

306 Medical Centre
Minutes of PPG Meeting held on Thu 18 June 2015

Present: **Staff:** Mo Dawood (MD), Dr M Chawdhery (MC), Safiya Ali-Ibrahim (SA-NURSE), Dr A Malik (Guest)
Patients: Richard Cooke (RC), Phillip Lipsidge (PL), Kathleen Lipsidge (KL), Jean Halden (JH), Ronald Halden (RH), Kwame Ocloo (KO), Beatrice Adeosun (BA),

Apologies: **Patients:** [Redacted]
 [Redacted] (Redacted - available on Request)

	Agenda Item	Timings
1	Meet, greet & eat	12.15 - 12.30
2	Welcome & Introductions Introductions - A big welcome to all.	12.30 – 12.35
3	Minutes of the last meeting and any matters arising Minutes agreed as accurate after correction on page 3 (Number 4, 3 rd bullet) to remove word 'is' by Mr Cooke No matters arising.	12.35 - 12.45
4	Commissioning update and Locality Group Meeting (if any). Due to inevitable circumstances our Reps were unable to attend the last meeting, so no feedback.	12.45 – 12.55
5	Agree 3 Priorities for the year After due deliberation two priorities were agreed: 1. New Seating in Reception – Requirements and quotes discussed and agreed. It was suggested to speak to other practices as that may help keep cost down through group buying. 2. Review Appointments and strive to improve wait times for routine appointments to within 2 weeks, based on patient feedback. It was felt that this was reasonable with the unprecedented demand for GP appointments. Agreed to review at quarterly meeting. National GP survey wait times were discussed, which ranged from 9 days to the current 13 days and it was agreed to bear these in mind.	12.55 – 13.10

Appointment capacity data was shared and a discussion on total appointments available and how these reflected list size was discussed.

Also the spread of appointments was discussed in light of weekly demand. Practice provided 27% more appointments than contractually required based on list size. Appointments spread, Mon 28%, Tue 20%, Wed 20%, Thu 16% & Fri 16%. Practice provides 41% online appointments. 6% of appointments are classified as urgent and 8% on the day. 7% released 7 days and 5 days before. 11% telephone on the day as this may help with Extended Access Centre same day appointment. Some discussion took place on what may be considered urgent and how to educate patients on this. It was agreed that this was best left to the GP to discuss within closed doors with the respective patients with empathy, on a case by case basis, in light of their medical need. This would help the patient understand what is considered urgent without discouraging the patient from seeking help again and would be done respectfully.

The following was also considered as a priority:

Strive to adhere to 1 problem = 1 Appointment

- It was felt that irrespective, the practice should usually try and deal with any problems within reason, as further appointments may impact on priority 2 above.
- Scenarios were looked at such as a working patient who had to get back to work and may be concerned about delay and weighing this with being listened to by your GP. It was felt that being listened to should have greater value and it was inevitable a small proportion would be challenging to satisfy fully.
- Also the consensus was that the practice ethos of ensuring patients left surgery satisfied that their care needs had been dealt with may have an impact if this was adhered to. It was felt that the practice stands out in its current approach of providing personalized care of a good standard and this was appreciated and should be sustained, irrespective of occasional feedback about appointments running late.
- However it was also suggested by Mr Ocloo and Mrs Adeosun that emphasis on information was vital when patients' arrived in reception so that they are kept informed of any delays.
- Consensus was that this was not made an annual priority.

Mr Ocloo also reminded the meeting of his previous suggestion of a stand at the Dulwich Fair if staffing allowed this. Mo pointed out that he had suggested this idea at a higher level with the locality and a stand was to be considered by Improving Health, our locality practice federation. This would fairly represent local practices.

Possible 3rd Priority – Health Promotion Event

	<p>Mr Ocloo suggested that a Health Promotion Event, possibly Diet/Elderly could be considered, one evening with a speaker. Mr Cooke suggested mental health as an option.</p> <p>It was felt this was a novel approach and should be given consideration</p> <p>It was agreed that this was a good priority to consider. However to give everyone an opportunity to reflect on this or suggest another priority it was agreed that this would be finalised at the next meeting.</p>	
6	<p>GP National Patient Survey/Friends and family Feedback</p> <p>A. Friends and Feedback March, April & May Reviewed:</p> <p>Circulated Data for March, April & May Reports now published on the website:</p> <p>May 2015:  88%  6%  6% Response: 51/165 (31%) 3 negative comment 1 Passive</p> <p>Passive</p> <ul style="list-style-type: none"> ✓ The doctors are fantastic but I have to wait more than 3 weeks for an appointment and today i waited more than 1 hour for my appointment. <p>Not Recommended</p> <ul style="list-style-type: none"> ✓ Difficulty in getting an appointment within a reasonable timescale. ✓ I didn't feel rushed and the Dr explained everything to me really well and asked me to rebook to ensure I was okay and that the medication and advice was successful. ✓ The reception is always really helpful and brilliant. The feeling I have in the room with the gp always feels rushed and yesterday felt especially like she was ticking boxes. <p>April 2015:  93%  5%  2% Response: 57/171 (33%) 1 negative comment 0 Passive Comments</p> <p>Not Recommended</p> <ul style="list-style-type: none"> ✓ Unsympathetic receptionist <p>Mar 2015:  89%  9%  2% 56/167 (34%) 4 negative comments 1 Passive Comment</p> <p>Passive</p>	13.10 - 13.30

✓ Mix up with appointments. Booked me in on the wrong day.

Not Recommended

✓ Not all my issues were solved. I have been said 1 consultation-1 appointment, so I have now booked another appointment but unfortunately, it means take other time off work.

✓ Didn't feel listened to

✓ I can not have a home visit

✓ It's nearly impossible to book an appointment on follow up visit. It took me 5 days to get my repeat prescription. My GP did not advise me about my right to get my multiple prescription cheaper by applying for the NHS prescription card. Dr Chawdhery is the only one that carries out a thorough follow up about my complaints and sometimes suggest or recommend to me alternative opinion. Others just talk about my weight even after telling them I've tried my best but the weight is not getting down. All these are having a great effect on my physical and mental well being. Thanks

- a. Explained that the Reports are in colour on the website and include patient comments positive, negative and passive. Comments in the main were positive. Copies available in the board
- b. All negative comments reviewed and it was felt that it was inevitable one or two patients may have something negative to say and as the comments were subjective it was very difficult to counter these, except to reflect on all comments. It was agreed that the practice tried very hard to provide care with a personal touch and was responsive to patient comments.
- c. It was suggested some negative comments were not actually negative but gave feedback for reflection and review.

B. NHS Choices feedback with practice response was reviewed for period February 2015 – 10 June 2015. 4 reviews in total.

- a. It was felt that there were some negative comments and we had responded to these positively with appropriate explanation. Staff did feel upset when negative comments were posted, particularly when they did not accurately portray the situation as it occurred or vital facts were withheld to give a bias to the comment.
- b. Mo also pointed out that it was easy to post a comment but there was no way of verifying who posted the comment. One could post a comment for a practice even though they were not registered there.
- c. Scenarios were discussed and it was agreed that the practice had very little control over these comments that were quite subjective and sometimes not justified, but had to continue replying to them.

	<p>d. It was pointed out that on review of other practices some practices had not replied to any comments and on checking with some practices, Mo had discovered that they were not even aware of how to respond to these, though they were posted on a public site.</p> <p>e. 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). There was a discussion whether anonymized comments should be responded to and it was agreed after looking at the pros and cons that it was good practice to respond to all comments, as the response would be a good reflection that the practice took all feedback, negative or positive seriously. This would also enable anyone checking practice reviews on NHS Choices, to make an informed choice by reading the patient review and corresponding practice response (both sides).</p> <p>f. Also it was felt that a small proportion of patients usually posted comments and on balance usually more negative comments were received though these do not actually reflect practice service but reflect an isolated incident or experience, which usually on further investigation had other background often not disclosed.</p> <p>g. It was felt that more patients who had a positive experience should also be encouraged to leave a review as this would give a better perspective.</p> <p>h. Mo suggested that group members took the reviews and responses away and reviewed practice responses, for any feedback on how if at all these can be improved. It was already suggested that these should be short.</p>	
7	<p>AOB</p> <p>a. Mrs Halden shared a leaflet for the Singing for Better Breathing initiative and highlighted the benefits</p> <p>b. Mo agreed to place the leaflet on the noticeboard and suggested that Mrs Halden was now famous as she was on leaflet promotional material.</p> <p>c. She pointed out that they were plans to evaluate their breathing to see if it had improved after this initiative.</p> <p>d. Mrs Adeosun, asked if her email with the circular from a local councillor as discussed at the last meeting where they stated they would be building a school on Dulwich Hospital site had been received. Mo expressed regret that we had no record of receiving her email and also checked with Dr Chawdhery. He suggested he would give Mrs Adeosun his personal email</p>	13.30 - 13.40

	address if she was happy to re-send it. e. Date of next meeting agreed and date changed agreed to 1 week earlier as there was a clash with other commitments	
	Date of next meeting: Thursday 10 Sept 2015 @12.30pm	

Meeting closed at 1.45pm

Proposed dates for future Meetings: Thursdays @12.30pm: 10 Dec in 2015
