

# 306 Medical Centre

## Patient Participation Group

### Minutes of PPG Meeting held on Thu 8 Sept 2022

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

**Apologies:** **Patients:** Richard Cooke (RC), Kareen Isaacs (KI), Richard Harwood (RH), Sandra Floy (SF)

	Agenda Item	Timings
1	<b>Meet &amp; Greet</b>	12.15 - 12.30
2	<b>Welcome &amp; Introductions</b>	12.30 – 12.35
3	<b>Minutes of the last meeting and any matters arising</b> The minutes of the last meeting were agreed with minor corrections, to be uploaded on the website. <b>Matters arising</b> <b>a) Health watch</b> TT was unable to attend the last Health watch meeting, which she was hoping to attend. <b>b) Appointments - Face to Face &amp; Capacity</b>  The issue of being unable to book GP direct face to face appointments and double GP appointments was raised.  It was explained that most patients were quite happy with telephone or video appointments. A telephone appointment MC added this usually gave patient and GP an opportunity to go through patient history and where clinically necessary a face to face appointment is offered. Explained that the practice was flexible and mindful that some patients wanted to be seen in person even when there was no known clinical need and this is often facilitated on a case by case basis.  It was mentioned that Covid has taught us some lessons on how to work differently and smartly but a GP face to face option should be looked into. There was consensus on this point but at the same time we needed to overcome the practical challenges in meeting this expectation. How would we allocate these GP face to face appointments? How to get the justice or fairness so that the right patients are seen? How do we ensure that the right people can access these appointments? Also issues include clarity how do you avoid a small proportion of patients knowingly or unknowingly attending in person for a telephone appointment or expect a call when they have booked a face to face appointment. This would add to our workload so we are currently reviewing the appointment system with a view to finding a solution to meet this expectation but to ensure it was rolled out appropriately and effectively.	12.35 - 12.45

It was suggested that we should have an in person review to catch those who needed early preventions. MD said we have a structure in place for those with special needs. All nurse appointments were face to face and this is a very good opportunity to identify any care needs.

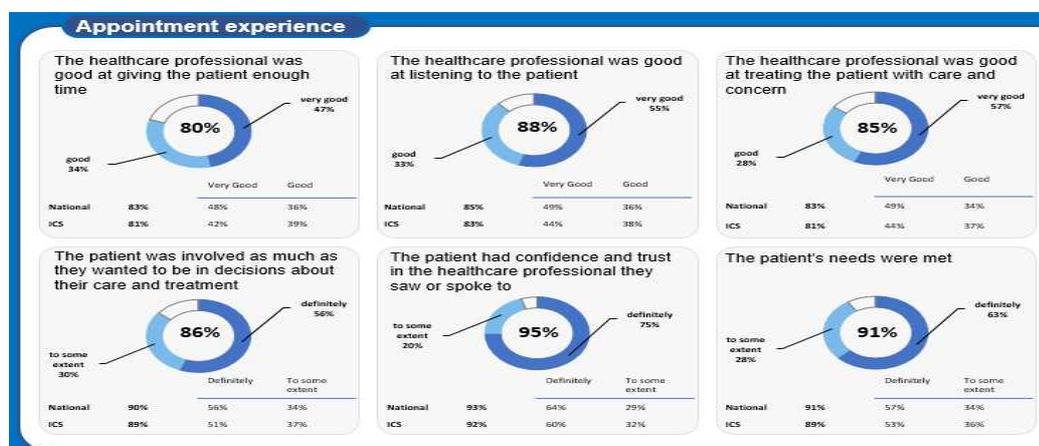
It was felt that GPs seemed clogged up as people were awaiting surgeries and appointments and the hospitals need to unclog first. It was felt more social care funding was needed for the system to work.

It explained that with pressures in secondary care we were also picking up unplanned work from where they would expect us to follow up their results and treat patients when in fact that was their work. However to help our patients sometimes took on this work on but this was adding to our workload woes.

There was a feeling that the NHS was being set up to fail and may no longer exist in its current form. The concerns were that it would be cherry picked and privatised but would need hand-outs from time to time, like the railways. The emphasis is usually on getting GP appointments but for the system to be sustainable patient expectations need to be managed, giving patients take responsibility and education to self-manage some self-limiting conditions, with clarity on what the NHS can realistically provide. Private insurance as is the case in US and Canada would be costly and not affordable for many and it was felt that people should begin to speak out.

**Open Session – National Patient Survey Data**

12.45 – 12.50



See Appendix 1 for detailed report

	<p>Patient survey and feedback was discussed and generally the practice did well but as they say there is always room for improvement.</p> <p>It was felt message on answering machine was too long and needed to be changed. It was explained that it had been amended since Covid, slightly shorter than previously. We had to be mindful that we met the criteria, particularly as various factors have to be taken into account.</p> <p>It was asked if there was comparative data before Covid for patient surveys. The practice had looked at the data before Covid and had performed well. However the data samples were small so not truly representative. However in the main performance was the same or similar and in line with locality benchmarks, which showed how well we were doing amongst other practices locally.</p> <p>It was important to look at data that had the most impact on patient satisfaction such as availability of appointments, getting through, helpfulness of receptionists.</p> <p>The practice was striving to enhance access by streamlining patient contacts and encouraging patients where practicable to use online apps to access medical records for some time now.</p> <p>Areas of improvement identified and whilst outcomes were only slightly lower we would strive to improve in these areas and generally to ensure our patients have a good experience</p>	
5	<p><b>AOB</b></p> <ul style="list-style-type: none"> <li>a) AR informed that meeting that he attends a steering group at University and went to a meeting where he was impressed by the number of charity funded contributors/organisations who played a vital role in providing support in the community.</li> <li>b) The role of the social prescriber and the new role of the wellbeing coach, both in essence provide patients additional support and signpost to these organisations as appropriate help in the community. In response to a question it was explained that these roles helped alleviate GP workload pressures as they can give patients more time and direct them appropriately for. This is also helpful for housing issues and benefits as it saves us administration time too.</li> <li>c) Patients with online accounts such as through the NHS App will be able to read new entries, including free text, in their health record effective from Nov 2022, this will be the new default position in line with NHS Long Term Plan commitments to provide patients with digital access to health records. Research shows that increasing numbers of patients want easy access to health information about them, including 80% of the 28 million NHS App users. Better access supports patients as partners in managing their health, and can help reduce queries to general practice such as on negative test results and referral letters.</li> <li>d) TT is the admin for a local neighbours WhatsApp group – and she always recommends 306 to them and in jest admitted to increasing our workload. We were also aware of some patients who chose not to recommend us as wanted to keep us for themselves and were worried we would get busier.</li> <li>e) AR commended how the Kings Dermatology clinic was set-up and the way they treated the patients. He gave them a thumbs up!</li> </ul>	12.50 – 13.15

f) TT advised that she is in discussions with the dialysis unit at Tessa Jowell Health Centre as she is keen to support and comfort patients through pets as therapy.



g) Online Reviews – It was discussed that we did not usually respond to Google or similar reviews. The practice would however respond to formal NHS. There was consensus with this approach as understandably there are various review sites and it was not practicable to reply to all. It was highlighted that sometimes those on Google in particular were posted by individuals who we were unable to identify or they may have inadvertently posted a review and there was no mechanism to remove fake or malicious review as Google can be challenging to engage without legal recourse. Patients can ask to speak with the practice manager to discuss any concerns and would be obliged. It was felt that patients with any concerns should avail this option to enable the practice to identify them, look into any specific concerns with a view to learn from these events and make service improvements. The practice has posted the following statement:

 306 Medical Centre  
27 Apr 2022

We regret that we are unable to reply to google reviews due our duty of confidentiality to our patients.

If you are relying on these reviews, we urge you to exercise caution as these may not always be objective or reliable or even from verified service users. It may be helpful to ask for recommendations of GP surgeries in local discussion forums as the views maybe somewhat balanced. You can also check our monthly Friends and Family Patient reviews: <https://306medicalcentre.nhs.uk/friends-family-test-patient-reviews-2/> (copy in your browser)

We always strive to ensure our patients have a good experience at the surgery but we are also cognisant that there may be isolated occasions where we may not be able to meet patient expectations, particularly where we feel these are unreasonable or unrealistic.

As the quote states 'you can please some of the people some of the time, but you cannot please all of the people all of the time'.

If you feel that our service has not met with your expectations, please contact us using our formal communication channels (email or contact us page on our website), by giving us your name and details. Thus giving us a fair opportunity to identify you as a service user and look into any concerns with specific details.

We believe this would be mutually constructive and would enable us to glean any learning and make any service improvements where considered necessary.

**Date of next meeting agreed: 8 Dec 2022 at 12.30pm**  
The meeting was brought to a close at 1.50pm

## Proposed dates for future practice PPG Meetings

**2023**

**Thu @12.30pm: 9 Mar, 8 Jun, 14 Sep, 14 Dec**

## Appendix 1

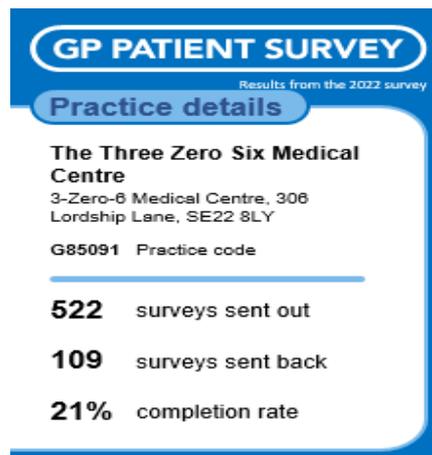
# 306 Medical Centre GP Patient National Survey Results July 2022 At a Glance

## What you thought of your practice, 306 Medical Centre!

The GP National Survey was carried out by NHS England by posting survey forms to you and the latest survey results were published in July 2022

These survey results relate to the period from Jan 2022 - Apr 2022.

Statistically participants in the survey represent only a sample of the total population of interest – this means we cannot be certain that the results of a question are exactly the same as if everybody within that population had taken part (“true values”). Also a point to note that not all respondents may have answered every question out of the questionnaires returned.



The data provide a snapshot of patient experience at a given time, and are updated annually.

**Also comparisons to the local (CCG) or national average may not be statistically significant and are indicative only and the sample size at practice level is statistically relatively small.**

**For Survey Results:**

- [306 Medical Centre Survey Results](https://www.gp-patient.co.uk/PatientExperiences?practicecode=G85091)  
<https://www.gp-patient.co.uk/PatientExperiences?practicecode=G85091>

# What you thought of your practice!



## Your local GP services



**79%** find it easy to get through to this GP practice by phone

ICS result: 51% | National result: 53%



**75%** find the receptionists at this GP practice helpful

ICS result: 80% | National result: 82%



**51%** are satisfied with the general practice appointment times available

ICS result: 53% | National result: 55%



**47%** usually get to see or speak to their preferred GP when they would like to

ICS result: 36% | National result: 38%

### Appointment experience

The healthcare professional was good at giving the patient enough time



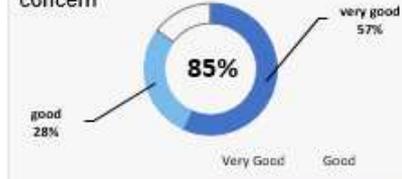
	Very Good	Good
National	48%	36%
ICS	42%	39%

The healthcare professional was good at listening to the patient



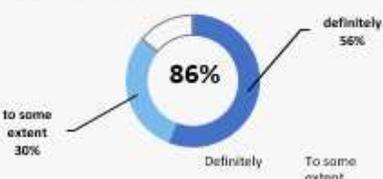
	Very Good	Good
National	49%	36%
ICS	44%	38%

The healthcare professional was good at treating the patient with care and concern



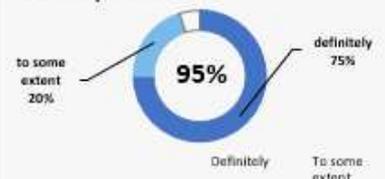
	Very Good	Good
National	49%	34%
ICS	44%	37%

The patient was involved as much as they wanted to be in decisions about their care and treatment



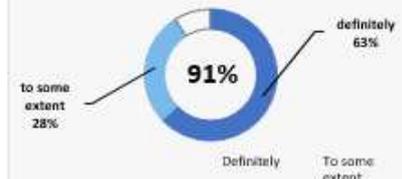
	Definitely	To some extent
National	56%	34%
ICS	51%	37%

The patient had confidence and trust in the healthcare professional they saw or spoke to



	Definitely	To some extent
National	64%	29%
ICS	60%	32%

The patient's needs were met



	Definitely	To some extent
National	57%	34%
ICS	53%	36%

## Making an appointment



**59%** were offered a choice of appointment when they last tried to make a general practice appointment

ICS result: 58% | National result: 59%



**69%** were satisfied with the appointment they were offered

ICS result: 67% | National result: 72%



**92%** took the appointment they were offered

ICS result: 95% | National result: 96%



**64%** describe their experience of making an appointment as good

ICS result: 53% | National result: 56%

## Your last appointment



**97%** were given a time for their last general practice appointment

ICS result: 91% | National result: 90%



**80%** say the healthcare professional they saw or spoke to was good at giving them enough time during their last general practice appointment

ICS result: 81% | National result: 83%



**88%** say the healthcare professional they saw or spoke to was good at listening to them during their last general practice appointment

ICS result: 83% | National result: 85%



**85%** say the healthcare professional they saw or spoke to was good at treating them with care and concern during their last general practice appointment

ICS result: 81% | National result: 83%

## Your last appointment



**81%** felt the healthcare professional recognised or understood any mental health needs during their last general practice appointment

ICS result: 78% | National result: 81%



**86%** were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment

ICS result: 89% | National result: 90%



**95%** had confidence and trust in the healthcare professional they saw or spoke to during their last general practice appointment

ICS result: 92% | National result: 93%



**91%** felt their needs were met during their last general practice appointment

ICS result: 89% | National result: 91%

## Your health



**70%** say they have had enough support from local services or organisations in the last 12 months to help manage their long-term condition(s)

ICS result: 61% | National result: 65%

## What this practice does best



Generally the practice has excelled in most areas, as reflected in these survey results above.

This is very encouraging as it gives recognition to the practice's efforts in ensuring patients have a good experience.

Statistically the variations are small and the outcomes likely impacted by the pandemic period.

The results generally reflect good outcomes at challenging times for the NHS in general, when amongst many issues, we are experiencing unprecedented demands on our services whilst at the same time striving to live with Covid and its aftermath.

Where patient experience **is highest** compared with the ICS result ?

- ✓ **79%** of respondents find it easy to get through to this GP practice by phone  
ICS result: 51% | National result: 53%
- ✓ **47%** of respondents usually get to see or speak to their preferred GP when they would like to  
ICS result: 36% | National result: 38%
- ✓ **81%** of respondents describe their overall experience of this GP practice as good  
ICS result: 69% | National result: 72%

Comparisons with the local ICS or national results are indicative only and may not be statistically significant.

## What this practice could improve

Where patient experience **is lowest** compared with the ICS result 

 **75%** of respondents find the receptionists at this GP practice helpful  
ICS result: 80% | National result: 82%

 **86%** of respondents were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment  
ICS result: 89% | National result: 90%

 **92%** of respondents took the appointment they were offered  
ICS result: 95% | National result: 96%

Comparisons with the local ICS or national results are indicative only and may not be statistically significant.

## SURVEY RESULTS - ACTIONS



**Overall the practice performance was very good, and compared very well with local averages though comparisons may not be statistically significant.**

- The survey results circulated and planned for discussion at the practice meeting and at the next Patient Participation Group Meeting (08/12/2022).
- The practice always strives to improve where practicable and the results show that the changes we implemented during regular service reviews have shown

improvements in patient experience and we will keep making efforts to improve in areas where we seemingly performed not as well as we should have.

- We are also aware of the challenges of unprecedented demand for appointments. However we will keep trying to pragmatically find a way to best meet the needs of our practice population in this area, by regularly reviewing demand and capacity.
- The practice acknowledges that the availability of timely appointments is important to patients and will continue to regularly review the patient access and choice where practicable.
- A BIG THANK YOU to all our patients who took the time to complete the survey. We value your feedback to help us to help you.