306 Medical Centre

Patient Participation Group Meeting

Minutes of PPG Meeting held on Thu 10 June 2021

Present: **Staff:** Mo Dawood (MD-PM), Patricia Giddarie (PG), Dr M Chawdhery (MC-GP),
Patients: Alan Robertson (AR), Tina Thorpe (TT), Richard Harwood (RH), Phillip Lipsidge (PL), Kathleen Lipsidge (KL), Sandra Floy (SF),

Apologies: **Patients:** (redacted)

Meeting started at 12.36pm

	Agenda Item	Timings
1	**Meet & Greet**	12.15 - 12.30
2	**Welcome & Introductions**	12.30 – 12.35
3	**Minutes of the last meeting and any matters arising** The minutes of the last meeting were agreed after a few corrections and to be uploaded on the website. **Matters arising therefrom:** TT – Pointed out that NHS Structure changes were briefly discussed but not minuted and it was agreed to go through these today.	12.35 - 12.45
4	**Open Session** **Integrated Care System** NHS England wants all CCGs to merge across their integrated care system (ICS) boundaries by April 2022, as part of proposed changes to legislation designed to hand ICSs the direct commissioning power. In board papers published in Nov 2020, NHS England also said it will create a 'single pot' of funding, bringing together CCG commissioning and primary care budgets along with other funding allocated to systems. The NHS long-term plan said ICSs will cover the country by 2021 – with 'typically' one CCG per ICS area – meaning there will be fewer commissioners who will become responsible for larger geographical areas. But LMCs have previously warned that a reduction in the number of CCGs in England so they match the number of ICSs will 'reduce the voice' of practices. NHS England's new board papers recommended two options for 'enshrining ICSs in legislation without triggering a distracting top-down re-organisation'.	12.45 – 12.50

NHS England added that if either of the legislative proposals go ahead, 'current CCG functions would subsequently be absorbed to become core ICS business'.

However, they said that there will be 'flexibility for local areas to make full use of the local relationships and expertise currently residing in CCGs

Noticeboards
MD after reflection in-house wondered how patients would feel if no boards. TT felt space to be reduced and turned into health campaigns eg. Immunisation week, self treat/information etc.

MD said the plan going forward due to effects of covid is electronic screens were planned – due to infection control and people touching things. Planned for a big screen that would be more entertaining and interactively more effective.

Aim to tidy up and re-decorate to spruce up reception – no more information overload and need for modernisation, flowers, dark blue walls and clean up. Everyone's thoughts?

There was general consensus and it was agreed:

1. Yellow/pale yellow feature wall – liven up and warm feel
2. De-clutter and remove leaflets
3. Maintain a minimum 1-2 noticeboards to promote initiatives
4. Maintain boards in the walk through area as these allow patients more time to read when arriving or leaving

Covid Recovery Plans and challenges

MD any thoughts or views on current experience

TT fed up with the long messages about Covid.
MD explained different levels of people and we need to reach everyone. We are inundated with escalating patient demand and we are struggling and have not been inundated with data opt-out.

Media perception has not been helpful and general practice has been open from the outset has not been given enough credit for the efforts of sustaining patient services.
Currently except for access through the buzzer it is business as usual. Buzzer access it to mitigate risk as small waiting room.

The nurses and GPs are seeing face to face patients, except GPs are only seeing patients where it is clinically necessary. Where there is a genuinely accessed need to see patients face to face this is facilitated but after a GP telephone triage

We are thinking of gradually transitioning to normality providing there is not another wave.

Online appointments have been reactivated now since Oct 2020 and we are encourages patients to access their notes online with enhanced online access. This was partly to reduce telephone traffic and enhance efficiency and patient satisfaction with access.

We will be regularly reviewing the situation to ensure we have the right balance of tel/video appointments to face to face appointment.

We are planning to open doors shortly and move away from buzzer system but to safely sustain services we need to take a cautious approach. Assured that we were taking onboard all concerns and working towards getting back to normal.

We can only do our best in these unusual times and remain positive that we can learn the lessons for the future.

It was concerning to note from experiences peoples' attitudes to the procedures and not following through – risky behaviours. The practice was finding it challenging to educate patients that whilst they may be mask exempt we have a duty of care to our staff and other patients.

Data Opt Out

SF – deadline changed?
MD explained that there is no real deadline and you can opt out at any point of time.
Opt 1 is pseudonymised and we have helpful information on our website that may help patients make an informed decision. MD shared the page and images.

This data will be shared from 1 September 2021. Data may be shared from the GP medical records about:

- any living patient registered at a GP practice in England when the collection started - this includes children and adults
- any patient who died after this data sharing started, and was previously registered at a GP practice in England when the data collection started
- NHS Digital will not share your name or where you live. Any other data that could directly identify you, for example your NHS number, General Practice Local Patient Number, full postcode and date of birth, is replaced with unique codes which are produced by de-identification software before the data is shared with NHS Digital.

This process is called pseudonymisation and means that no one will be able to directly identify you in the data. The diagram below helps to explain what this means. Using the terms in the diagram, the data to be shared would be described as de-personalised.

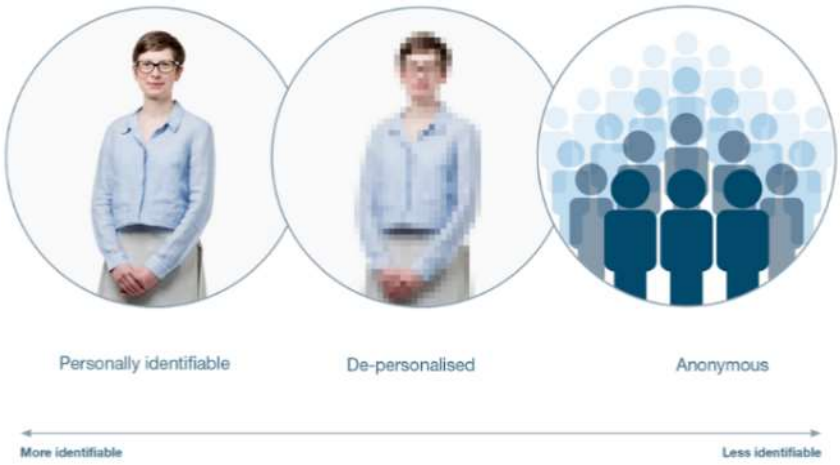

Image provided by Understanding Patient Data under license.

	Further information available on the website as shown and further resources: • https://306medicalcentre.nhs.uk/health-records-information/ • https://www.nhs.uk/your-nhs-data-matters/ • https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/general-practice-data-for-planning-and-research/gp-privacy-notice	
5	**AOB** **Patient Participation Link on the surgery website** TT – Suggested that it was not clear where the minutes were on the website as clicking on the Patient Participation tile only showed the sign-up form. MD agreed to review this and change the tile link to the Patient Participation Page. TT – Shared her experience of NHS 111 when she needed an urgent prescription out of surgery hours. She called NHS 111 at 6.50pm they only got back to her at 4am next morning and she felt that was unacceptable and the timing of the call. She was unable to take the call and her request was terminated as she was unable to pick up the call. MD explained that patients are expected to call NHS 111 out of hours, they are then triaged and where necessary are given an appointment either at the surgery in hours or at the Tessa Jowell or an urgent care centre. It is challenging but demand is unprecedented and services seem stretched. TT wished to feedback/complain, so advised her that there must be a service contact or the CCG **Dulwich LTN** The PPG expressed concerns about the road closures and impacts on them as individuals and on others known to them. The re-directed or displaced traffic was having an impact and they felt that these should have been given a more considered approach and better executed. It was felt that the focus should be one wood fires, open fires etc, too as they equally caused pollution. Closing roads would not stop people from using the cars as the displaced traffic impact on other neighbourhoods and main roads due to the congestion. Whilst affluent and areas with vocal populations may have benefited, those in poorer neighbourhoods and social housing were worse impacted by the displaced traffic. It was also felt that longer journeys would also lead to more pollution (10mins to 40 mins). The practice has been impacted due to the increased congestion on Lordship Lane and congestion outside the surgery. It is good to have cycle lanes and safe cycling initiatives but these have to be thought through with a balanced approach for all road users. The practice shared this view of the wider impact issue and supported the Dulwich Alliance for this reason and felt quite strongly about the issue. We had already written to the councillors expressing our concerns before we became aware of Dulwich Alliance. Our support and that of another practice did not go down well with some individuals. We received letters with factually biased arguments intentioned to pressure us into reviewing our support. One other practice decided to withdraw as	12.50 – 13.15

	they did not have the time or resources to field the barrage of correspondence from the same individuals who preferred the LTN to stay as is, as it was of benefit to them as their kids could play on the roads etc, irrespective of the wider impact it was causing in the surrounding areas. Some boroughs like Ealing had removed the LTN restrictions. Whilst the practice does not agree with the process of consultation and the rationale given generally we would be supportive of a solution that worked reasonably and pragmatically for all.	
	Date of next meeting agreed: 9 Sep 2021 at 12.30pm The meeting was brought to a close at 1.20pm	

Proposed dates for future practice PPG Meetings 2021: Thurs @12.30pm: 9 Sep, 9 Dec