

**306 Medical Centre**  
**Minutes of PPG Meeting held on Thu 12 March 2015**

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

**Apologies:** **Patients:** [Redacted] (Redacted, available on request)

	Agenda Item	Timings
1	<b>Meet, greet &amp; eat</b>	12.15 - 12.30
2	<b>Welcome &amp; Introductions</b>  Introductions - A big welcome to all.  Mo requested the addition to the agenda for, Sadie Hurley from the 'Singing for better health.' (It seems she was unwell so unable to attend)	12.30 – 12.35
3	<b>Minutes of the last meeting and any matters arising</b>  Minutes agreed as accurate after amendments as follows: <ul style="list-style-type: none"> <li>• Page 2 6a, faulty changed to 'family'.</li> <li>• Page 3, 7c. 'Be' added before assessed in the last sentence.</li> </ul> Matters arising: <ol style="list-style-type: none"> <li>a. Extended Access Centre is now up and running but occasionally recruitment issues.</li> <li>b. Out of area registration now operational. Explained how it would work and the thinking behind it:               <ol style="list-style-type: none"> <li>i. Example, patient lives in Northampton and works in London, 5 days a week. Would have difficulty seeing a GP in Northampton so may decide to register with a GP closer to work.</li> <li>ii. This arrangement may not be suitable for all patients. For patients with chronic conditions where other services may be involved such as district nurses etc this may not be appropriate or practical. Discretion to accept an out of area patient rests with the practice on a case per case basis.</li> <li>iii. The care works as in this example, the patient would usually see a GP in London but if they require care in the weekend they would contact 111 and they would be guided to a local practice in Northampton which would have signed up to see patients who need care but are registered elsewhere.</li> </ol> </li> </ol>	12.35 - 12.45

	<p>iv. Payment per patient would be made to the practice the patient is registered at (currently full patient payment and will be reviewed after 1 year of the arrangement running to evaluate impact) and if and when the patient is seen locally (Northampton in this example) the practice that sees the patient gets a nominal £16 per each consultation to see patient at the practice and an enhanced payment to see the patient at home.</p> <p>v. It was felt that the arrangement was practicable and rationally thought through.</p>	
4	<p><b>Commissioning update and Locality Group Meeting (if any).</b></p> <p>Due to inevitable circumstances our Reps were unable to attend the last meeting.</p> <p>a. Update from Locality Commissioning meeting:</p> <ul style="list-style-type: none"> <li>• Dulwich Hospital Development was going ahead. A health Centre, with Melbourne Grove Practice moving in. The New Health Centre would be located with access to East Dulwich Station and Melbourne Grove Medical Practice would be moving in and their current premises are leased from NHS Prop Co.</li> <li>• The decision was made as it was felt this would be cost effective in the long term as the running costs of the current Dulwich Hospital were very high. Seldoc and other services on site would move into the new purpose built Health Centre</li> <li>• Mrs Adeosun, pointed out that she had received a circular from a local councillor that they would be building a school on site. This is was suggested was rumoured for a while but the site in the main has been earmarked for a Health Centre and the remainder of the land may be used for housing and even a school, as the conversations are still ongoing.</li> </ul> <p>b. Southwark will be launching a minor ailments initiative. This will outline some minor ailments for which patients can see a Pharmacist. It was hoped this will release some pressure from GPs. It was felt that some patients booked appointments with GPs to get medication on prescription, particularly when they were exempt from charges, instead of paying for over the counter medicines. The new initiative would allow them free prescriptions if they were exempt or they would only pay a prescription charge, so saving GP time for minor conditions' appointments. Thus easy access to necessary medication for children and adults for specifically listed conditions without requiring an appointment to get a prescription.</p>	12.45 – 12.55

5	<p><b>GP National Patient Survey/Friends and family Feedback</b></p> <p>a. PPG Annual Reporting Template – Annex D shared, as signed off on 22 January 2015 by Mr Ocloo.</p> <p>b. This was now also published on our website as required but with signatures withheld.</p> <p>c. Patient demand and expectations have increased and the practice will strive to respond to patient feedback but will also have to take a pragmatic approach in light of cost pressures facing general practice.</p> <p>A discussion on patient demand took place to understand the factors influencing it. Members mentioned aging population, chronic diseases, dementia, increasing population and unrealistic patient expectations (pills for quick magic fix), Worried well patients.</p> <p>Consultation rates discussed. An example if two practices were both being paid £90 per patient per annum. One practice A sees one patient 5 times a year and another Practice B sees one patient 10 times a year. In essence practice B is working twice as hard for same payment.</p> <p>d. A midwife clinic at the practice still under discussion but is unlikely due to shortage of midwives and funding at KCH. However we will keep trying this year.</p> <p>e. Friends and family Test Reports Discussed:</p> <p><b>Circulated Data for December, January and February Monthly Reports now published on the website:</b></p> <p><b>December 2014: Surveyed Patients: 180 Responses: 64</b>  <span style="background-color: #90EE90;">92%</span> <span style="background-color: #FF0000;">6%</span> <span style="background-color: #00FFFF;">2%</span></p> <p><b>January 2015: Surveyed Patients: 190 Responses: 62</b>  <span style="background-color: #90EE90;">98%</span> <span style="background-color: #FF0000;">0%</span> <span style="background-color: #00FFFF;">2%</span></p> <p><b>February 2015: Surveyed Patients: 156 Responses: 57</b>  <span style="background-color: #90EE90;">95%</span> <span style="background-color: #FF0000;">4%</span> <span style="background-color: #00FFFF;">1%</span></p> <p>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 with one classified negative in February, where the patient felt unusually that the service did not meet her personal expectation and was impersonal (quick fix). It was felt that this was unusual as the practice strived to provide care with a personal touch.</p> <p>b. Mr Ocloo felt that more effort should be made to increase response rate. It was agreed that we would continue to make efforts and give surveys to patients on the day when they left surgery.</p> <p>c. It was also felt that patients should not feel pressured to complete</p>	12.55 – 13.20
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	<p>surveys as patients may already be busy.</p> <p>d. Mr Lipsidge and Mr Harwood felt the response rate was acceptable at 30%.</p> <p>e. It was felt that in our day to day lives we were expected to complete too many surveys and some of us had survey fatigue.</p> <p>f. Mo pointed out that recent GP Journal article said ' We were surveyed out' meaning that GPs spent more time carrying surveys out, that it seemed seeing patients was now a secondary priority. It was felt too much emphasis on surveys and targets in general.</p> <p>g. The Friends and Family Test is a contractual requirement and no additional payment is received to carry it out and it is estimated to cost the practice about £100 per month to carry it out.</p> <p>h. No other feedback for discussion.</p>	
6	<p><b>AOB</b></p> <p>a. As Sadie did not attend, Mrs Halden shared a leaflet for the Singing for Better Breathing initiative and highlighted the social benefits of the initiative.</p> <p>She stated that the launch was planned for 6 April at the Royal Festival Hall and further venues would be considered.</p> <p>b. Meeting timing changed to 12.30pm, corrected as pointed out by Mr Harwood.</p> <p>c. Date of next meeting changed to 18 June from 11 June 2015.</p>	13.20 – 13.30
	<p><b>Date of next meeting: Thursday 18 June 2015 @12.30pm</b></p>	13.20 -13.30

Meeting closed at 1.45pm

**Proposed dates for future Meetings:**

**Thursdays @12.30pm: 10 Sept, 10 Dec in 2015**