

306 Medical Centre
Minutes of PPG Meeting held on Thu 8 Dec 2016

Present: **Staff:** Dr M Chawdhery (MC-GP), Safiya Ali-Ibrahim (SA-Nurse), Mo Dawood (MD-PM),
Patients: Richard Cooke (RC), Ronald Halden (RH), Richard Harwood (RH), David Pickard (DP), Jean Halden (JH), Phillip Lipsidge (PL), Kathleen Lipsidge (KL), Alan Robertson (AR)

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

	Agenda Item	Timings
1	<p>Meet, greet & eat</p> <p>In the festive spirit mince pies served (only in moderation, not to over indulge but otherwise eat healthy all year around)</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 after a small correction on page 5 to remove the word ‘since’ which was used twice.</p> <p>Reminder: Southwark CCG has now set up an online network and encouraged all members to sign up and contribute. Leaflet shared To Register visit: www.myppg.co.uk/register. Practice Code: SOUCCG</p> <p>Southwark Safe and Independent Living (SAIL) project. MD gave the update that a navigator would now be based at the practice every Wed to support older people to maintain their independence, safety and wellbeing</p>	12.35 - 12.45
4	<p>Commissioning update and Locality Group Meeting (if any).</p> <p>Update given by MD with discussion:</p> <ul style="list-style-type: none"> a) Commissioning Level 3 – Southwark CCG applying for full responsibility for co-commissioning general practice, including performance managing practices and potentially introducing local incentive schemes to take the place of QOF. We understand all SE London CCGs are applying for this enhanced status. b) Co-commissioning has the potential be a mechanism for GPs as members of CCGs to have greater influence over the commissioning of services, including the ability to enhance the funding and provision of general practice, for the benefit of the profession and patients. c) Co-commissioning also enables CCGs to hold and manage the core GP contract of their members, with powers to issue breach notices and terminate contracts. This is a major change to the way general practice is commissioned and performance managed and could have serious and far reaching consequences. 	12.45 – 12.55

	<p>d) A swot Analysis as shared in shown in Appendix 1 attached below and the risks of hospital overspends discussed.</p> <p>e) PMS Contract Reviews planned for 2017 which may result in potential loss of income. These concerns and uncertainties in the NHS generally make planning ahead challenging. The practice may potentially see a reduction in income by up to £10 per patient from the current about £90 per patient it receives under the PMS contract. This based on a list of 4000 patients as an example would see a drop in practice income by £40k whilst CQC fees and other expenses are rising. However the practice is functioning efficiently and there is very little room for further efficiencies. The practice would strive to minimise the impact on patients and staff, consulting the PPG to find a way forward should it see a reduction in income as a result of any changes/review.</p>	
5	<p>Agreed 3 Priorities for the year 2017</p> <p>Priorities discussed and there was consensus on the following for 2017:</p> <ol style="list-style-type: none"> 1. Priority 1: Review appointments and strive to maintain wait times for routine appointments to within 7-10 working days (locality cluster agreed) with at least 50% of all appointments offered online. <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 named GP and holidays. • 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. • It was noted that the practice compares very favourably locally. 2. Priority 2: Maintain Elderly Care worker, once a month (practice employed nurse, previously a community matron in the locality) to support care needs of elderly patients, case management and holistic reviews <ul style="list-style-type: none"> • It was agreed that this was a good initiative in light of social funding constraints, to give some support to any elderly patients needing this to stay independent. 3. Priority 3: Practice Newsletter twice yearly Spring and Autumn – Issue 2 ready for publication soon, draft shared. <ul style="list-style-type: none"> • Update - On going <p>PPG members felt that appointment times as a priority, was important for patients. So keeping this at the top of the agenda was important as ease of appointment availability was a factor in good patient experience. Also added to this was making 50% or more of all appointments online.</p>	12.55 – 13.10
6	<p>a) Friends and family Feedback (Appendix 2 as attached below)</p> <p>Friends and Feedback Sept, Oct & Nov reviewed: Feedback generally very positive and the positive comments had consistent themes. Circulated data now published on the</p>	13.10 - 13.30

	<p>website and copies on noticeboard:</p> <ul style="list-style-type: none"> • Specifically not recommended comments reviewed, in Nov 2016. Lack of appointment times and call backs from doctor. It was felt that sometimes there was a lack of insight, as routine appointments are offered at a choice of times but may not necessarily be available at a time of choice of the requesting patient. This is due to the unprecedented demand for appointments. It was felt that patients should understand the situation of scarce resources and demand. An example given at the meeting was that of a follow-up hospital appointment on the patient’s birthday, whilst it was not ideal but if it meant waiting longer for another appointment then it was best to keep this. • Priorities were also discussed. The practice offered usually on the day appointments for young children but some parents expected choice of times when in light of scarce appointments this was not usually an option. Sometimes when appointment slots were not available children may be slotted in and usually where practicable seen within 30 minutes. • It was felt that if the practice could prioritise health needs of a child then it was reasonable for the practice to expect parents to also prioritise their commitments and bring the child to the surgery for the offered appointment if they felt the condition warranted an urgent appointment. • An example of an urgent dental appointment was discussed. When one calls a dentist with bad toothache and one is only offered one appointment option, then if the pain was so concerning, one would happily prioritise and attend to get treatment for the toothache. The same concept would apply in general practice. • Comments in the main were usually positive but inevitably a very small proportion of negative comments were also received. • On average every month about 50 responses received by sms and published on the surgery website • It was felt that sometimes the responses were subjective and dependent on individual perceptions. • It was felt that it was always good to reflect on good and bad. The feedback gave a snapshot of patient experience at the time, highlighting any improvements required. • Constructive feedback and any trends noted (such as late running of the surgery) and it was agreed that the surgery would strive to improve in any areas pragmatically possible to improve on, with a view to enhancing patient experience. • Survey fatigue may be a factor in falling number of responses in what was felt was the age of information overload. <p>b) NHS Choices feedback (Appendix 3 as attached below) shared for review- One positive review on NHS Choices</p>	
7	<p>AOB</p> <p>a) A typical day in the surgery life of Dr Chawdhery – a general overview to give an understanding of her workload (times are approximate and indicative):</p> <ul style="list-style-type: none"> • 7.45am: arrives at the practice, to deal with any administrative issues such 	13.30 - 13.40

	<p>as urgent referrals, patient notes reviews, etc.</p> <ul style="list-style-type: none"> • 9am: Starts face to face surgery which is expected to finish at 11.45 but often is extended to 12.45pm due to slotting in of extra appointments (usually young children) • 12.45pm: Review and sign electronic prescriptions. Review all acute medication requests. Have a working lunch. • 1.20pm: Finish of any pending telephone consultations and any home visits • 2pm: Complete referrals; liaise with hospitals and other pending queries and admin etc. • 4pm: Start face to face evening surgery which finishes about 6.45pm usually or later if late evening by about 7.15pm • 7.30pm Staff sign off usually or a little later depending on priorities. • 7.30pm-8.30pm: A little Dr Chawdhery family time • 8.30pm: Dr Chawdhery signs on from home to review test results (on average about 80 per day) and review hospital correspondence (about 100 per day). This is shared but requires medication changes and processing of patient tasks electronically. She sometimes spends about 2 hours doing this to ensure that there is timely action and smooth continuity in patient care. • 10.30pm: A cup of hot chocolate and off to bed. <p>b) JH gave an update about the Breathe Easy Southwark Initiative which she is a part of. This is a local support group for anyone living with a lung condition and provides social aspect also. Taking place every last Tuesday from 11am-1pm at Christ Church, Barry Road SE22 0JU The group choir scheduled to perform at the local Sainsbury on Dog Kennel Hill on 23/12/2016 from 11am and she welcomed everyone to attend. Leaflet circulated and placed on the noticeboard.</p> <p>c) A discussion on the sound proofing of the nurse's room took place. MD explained that the wall adjoining the waiting area had only last year been removed for soundproofing with some impact. Mr Lipsidge felt that it may be the door that may be the cause of the leaking sound issue. MD welcomed any solutions to consider and would facilitate if practicable.</p> <p>d) LC conveyed his good wishes on behalf of the PPG to Dr Chawdhery to find time for herself from her workload to improve her work life balance.</p> <p>e) Meeting ended with an exchange of good wishes for Christmas and the New Year. A thank you to everyone for their contribution and support to the practice this year.</p>	
	<p>Date of next meeting agreed: Thursday 9 Mar 2017@12.30pm</p>	

Meeting closed at 1.50pm

Proposed dates for future Meetings 2017: Thursdays @12.30pm: 8 Jun 2017, 14 Sep 2017 & 14 Dec 2017

Appendix: 1 – Future of Commissioning (Southwark CCG intranet) Pages 5-6

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Having more local control enables better management of money locally and best way to invest, commission services for local population • Ability to move funding to support development of community/primary care services – • Ability to fund people to work across system / pathways • NHSE won't let us fail – low risk? • Relationships with CCG/practices are well established (generally good). • “Can't be worse than it is now” (NHSE is removed and we spend a lot of time invoicing and chasing payments for a lot of different initiatives) • Won't make 'our' lives any more difficult • Know people at CCG and know faces which helps build up better relationships and get responses • Easier for CCG to work with public health and build on local relationships • Clarity about where to have the conversation and with whom • Build on good local engaged aged relationship • How does this affect the STP/CBC delivery? • Get end point view • Focus on local priorities of population e.g. mental health • Lost one to one relationships with NHS England – will be good to get back and work with people we can meet face to face for support • Relationship with CCG is good, contacts are known. Have a local contact! • Members can choose how to work at scale – not just mergers • NHSE Staff embedded at a local level – don't know detail but there will be a material change • Less bureaucracy • Had thought might move to L3 having been at L2 last time 	<ul style="list-style-type: none"> • We would be accepting greater accountability and responsibilities for decisions – but they may be wrong • Relationships between CCG and practices may become damaged/strained • Conflict of Interest would be raised and will need to be carefully and robustly managed • Removal of external arbiter (NHSE) • Concerns that other budget areas at NHSE may reduce (e.g. dental or specialist services) and this will impact on GP services. • Need to have LMC involvement at federated level discussions • Are we 'GPs' the ultimately responsibility for money • How are we going to come to a mutually agreeable position for commissioning a different primary care offer? • Local Teams still unable to resolve problems with primary care support e.g. Capita • Change won't be quick e.g. practices will continue to find it difficult to recruit • Cycle of changes – lots of changes over the years – how different to PCT days • NHSE will not be able to dispute allocation of resources. CCG would need to have good checks and balances in place • Requires members to become much more involved in commissioning to ensure everything is fair and that there is less variation

OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> • Will day to day experiences for GPs result in an actual change? • Set our own budgets and allocate where we get best value • Would be better communications than with NHSE • CCG would be more sensitive to local need for information • Greater opportunities to influence size and shape of how general practice is delivered • More clinical input into the decisions regarding primary care at a local level • Opportunity to work collaboratively and skills mix with neighbouring CCGs • Need wider spread of clinicians from secondary care on GB • Inspire local people to get more involved in having a say • Inspire local GPs to stay in Southwark – better recruitment / retention • Local GP complaints management – more responsive and local trend analysis • Learning from other areas that are already level 3 – so we know what we going into • Ensure clearly defined is GP practice responsibilities • Can this make GP practices and community services more sustainable? • More resource allocation for LTC management in primary care as we are taking on more work without funding • Opportunity to build relationships further • To build local offer in line with local population needs • To spend primary care budget locally – keep money in the Borough • More opportunity for collaborative working if locally determined • CCG to have overview of performance e.g. CQC, variation between practices. • We are always in budget – would benefit from local control of money • QoF – Jumping through hoops to get paid... level three could have more influence – GPs to influence what they get paid for/What is important • Budget allocation to Local Care Networks • Shaping services around our population based on 'our data' i.e. HIV – what is prevalent? QoF wouldn't cover 	<ul style="list-style-type: none"> • Would we have to use GP money to bail out providers (KCH etc.)? • Would there be more move of services from secondary to primary care without extra money? • Concern about potential of pulling GPs out of clinical practice into CCG/management roles • Risk of lack of specialist support. Do we have the right skills currently in the system? E.g. data analysis (negated by working collaboratively – see opportunity) • Lack of input from local GP leads • Frustrations which are currently aimed at NHSE because of finances may be turned into ourselves at CCG which could cause a breakdown of relationship between CCG officers and • members. Important role for federations to manage this. • CCG would work more closely with CQC which may lead to CCG being unpopular and having difficult relationships • This will enable 'shift' between providers but GP funding needs to be protected • Can't see advantage to individual GPs • Will it reduce our autonomy as GPs? • CCG capacity – need to prepare • Local Offer may be more difficult to achieve for practices • Conflicts of Interest – but CCG has a good process • Question – will this change the constitution of the CCG?

Appendix 2: NHS FFT Sept- Nov 2016

NHS Friend & Family Test: 306 Medical Centre Monthly Summary: September 2016

Responses

Surveyed Patients: 181

Responses: 62

Survey Results

Sept 2016

👍 94%

👎 3%

👉 3%

Report Summary

	Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely Unlikely	Don't Know	Total
SMS - Auto poll	36	9	2	2	0	0	49
SMS - User Initiated							
Tablet/App	0	1	0	0	0	0	1
Web/E-mail							
Manual Upload	12	0	0	0	0	0	12
Total	48	10	2	2	0	0	62
Total % (rounded)	77	16	3	3	0	0	100%

Patient Free Text Comments: Detail

Notes:

1. Free Text Comment received for current reporting month.
2. Classification based on initial response to Q1 rather than content of message.
3. Where consent withheld comment redacted

Recommended – 29 Comments

- ✓ great service work very hard to satisfy patients
- ✓ Dr Chawdhery understood exactly what I needed. She listened and was very kind and understanding. She gave me the time off work I so desperately needed and more
- ✓ importantly told me to take it
- ✓ Quick appointment
- ✓ Lovely staff and great doctors. In the past there's been quite a wait but this appt was really convenient.
- ✓ Mainly due to dr chawdrey being an excellent doctor who is friendly helpful and always has time for you
- ✓ I have been treated well in the practice.
- ✓ Good, straightforward advice, well explained.
- ✓ Excellent Dr. Friendly staff and relatively punctual with appointments. Text conformation of appointments is useful too.
- ✓ I am very happy with your services.
- ✓ Very helpful advice, kind and caring doctors and receptionists
- ✓ Dr. Chawdhery is an excellent doctor, she always listens and has time for you and always tries to help, I trust her.
- ✓ excellent attention
- ✓ I love this surgery always helpful and all doctors extremely caring
- ✓ I love this surgery always and all doctors extremely caring
- ✓ Attentive, proactive, friendly.

NHS Friend & Family Test: 306 Medical Centre
Monthly Summary: October 2016

Responses

Surveyed Patients: 178

Responses: 55

Survey Results

October 2016

👍 **91%**

👎 **5%**

👁️ **4%**

Report Summary

	Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely Unlikely	Don't Know	Total
SMS - Auto poll	32	10	2	0	3	0	47
SMS - User Initiated							
Tablet/App	0	0	0	0	0	0	0
Web/E-mail							
Manual Upload	7	1	0	0	0	0	8
Total	39	11	2	0	0	0	55
Total % (rounded)	71	20	4	0	5	0	100%

Patient Free Text Comments: Detail

Notes:

1. Free Text Comment received for current reporting month.
2. Classification based on initial response to Q1 rather than content of message.
3. Where consent withheld comment redacted

Recommended – 29 Comments

- ✓ Really kind doctor who was thoughtful and patient. Answered all my queries with care and attention.
- ✓ I always get well looked after
- ✓ Dr nada mujic
- ✓ The service met my requirement in a timely efficient manner
- ✓ Serious conditions varie .my Gp is first class along with team members.thank you.
- ✓ Waiting time can be long
- ✓ Because the staffs were fantastic and hospitable in all ways
- ✓ Always friendly and efficient. Sally was particularly helpful this is
- ✓ I have always received friendly and helpful response regarding appointments - very thorough and considered consultation with Dr Chawdhery. Very comforting and encouraging visit with nurse.
- ✓ This surgery is very helpful and I don't know where I would be with the doctors help from this place
- ✓ Considerate and efficient support from the GP and receptionist.
- ✓ Totally prompt service. Very helpful gp. Easy to access place
- ✓ Very good service. GP extremely caring and staff polite and helpful. Appointments are quite quick
- ✓ I always have a good experience and never any problems
- ✓ I was responding to your survey
- ✓ Surgery provides an excellent service
- ✓ Very efficient and organised. Also politeness of staff.

NHS Friend & Family Test: 306 Medical Centre
Monthly Summary: November 2016

Responses

Surveyed Patients: 206
Responses: 59

Survey Results

November 2016



Report Summary

	Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely Unlikely	Don't Know	Total
SMS - Auto poll	29	13	2	2	2	0	48
SMS - User Initiated							
Tablet/App	0	0	0	0	0	0	0
Web/E-mail							
Manual Upload	8	3	0	0	0	0	11
Total	39	11	2	0	0	0	59
Total % (rounded)	63	27	3	3	3	0	100%

Patient Free Text Comments: Detail

Notes:

1. Free Text Comment received for current reporting month.
2. Classification based on initial response to Q1 rather than content of message.
3. Where consent withheld comment redacted

Recommended – 28 comments

- ✓ Good quality doctors and can usually get an appointment when I need one. Have had to wait between half an hour and a whole hour with my baby before which is not ideal but realise this can happen.
- ✓ I happy with everything only the waiting time that's why not 1
- ✓ I always get an appointment for kids on the day when they need it.... I need to be on the phone for about 20 minutes to get through... for this reason I not giving the number one option. In general I'm so happy with the GP.
- ✓ Both receptionist and doctor were helpful and approachable. Makes a big change from my previous GP surgery.
- ✓ Doctor's appointment is reasonable within the service a patient is booked.test to diagnose illness is faster,pharmacy is nearby and the staff are good even the nurse knows their work.
- ✓ Very good service by staff and GPS
- ✓ The doctors at the surgery are very approachable and put you at ease. They take time to really listen before suggesting treatments which are always explained in full. What I like also is that it's never taken for granted that you the patient will immediately agree to what the doctor tells you. You are given the option to go away and research what you have been told before making an informed choice. The receptionist staff are always so friendly as well.
- ✓ Dr chawdhery is an excellent doctor and always clear and helpful
- ✓ Good service

- ✓ It is because the services at the surgery are excellent and above all the doctor is always excellent and has time for you
- ✓ GOOD CUSTOMER SERVICE
- ✓ helpful and caring staff, always try to help
- ✓ excellent, easy to get appts
- ✓ love this surgery they always fit my children in
- ✓ The doctor has a very friendly attitude and very easy to talk or confide in
- ✓ I would change my answer from 1 to 3 or 4 (unlikely to recommend) as I have now been waiting 30 minutes for my appointment!
- ✓ Doctors are kind, listen and professional. Been coming here for 3 years and will continue to do so
- ✓ I am new to the gp so i dont have that experience but so far we had no problem
- ✓ The doctor & reception ladies are always so helpful no matter how busy they are
- ✓ The nurse is excellent. Very friendly and great with my kids for their vaccinations.
- ✓ Doctors are very friendly and helpful + always make time to answer questions
- ✓ The doctors here are knowledgeable and generally caring I think they have too many patients and sometimes you can see the strain
- ✓ Friendly, helpful and always kind. Seen very quickly today.
- ✓ Competence
- ✓ Extreme Competence
- ✓ Very helpful and attentive staff
- ✓ Two comments – consent withheld

Passive

- ✓ One comment – consent withheld

Not Recommended

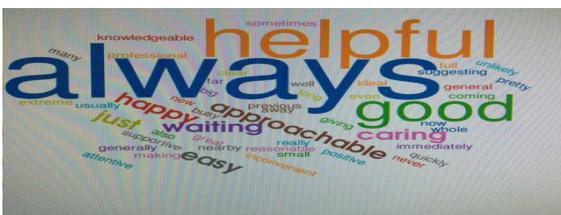
- ✓ Lack of appointment times.
- ✓ Call backs from doctor. You have just one chance to pick up the phone. If you don't and just cannot get the phone on time, you have to call the morning after and rebook. Pretty inconvenient with small children.

Thematic Analysis of comments

Notes: Thematic analysis covers the most discussed themes by analysing sentence fragments and is not an exhaustive analysis of all talking points.

Reception Experience: 8 Arrangement of Appointment: 5 Reference to Clinician: 17

Tag Cloud



Notes:

1. Thematic analysis for current reporting month.
2. Thematic analysis covers the most discussed themes by analysing sentence fragments and is not an exhaustive analysis of all talking points.
3. Tag cloud is rendered using the most used present participle verbs, gerund verb, adverbs and adjectives where the word frequency is reflected in text size

Appendix 3: NHS Choices Feedback

5*

Anonymous gave 306 Medical Centre a rating of 5 stars

Excellent access and care

I switched from Wells Park practice and have had good access to appointments and my children and I have received a high standard of care care from the GPs. The practice is well run and organised and reception staff are helpful. There is a practice nurse and I've also seen an osteopath who is based at the surgery. Overall I recommend this surgery.

Visited in September 2016. Posted on 20 September 2016

[Report as unsuitable](#)

306 Medical Centre replied on 26 September 2016

Thank you for taking the time to share your feedback and positive experience with us on NHS Choices. This is an invaluable morale booster for the Practice Team and greatly appreciated.

It is pleasing to see that our efforts are recognised and appreciated particularly on NHS Choices, as the regular good feedback we receive in the monthly Friends and Family Test Surveys, available on our website, (www.306medicalcentre.nhs.uk) is not usually reflected here.

Stay well and thank you again.

With kind regards

Practice Manager

www.306medicalcentre.nhs.uk

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