306 Medical Centre

Patient Participation Group Meeting

Date: Thu 14 June 2018
Time: 12.30pm
Place: Waiting Room

	Agenda Item	**Timings**
1	Meet, greet & eat	12.30
2	Welcome & Introductions	12.30 – 12.35
3	Minutes of the last meeting and any matters arising	12.35 - 12.45
4	Commissioning update and Locality Group Meeting (if any)	12.45 – 12.55
5	Update on agreed 3 Priorities for the year	12.55 – 13.10
6	Open Session	13.10 – 13.30
7	AOB	13.30 – 13.40
	Date of next meeting	

Proposed dates for future practice PPG Meetings 2018:

Thurs @12.30pm: 13 Sep, 13 Dec

306 Medical Centre
Minutes of PPG Meeting held on Thu 15 March 2018

Present: **Staff:** Mo Dawood (MD-PM), Safiya Ali-Ibrahim (SA-Nurse)
Patients: Richard Cooke (RC), Phillip Lipsidge (PL), Alan Robertson (AR), Kathleen Lipsidge (KL), Richard Harwood (RH), David Pickard (DP), Sandra Floy (SF), Kwame Ocloo (KO),

Apologies: **Patients:** Rasheed Adedoja (RA), Vanessa Weibel (VW), Khurshid Qureshi (KQ), Jean Halden (JH),
Staff: Dr M Chawdhery (MC-GP) (due to patient emergency)

	Agenda Item	Timings
1	**Meet, greet & eat**	12.15 - 12.30
2	**Welcome & Introductions**	12.30 – 12.35
3	**Minutes of the last meeting and any matters arising** **Matters arising therefrom:** • Mr Ocloo suggested that noticeboards whilst structured should be given headings as he had suggested previously and agreed for action. - Actioned	12.35 - 12.45
4	**Commissioning update and Locality Group Meeting (if any).** • MD gave an overview of the new targets and challenges of the new PMS contract implemented in October. He agreed to update on progress in 3 months' time.	12.45 – 12.55
5	**Update/Agree 3 Priorities for the year 2018** **Priorities discussed and there was consensus on the following for 2018:** 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; Monthly DNA to enhance patient awareness and; Patients who fail to cancel 3 or more appointments in 6-12 months to be sent a warning letter reminding them that they risk being removed from the register. Exceptions allowed on medical grounds at the discretion of practice. **Update:** At the time of the meeting the next available routine appointment with a GP was in 9 working days. The practice compared very well in the locality in meeting patient appointments' demand and referred very few patients to the Extended Access Centre. 2. Priority 2: Premises Refurbishment Plans discussed. These included remedial works to automatic doors, painting and decorating, replacement LED lighting. Cost implications regarding remedial automatic doors discussed. It was agreed to keep them open where practicable as risk assessed.	12.55 – 13.10

	3. Priority 3: Practice Newsletter twice yearly Spring and Autumn – Maintain. Spring Newsletter draft would be prepared and circulated for proof reading to Mr Lipsidge and Mr Ocloo. Any views on content would also be considered.	
6	FFT – 6 monthly data 6 Monthly FFT data reviewed as published on the surgery website. The practice has consistently scored over 90% satisfaction. Patient feedback was usually reviewed and where there were areas of improvement these were usually effected swiftly where practicable	13.10 – 13.30
7	**AOB** • Under the agenda item practice priorities MD informed the PPG regarding changes in the practice: 1. Dr K Patel was moving to Harrow so was no longer able to work at the practice. Dr J Hashmi who was already known to patients at the practice is considering taking his place on Fridays for the timebeing. 2. Safiya our nurse was retiring from March 2018 she would do some sessions until end of May 2018 whilst she explores her options. She may consider working on an adhoc basis after August 2018. PPG group wished her well and hoped she would at least return on reduced hours sometime in the year. 3. Melrose Burton, our new nurse joined us on 9 March 2018 would be working 3 full days (Mon-Wed) for the time being and if Safiya decides to come back she would work on Thu and Fri. We will review the arrangement after July 2018. 4. There would also be some admin team changes with MD's deputy moving to greener pastures from end of March. A new admin team member has been recruited starting in April and another admin team currently being recruited. It was hoped that with two part-time posts effective admin cover would be provided. • MD shared a pulse article (5 March 2018 - http://www.pulsetoday.co.uk/home/finance-and-practice-life-news/gp-black-alert-guidance-suggests-cap-of-25-35-routine-consultations-a-day/20036285.article) with PPG regarding the BMA's suggestion that GPs should cap their daily patient consultations at a 'safe' limit, but has said that GPs need an emergency brake to alleviate pressures. The BMA's new guidance on GP 'black alerts', unveiled earlier this week, suggested a limit per GP of 25-35 routine consultations - or 15 complex consultations - as a recommended 'safe' limit before agreeing with CCGs to send patients on to 'overspill' clinics. The RCGP told Pulse it supports the idea of GP black alerts but not the proposed cap on daily consultations. RCGP chair Professor Helen Stokes-Lampard said: 'We agree with our colleagues at the BMA that GPs need to be able to raise some sort of warning signal when things become too much – this is something that the College has been advocating for some time.' She said this comes as 'members tell us that they are routinely working 11-hour intensive days in clinic, and then having to deal with a mountain of urgent paperwork on top'. She said: 'This isn't safe, for the GP or their patients... A "black alert" would be a lifeline for practice teams that are overwhelmed by demand, and allow for practices to implement	13.30 – 13.40

	emergency measures to alleviate pressures.' Mr Pickard reflected that based on the article complex patients took 4 times more time. It was discussed that if we were to adopt this type of model with longer consultations without any additional funding waiting times would increase. In general practice we have to be practicable when managing demand so that it was reasonable and appropriate. MD explained that this would help to raise the profile of an overworked general practice, which is left to pick up everything else that others are unable to maintain. He pointed out that hospitals/community nursing teams issue alerts from time to time when they are unable able to cope with unprecedented demand or have staffing shortfalls etc but there is no such mechanism when general practice is inundated. • Mr Ocloo mentioned that case in the news about a child with asthma who arrived late at a surgery, was sent away and later died. MD gave assurances that the practice had safety mechanisms and offered a case by case flexibility when needed and staff were trained in this area. He explained the details of this to the PPG. • Mr Ocloo pointed out that we should explore ways of improving the response rate to FFT. The challenges were discussed and any suggestions welcomed. • MD shared practice list information. We were the 2nd highest growing practice in Southwark with a 65% increase from 14/15. Averages in our area were between 7-21%. With this we had to be mindful that we continued to maintain quality. MD explained that this was planned to ensure we were sustainable but going forward we would ensure that any growth is not at the expense of personalised service that we strive to provide.	
	Date of next meeting agreed: 14 June at 12.30pm The meeting was brought to a close at 1.45pm	

Proposed dates for future <u>Meetings 2018</u>: Thursdays @12.30pm: 13 Sep, 13 Dec