

306 Medical Centre
Minutes of PPG Meeting held on Thu 22 June 2023

Present: **Staff:** Mo Dawood (MD-PM), Patricia Giddarie (PG), Dr W Rofe (MC-GP),
Patients: Kwame Ocloo (KO), Tina Thorpe (TT), Khurshid Qureshi (KQ), Phillip Lipsidge (PL), Kathleen Lipsidge (KL),
Alan Robertson (AR), Richard Cooke (RC),
Online MTeams: Scott Ballard-Ridley (SBR)

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

| | 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 with minor corrections, to be uploaded on the website. Scott Ballard-Ridley, new PPG member agreed to have the minutes published with his name.</p> <p>Matters arising</p> <p>Musculoskeletal (MSK) Services and First Contact physiotherapy (FCP)</p> <p>MD advised Osteopathy service to be decommissioned in 6 mths – 15 Dec 2023. Discussions underway with local federation to find a way to retain the service locally. We are also exploring the option with the university who runs a clinic on Walworth Road, maybe we could get funding there – discussions premature at this stage.</p> <p>MD explained that the issues with FCP and consistency have been conveyed and will be looked at during the review. We will be meeting again with local practices to find explore options of retaining the service where practicably feasible.</p> <p>SBR asked what the issues were with FCP. MD explained that it was perceived that FCP was triage focused and added another layer to the service. Thus added to wait times for an MSK service appointment. So making the pathway seem longer.</p> <p>SBR explained his understanding that they were more of an intervention as highly skilled practitioners who could provide rehab and guidance instead of assessment and triage and he is wondering if this could be changed.</p> <p>WR explained that from a patient perspective is was a hit and miss depending on the therapist.</p> <p>TT gave her experience with the FCP – yet another list of exercises and indeed hit and miss.</p> <p>SBR said we need to move away from the idea that the consultant is the source of all</p> | 12.35 - 12.45 |

knowledge as there are other practitioners better placed to provide solutions. As a patient group we should explore all the other options.

Access and Telephony

MD gave an overview that as we already had cloud telephony we would not be prioritized in the new initiative of cloud based telephony national framework

TT asked if we were not up to date – MD said there were certain things we did not have which we will be expected to have such as call back options and call data sets.

MD explained that if funding was available we would be willing to change to a telephony provider who provided an integrated option with our clinical system and option required in the national framework. It was felt that practices that had not invested in a modern telephony service would benefit with funding but those that had proactively enhanced telephone access would have to wait. It seem unfair in terms of equity for all practices.

TT wanted to know if our system stops calls from coming in when we are calling out. MD said we had multiple lines but the challenge was staffing resources to answer them all of them as expected and capacity to meet the needs.

TT was concerned that with going forward with e-consult as the only triage option would there be any options to help patients who do not have access to technology or computer skills?

MD said we have been resistant to go all the way e-consult and we are truly patient focused and provide our patients access to the practice in a number of ways, emails, website contact form, apps, telephone. We have processes set up to check all these in the background to ensure that we have checks and balances in place for a safe service. Whilst this works for us and our patients we will have to see how the new changes pan out for sustaining these options as we will have to ensure that we comply with the national framework being rolled out.

Staff well-being is in the forefront this year and that is important as the pressures and stresses have to be acknowledged and mitigated with initiatives. Sometimes patients forget that staff at the surgery are human too and have families who also need a work life balance to provide a safe and sustainable service.

So we have to come up with initiatives on how to take care of our staff. We are trying to be healthy too by cutting out on high calorie biscuits and trying to have healthy options. Checking on each other's welfare and wellbeing

MD explained it would seem this initiative is to do away with asking patients to call at 8am for an appointment and there will be an expectation that when a patient calls they will be offered an appointment, signposted to pharmacy, NHS111. This may make it challenging for some practices as they may adopt a triage model to manage demand on the day such as e-consult. We will not be making any changes at the moment until we have clarity as we feel

| | |
|---|----------------------|
| <p>our access model works well for the practice.</p> <p>TT gave her experience when same day appointments are not available, options given to phone back in the morning etc. MD said option now will be to complete the e-consult and we will assess the e-consult as that will give us an indication of the priority based on the algorithm.</p> <p>TT asked about children. MD explained that we will be reviewing how many appointments we offer for booking ahead current above 85% (We may review this to offer more staggered appointments to meet imminent demand, in intervals of 7,5,3,2 and 1 day. We usually triage children on the day and will continue to do so where practicable. Perhaps this explains why we have a larger cohort of children under 5 years of age.</p> <p>KO asked about elderly patients and MD said we have a crib sheet and capacity built into our appointment planning to meet needs that are urgent.</p> <p>TT gave experience with 111 and 36 hrs waiting time to get attention and this was urgent and is worried about inappropriate attendances at A&E especially when you will be referred back to your GP. MD explained that we sadly have no control of the NHS 111 but it is a tool</p> <p>MD said in terms of A&E presentation at our practice we do not have many which mainly due to our capacity planning as we feel getting a timely appointment is a big factor in patient satisfaction generally.</p> <p>KO was worried about receptionists being stressed. MD said sometimes this may happen due to staff shortages due to sickness etc but the practice was mindful of staff wellbeing.</p> <p>SBR added it is great that we make these efforts to cover patient needs but wanted to make sure this was not being done at the expense of the workforce. He asked if MD had enough workforce to cover this need and whether the patient group could do anything. MD said whilst it is a struggle to recruit new staff with escalating work pressures, but we were fortunate that we have managed to retain our staff. This helps with continuity and quality.</p> <p>Chemists Update: Lloyds in Sainsbury's is closing in May 2023. Lloyds North Cross Road has reduced its hours. It was noted that Lloyds was closing all its Sainsbury's locations.</p> | |
| <p>Open Session</p> <p>TT had a number of things</p> <ol style="list-style-type: none"> 1. Phlebotomy - She made everyone aware of the local plans to change this service via an appointment system – walk ins will still be allowed. 2. Pre-Op assessments currently at Kings (for PRU too) and will move to Day unit upstairs at King's College Hospital but a new office suite is being implemented. Parking arrangements not clear but easily accessible by bus and transport may be provided in some cases. 3. Recently went to GSTT benign paroxysmal positional vertigo Service is great and | <p>12.45 – 12.50</p> |

| | | |
|---|--|---------------|
| | <p>have physiotherapist who will help with falls patients. MD explained we would be happy to host a training session for our clinicians.</p> <p>TT found that if you have an interest in attending meetings for special clinic you can contact them and they will add you to their circulation.</p> <p>Current Targets – MD explained the changes (will not have a marked difference on the patient service). To give the PPG an insight, MD presented a spreadsheet with all the different targets and what needed to be achieved with practice performance. PPG members acknowledged the challenges and the work involved over and above seeing patients. They were interested in how this was planned and achieved. The practice generally performed well and compared favourably amongst the neighbourhood and other local practices.</p> | |
| 5 | <p>AOB</p> <p>KO asked about transitioning of the reception team and transfer of issues to the next shift change. MD advised there was a handover process and we usually do not have anything pending as we have processes that allow us to progress any queries effectively with outcomes. However he accepted that things may occasionally lack clarity but we usually take note in the records to refer to for any further queries.</p> <p>KO explained that he had a problem with a prescription medicine but when he called the afternoon team, they were not aware of what was happening. He explained his chemist could not get his prescription medication and he had to wait for 2 days to receive his medication.</p> <p>MD said it is the responsibility of the chemist to release prescription back to the spine and provide a token number to the patient so they can go to another chemist who may have stock of the medication. However this can be hit or miss as chemists sometimes have IT challenges</p> <p>TT said she had a good experience with obtaining hospital prescriptions from Kings College Hospital onsite chemist.</p> <p>TT asked about shingles vaccination – MD said it is ongoing and if you are on the cohort 70-79 you will be invited.</p> <p>TT gave update on Nadya, her cute dog who is also an honorary member of this group.</p> <p>MD asked the group to send any agenda items for the next meeting but would provide an update on access and appointment wait times</p> | 12.50 – 13.15 |
| | <p>Date of next meeting agreed: 14 Sept 2023 at 12.30pm</p> <p>The meeting was brought to a close at 1.50pm</p> | |

Proposed dates for future practice PPG Meetings 2023

Thu @12.30pm: 14 Dec