancelled for the time being for lack of demand and Hearbase reviewing arrangements locally.	
4	**Commissioning update and Locality Group Meeting (if any).** i. **Primary Care Networks Update (MD)** – The practice is now part of the South Dulwich Neighbourhood Network with Nunhead Surgery, Elm Lodge, The Gardens, Lordship Lane Surgery. We will be working with Improving Health our local federation as we are keen to sustain it. At the last meeting we agreed to explore options of working together on agreed initiatives such as employing a Pharmacist to support with medication reconciliation and audits. We noted the challenges for the next year whilst we wait to get some clarity on the funding arrangements. TT asked if we could get Brenda Donnelly our new PCN Clinical Lead to attend out PPG and MD agreed to ask her. He advised that she was only appointed to work for a day a week for the network. TT asked if we expected any changes in the future. It was felt that it was too early to say if this new arrangement makes any real difference to the core services but we have to always hope for the best by staying actively engaged in the neighbourhood. TT asked if the PCN setup would enable appointments to be shared across the network. Dr MC explained this is not currently being considered as it may not be practicable to manage	12.45 – 12.50

	with different practices having arrangements to suit their patients. The current arrangements for 8am-8pm appointments provided at the Extended Primary Care Service (EPCS) at Lister Heath Centre for the South Southwark cluster would continue for the time being. MD also emphasized that the practice would strive to provide appointments for our patients at the practice as that is a reason why we feel patients choose a particular practice to register with. We are low users of EPCS as we provide good access at the practice with sufficient appointments and only book patients to see a GP at EPCS in exceptional cases with acute problems. ii. **Southwark Clinical Commissioning Group (CCG)** - MD also gave an update on Southwark Clinical Commissioning Group (CCG) planned merger to form the Southeast London CCG. A new constitution had been circulated for review and maybe presented at the next locality PPG to review. The six CCG governing councils have to vote on the change for it to happen and voting to take place on 25/09/2019 for the merger. If there is no agreement from even one council and if a resolution is not reached by deadline of 18/10/19, the process will lapse for another year.	
5	**Open Session** **GP National Survey Results** i. GP National Survey Results received in Aug 2019 reviewed and discussed. The practice performed favourably compared to practices in the locality and in line with national averages. ii. TT had reviewed the data and had compared the responses in terms of age and chronic conditions for our practice and her last practice. The data showed her previous practice had a slightly better response rate (30%) and the respondents had two or more chronic conditions with varied ethnic groups whilst our data showed respondents (27%) from white ethnic group and one chronic condition. MD explained that our population had a greater proportion of younger patients and was in line with the population of Southwark being young adults of working age. iii. The data whilst statistically questionable gave a good snapshot of patient satisfaction. iv. Areas that the practice could improve on were discussed. It was difficult to see what the practice could do in these areas as the responses seemed subjective and may be down to patient perceptions and expectations at the time of the survey (i.e 60 % respondents stated that they were offered a choice of appointment when they last tried to make a general practice appointment (local CCG average 66%); and 63% of respondents were satisfied with the type of appointment they were offered (local CCG average 65%). v. PPG members gave their experiences in terms of choice and SF explained that she preferred a particular time and was able to get an appointment within two days. It was felt that choice was difficult to improve on, provided availability of appointments at various times was considered when planning schedules. vi. The practice with its culture of striving to do better where practicable would continue to review areas of improvement for our patients to have a good experience.	12.50 – 13.15
6	**AOB** a. Noticeboards – Layout of the noticeboards discussed and it was felt and as previously agreed	13.15 – 13.45

	that the boards had titles and were focussed. MD explained that some notices were mandatory and the practice provided a choice to patients with information on our TV screen, website, on noticeboards dedicated boards for Travel Health, Flu Campaign (Seasonal), Child Health etc. the consensus was that the boards were generally thematic and easy to navigate when required. b. NHS app – Went live at the practice on 8 may 2019. 85% of appointments offered online and up to at least 4 weeks ahead. TT explained the difficulties when changing GPs and was awaiting a new patch to fix this issue on the app. c. Telephone System – TT appreciated our telephone system where she could speak to someone and not either listening to music or an auto call attendant. Dr MC explained that we were looking to improve this further but we are aware that our patients prefer the personalised service. Also from feedback, having to navigate through the phone system may impact on stress levels and patient satisfaction. d. E-consult – Uptake as expected is low but that is partly because of the ease of availability of practice appointments. It is prominently promoted at the practice and website. Average 20 visits monthly with 4 submitted for review at the practice. These are actioned within 2 working days as necessary, requiring an appointment, a telephone review or other admin action. Dr MC explained that when completed appropriately these were helpful and efficient, saving clinical time as all the details are available and allowing timely and swift action. e. It was agreed that the practice does not require to be informed of any hospital visits as hospital correspondence which is also copied to the patient is received, reviewed and acted on when necessary. DP shared his experience of being followed up by the practice for a review. The practice follow up process was proactive and focussed on ensuring good care. f. Protocols for reviewing clinic letters and test results are reviewed regularly. Any issues are discussed at weekly clinical meeting to ensure that the processes are safe to ensure any gaps are mitigated and learning gleaned. g. TT asked what can PPG members do to help the practice? MD suggested that this was a good question to reflect on. However it would help if all our good work was shared at locality PPG meetings to add value to other local practices by sharing good practices. h. Locality PPG Meeting - TT expressed that our attendance was not regular and the benefits of attending. It was explained that we do not pressure our members to attend but do keep them informed of any meetings and they chose if they are able to attend. KO explained the difficulties of the location of the venue. It was agreed that TT (Tina) would attend on behalf of the practice at the Locality PPG. i. New Dulwich Medical Centre – This was planned for opening next year. TT informed the meeting that she was one of the two lay members on the Board for this project and that the site will become our local hub with other attached services. MD suggested that she can update us at the next meeting and an agenda item would be set for this.	
	Date of next meeting agreed: 12 Dec 2019 at 12.30pm with festive mince pies The meeting was close at 1.50pm	

Proposed dates for future practice PPG Meetings 2020: Thurs @12.30pm: 12 Mar, 11 Jun, 10 Sep, 10 Dec

Appendix 1: Missed Appointments

MISSED APPOINTMENTS COST THE NHS TIME & MONEY

Please cancel your appointment
if you no longer need it, so it can be offered to someone who needs it.

April 2019
DID NOT ATTEND (DNA) & DID NOT CANCEL APPT
96 appointments (10% OF ALL APPOINTMENTS)

May 2019
DID NOT ATTEND (DNA) & DID NOT CANCEL APPT
113 appointments (9% OF ALL APPOINTMENTS)

June 2019
DID NOT ATTEND (DNA) & DID NOT CANCEL APPT
106 appointments (9 % OF ALL APPOINTMENTS)

July 2019
DID NOT ATTEND (DNA) & DID NOT CANCEL APPT
128 appointments (9% OF ALL APPOINTMENTS)

Aug 2019
DID NOT ATTEND (DNA) & DID NOT CANCEL APPT
104 appointments (9% OF ALL APPOINTMENTS)

306 Medical Centre:6 monthly Missed Appointments (DNA) Data April – Aug 2019