

306 Medical Centre
Minutes of PPG Meeting held on Thu 9 Dec 2021

Present: **Staff:** Mo Dawood (MD-PM), Patricia Giddarie (PG), Dr M Chawdhery (MC-GP), Amber Browne (AB- Nurse)
Patients: Kwame Ocloo (KO), Alan Robertson (AR), Tina Thorpe (TT), Richard Harwood (RH), Phillip Lipsidge (PL), Kathleen Lipsidge (KL), Khurshid Qureshi (KQ),

Apologies: **Patients:** Richard Cooke (RC), Kareen Isaacs (KI), Hulya Sen (HS), Sandra Floy (SF)
Meeting started at 12.30pm

	Agenda Item	Timings
1	Meet & Greet	12.15 - 12.30
2	Welcome & Introductions	12.30 – 12.35
3	<p>Minutes of the last meeting and any matters arising</p> <p>The minutes of the last meeting were agreed to be uploaded on the website.</p> <p>TT expressed a thanks for such good minutes and asked for this to be minuted for the CQC.</p>	12.35 - 12.45
4	<p>Open Session - Topics: Media, F2F appointments, Any changes, premises plans</p> <p>Media Discussion:</p> <ul style="list-style-type: none"> • MD asked for thoughts on the bad publicity for the sector in the media. TT was shocked that >24 hours wait time for hospital beds. • KO – Felt the Government may be using press to project their own ideas and perceptions. Do we not have a platform to debate these issues in the practice. MD advised he was a member of the national practice managers group and some of the managers contribute to the countering of arguments in the media by writing articles and engaging with communities to give their side of the story. In the main most patients understanding and appreciate the efforts. • TT - Are we getting flak from the patients/aggression – MD said we are slightly in a better position than other practices. Most patients very appreciative of our efforts with many positive experiences but as they say you can please some of the patients some of the time but not all patients all of the time. • Integrated Care Boards – MD shared the link in teams and will email for Guardian article. If you believe in a public NHS, the new health and care bill should set off alarm bells (https://www.theguardian.com/commentisfree/2021/dec/07/public-nhs-the-new-health-and-care-bill-alarm-bells-privatisation) – discussing integrated care boards like the US system and proposed funding of the NHS going forward. 	12.45 – 12.50

F2F appointments, any changes and premises plans

- GP appointments - Wait times are currently at 7 working days. We have 2 trainee GPs: Zoe (ST3) and Damian (FY2) who has worked in A&E recently in addition to our 4 regular GPs. Nurse capacity as usual for this time of the year, a little stretched with Flu campaign but has been enhanced
- Appointment apportioned, 40% face-to-face and 60% Tel appointments. We do not shy away from seeing patients face to face and have a triage process that works. However not all patients need to be seen and this model works in most cases and meets the needs of the practice population in the majority. Sometimes we do give in to some patients where we feel a face to face appointment will allay their anxieties (worried well), even when this is not necessary clinically.
- TT - Are people making the best use of services when booking appointment and maybe the public need to be educated. It is important that the public use services appropriately and patient expectations are managed with patient education in the media. MD explained that sometimes some patients seem to not realise, that they are not the only patients we have to care for and that we have many more patients on our list. We have manage our workload effectively based on priority and clinical need within finite resources.
- MD updated on capacity reviews: Practice nursing capacity enhanced by 50%. Amber, our trainee practice nurse will be with us full time with a day off weekly for 6 months for her general practice nurse qualification to become fully proficient. Additionally we will have Safiya on Wednesdays, Christie on Mondays and Hafsa on Thursdays. We will review this arrangement every 3 months and up to 6 months in view of demand and requirements In the meantime this will help us with capacity for our flu campaign.
- We also have a pharmacist, osteopath and social prescriber, so space is becoming a challenge now.
- TT asked if the pharmacist and other extended staff are operating from consulting rooms. MD explained the pharmacist is based at the practice at least once a week if not twice (who also does flu jabs medication reviews for chronic disease patients and high risk drug monitoring) and Gina the social prescriber works from the practice sometimes.
- Also with the additional clinicians and unprecedented demand with covid and other admin queries, we are enhancing our admin team.
- MD shared photo of new garden room (inside and outside view) and discussed re-location of our medical records and stores room to make way for smart working with additional clinical rooms (2) and admin space. MD shared rationale behind the arrangements, including doubling capacity with two triaging clinicians with one

	<p>room between them, shared to see face to face patients where required.</p> <ul style="list-style-type: none"> • TT asked if a receptionist for meet and greet would remain. MD said this was the plan and it would always be manned by at least one person but the plan is for 2 in the morning and 2 in the evening. With increasing workload and growing demand, to enhance service quality we are moving towards automating some tasks and shifting some admin functions upstairs allowing staff to work efficiently on specific work areas, away from frequent interruptions. Thus reducing stress. • TT felt MD would get a lot of exercise heading up the stairs. MD said that provision would always be made for any staff with mobility issues and it was hoped with time and motion efficiencies they would work in one place usually, with only a little health exercise between the tearoom for some vital supplies of tea/coffee and biscuits ;-). • KO was assured that all plans were with the team fully involved in the changes and their views given due consideration, as that of the PPG. 	
5	<p>AOB</p> <p>a. Covid Vaccination Service at the Tessa Jowell Hub - Vaccination service to continue</p> <p>Following recent government announcements to increase vaccination delivery, the PCN has reviewed plans and agreed to continue the delivery of Covid vaccination clinics to help provide the capacity to meet the needs of our population. Therefore, clinics will continue to 19 December and start again week commencing 3 January 2022</p> <p>b. TT thought we should bring our MP – Helen Hayes into the discussions about the challenges in general practice.</p> <p>KO suggested that we write and advise the MP of the issues and raise it with community and interested bodies. TT shared the email address</p> <p>MD we have representative bodies like be RCGP, BMA and LMC to raise awareness of our concerns.</p> <p>MD gave update on opening of our doors initially planned for January, so it was ideal now to get works done now with the side entrance being closed. Consulting room conversions will begin next week.</p> <p>TT wanted to know if we need any assistance/input from the PPG . MD advised we have contractors and all the pain is taken out of the move including the moving of files.</p> <p>c. TT asked about patient numbers – are we healthy? 30 – 40 a week in the last month</p>	12.50 – 13.15

	<p>for new patients but slowing down now. List size increasing but payment to practice based on weighted list size, based various factors, age, deprivation etc so much lower at about 78% of actual list size.</p> <p>d. Discussion on the homeless/refugees – Practice is accredited as a safe surgery so will be happy to register them and help them if they are in the catchment area.</p> <p>e. PPG Communications – MD asked if all were receiving the emails. KO asked for a reminder 2-3 days before meeting as sometimes they may forget. MD confirmed reminder is always sent.</p> <p>f. TT asked that helpful articles like the Guardian article could be sent out when current so she can action with relevant bodies. KO asked that these be posted on practice boards. He also suggested that places such as the Tessa Jowell Centre can have articles there and asked TT if this could happen. TT had no idea of who was in charge as the board had been disbanded so this may be challenging.</p> <p>g. TT said was at hospital and needed an appt and King’s Phlebotomy, waiting time was so long as they did not know they could go elsewhere like Tessa Jowell Centre (TJC). She felt it maybe covid unsafe (masks not worn) due to lines and café in the same area. It was suggested that receptionists here reminded patients they could go to TJC as an option. MD agreed.</p> <p>h. MD was aware that King’s College Hospital had rolled out a refresher for all staff and all have to wear masks now and things might have improved. Initiative rolled out last week which should be comforting.</p> <p>i. AR spoke about his email for link for covid passport and whether a scam? MD felt quite likely and everyone should sign up for useful scam alerts from www.which.uk.</p> <p>j. TT advised NHS app for Covid Pass which was free to download. MD advised good to have a copy should IT fail at last minute.</p> <p>k. A thank you to the PPG members and exchange of festive greetings. For the record, 2 packs of healthy mince pies ;-) accumulated for each PPG member with this being the 2nd Christmas for virtual meetings</p>	
	<p>Date of next meeting agreed: 10 March 2022 at 12.30pm The meeting was brought to a close at 1.30pm</p>	

Proposed dates for future practice PPG Meetings

Thu @12.30pm: 10 Mar 9 Jun, 8 Sep, 8 Dec