

306 Medical Centre
Minutes of PPG Meeting held on Thu 14 Dec 2023

Present: **Staff:** Mo Dawood (MD-PM), Patricia Giddarie (PG), Dr W Rofe (MC-GP),
Patients: Tina Thorpe (TT), Khurshid Qureshi (KQ), Phillip Lipsidge (PL), Kathleen Lipsidge (KL), Alan Robertson (AR), David Barlow (DB), Sandra Floy (SF), Vajira Wignarajah (VW)

Online MS Teams: Richard Harwood (RH)

Apologies: **Patients:** Richard Cooke (RC), Kareen Isaacs (KI), Scott Ballard-Ridley (SBR), Kwame Ocloo (KO),

	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>Matters arising</p> <p>Access and Telephony</p> <p>MD updated that the practice has decided to change our digital telephony provider to enhance patient access. The new system will provide improved options and allow patients to use the call back option instead of waiting in the queue.</p> <p>Usage data will be available to help effectively plan services and the new system will be integrated in the clinical system.</p>	12.35 - 12.45
4	<p>CQC Visit</p> <p>The practice had a routine inspection on 28 Sept 2023 and was rated overall GOOD. Prior to that we had a monitoring call which also went well. See appendix 1 for the full report.</p> <p>The inspector did contact some members of the PPG for feedback and MD expressed gratitude on behalf of the practice for the invaluable support during the inspection and over the years.</p> <p>MD gave some background on CQC inspections. The last visit was in 2016 but we have had regular monitoring calls where they review practice data and performance against national indicators.</p> <p>MC explained the inspection visit in detail which covered a number of comprehensive interviews. MC added that having good processes and consistent templates helped.</p> <p>DB asked which is our worse category behind the scenes? MD said we really didn't have any weaknesses but we identified an area where we sometimes did not use structured templates for medication reviews though we reviewed medication regularly in line with our generally robust system with patients well managed.</p> <p>TT asked why not outstanding and MD gave the explanation of how difficult it is to attain outstanding, which is awarded in very exceptional cases for providing outstanding services</p>	12.45 – 12.50

	<p>to target populations/groups. In Vauxhall as an example, a practice which provided specialist services over and above contracted requirements to the local LGBTQ+ community was awarded exceptional.</p> <p>DB queried that with good leadership why we didn't get outstanding as he felt we were not assessed properly there. MD explained that all goods was a great outcome. MC said we strive to be outstanding. MD felt we work really hard and outstanding would have been more fair but we are happy with the outcome.</p>	
5	<p>Open Session – PPG Members Slot & Updates</p> <p>TT advised that many practices did not have active PPG groups and some had not had meetings since COVID. MD explained that this was an issue with many practices but we were fortunate as we maintained our engaged even during Covid, albeit virtually. Our current meeting are also hybrid both virtual and in person.</p> <p>TT mentioned MyChart a hospital based medical records portal. She wondered if we have access to this at the practice. MD advised that he was aware of challenges with this but we have no control over the system as its hospital based. VW explained that she feels it works for her well.</p> <p>TT mentioned the number of alerts MyChart that come up for one simple blood test or appointment check ins, were too many. MD explained he was aware of this from other patients but there was not much we could do. TT was concerned that the hospital records may not be reliable. MD explained as its relatively new, like with any change it takes time to embed.</p> <p>Issues with EPIC hospital system were discussed. MD advised we have no control over EPIC and there have been a number of problems since inception, delayed results and incomplete tests etc, adding to our woes in general practice with more administration. The quality and layout of discharge letters was also not the same but we hoped that this would improve with time.</p> <p>RH said the new system seemed to be taking too much clinician time although lifting the burden from admin staff e.g dialysis nurses spent more time now inputting data and consultants confirmed that to him. He was hopeful it will balance out eventually.</p> <p>MD reiterated that we need to give them time as with all new systems, inevitably there will be teething problems. We should stay hopeful that things improve in the coming months, as they identify the issues and find resolutions.</p> <p>AR expressed about communication issues for hospital appointments, as they do not leave contact numbers when they call and you have to ring the hospital to confirm appointments for scans etc. However he felt the practice system of sms reminders was helpful and DB felt sms method of communication was effective and efficient.</p> <p>Appointment data (see appendix 2)</p>	12.50 – 13.00

	<p>MD shared appointment data. He explained how EPCS provides additional appointments to support general practice. He gave a general overview of the practice appointment system, particularly for the benefit of new PPG members. He explained the importance of enabling effective patient access with choice of access, to enhancing patient experience and satisfaction as a consequence.</p> <p>DB mentioned a friend's experience who waited 3 weeks for an appointment in his area but he did not see this to be the case here so he wanted to understand how we manages this. MD gave a detailed overview on how we plan our appointment diaries, often with the patient at the focus of these, factoring in the staggered release of appointments at intervals of 7, 5, 3 and 2 days. Together with effective patient education, this helps eliminating the need for daily on call lists and culture of calling in the morning at 8am. Capacity is also planned with a small buffer of additional appointments above the required benchmark appointment capacity. This also helps to manage pressures and stress in the system Also being a training practice helps as the quality of our service is consistently improving.</p> <p>TT felt we had a great telephone system as we do not have the 8:00 am rush. At her last practice it was difficult to get appointments and you had to keep calling before you were able to secure an appointment and that too without much choice. However in a minor emergency situation getting an appointment on the same day at 306 Medical Centre has been good and she felt the receptionists are usually able to help better if provided with a little information to help them prioritise.</p> <p>TT gave her experience when she first moved into the area and went to a large training practice at first and asked that we did not grow too much and lose the personal touch. MD assured everyone that we have this at the back of our mind when planning and strive to have continuity with our GPs and our practice team.</p>	
6	<p>AOB</p> <p>TT informed the meeting about postal delays in Dulwich with sorting office issues and appointment letter delays. She expressed concerns for the elderly who were not computer users as these changes may make it more difficult for them.</p> <p>MD informed that practice based osteopathy service has been decommissioned as of 14 Dec 2023.</p> <p>On a positive note we will have a new ANP joining us on Thursdays every week. TT commended our practice nurse and her good experience with her. MD explained that we would also be supporting her to grow in her role with new training opportunities.</p> <p>TT wondered if more time can be allocated for patients with multiple conditions. MD explained that the holistic health check was for the purpose and had more time allocated for this. To add to this we have the wellbeing coach and are looking to also appoint a care coordinator who can support patients with long term conditions.</p> <p>DB asked about funding for this. MD explained the additional roles national funding is</p>	13.00 – 13.15

	linked to our federations and are intended to take the pressure off GPs who are in short supply.	
	Date of next meeting agreed: 14 Mar 2024 at 12.30pm The meeting was brought to a close at 1.50pm	

Proposed Meeting Dates 2024: Thu @12.30pm: 14 Mar, 13 Jun, 12 Sep, 11 Dec

Appendix 1: CQC Inspection Report



Dr Mahreen Chawdhery

Inspection report

3 Zero 6 Medical Centre
306 Lordship Lane
London
SE22 8LY
Tel: 02086934704
www.306medicalcentre.nhs.uk

Date of inspection visit: 28 September 2023
Date of publication: 27/11/2023

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location		Good ●
Are services safe?		Good ●
Are services effective?		Good ●
Are services caring?		Good ●
Are services responsive to people's needs?		Good ●
Are services well-led?		Good ●

Overall summary

We carried out an announced comprehensive/focused inspection at Dr Mahreen Chawdhery. Overall, the practice is rated as good.

Safe – good

Effective – good

Caring – good

Responsive – good

Well-led – good

The full reports for previous inspections can be found by selecting the 'all reports' link for Dr Mahreen Chawdhery on our website at www.oqc.org.uk

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities.

How we carried out the inspection/review

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm. This included in respect of safeguarding, medicine management and safety risk assessments.
- Patients received effective care and treatment that met their needs.

2 - Dr Mahreen Chawdhery Inspection report 27/11/2023

Overall summary

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way, which was reflected in the latest results of the National Patient Survey.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

Whilst we found no breaches of regulations, the provider **should:**

- Take action to ensure medication reviews are fully documented on patients' records and the process is embedded into clinical practice.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

³ Dr Mahreen Chaudhery Inspection report 27/11/2023

Appendix 2: Appointment Data

Data Quality Summary

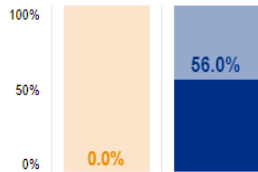
Shows appointments (orange) which **require attention**

[Click here to go to your data quality page](#)

Admin/Clerical categories

Percentage of appointments mapped to admin/clerical national categories

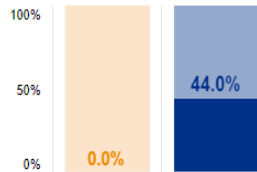
Selected Average **0.0%** National Average **56.0%**



Unmapped categories

Percentage of appointments with unmapped national category

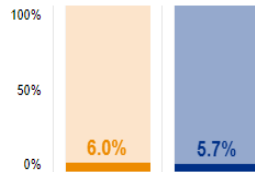
Selected Average **0.0%** National Average **44.0%**



0 Min duration

Percentage of appointments with duration of 0 minutes

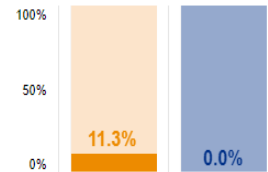
Selected Average **6.0%** National Average **5.7%**



Unknown duration

Percentage of appointments with duration unknown

Selected Average **11.3%** National Average **0.0%**



Appointments Summary

Numbers in **blue** show appointments per thousand registered patients

[Click here for Appointments information](#)

Registered patients

6,542

Total appointments

22,628

3,459 per thousand reg. patients

DNA appointments

1,815

277 per thousand reg. patient

Face to face appointments

13,046

1,994 per thousand reg. patients

Appointments booked to GP

15,663

2,394 per thousand reg. patients

Appointments on the same day

5,129

784 per thousand reg. patients

Current Selection: THE THREE ZERO SIX MEDICAL CENTRE (G85091) - Appointments by Appointment Mode - Last 52 weeks - (17 October 2022 - 15 October 2023)

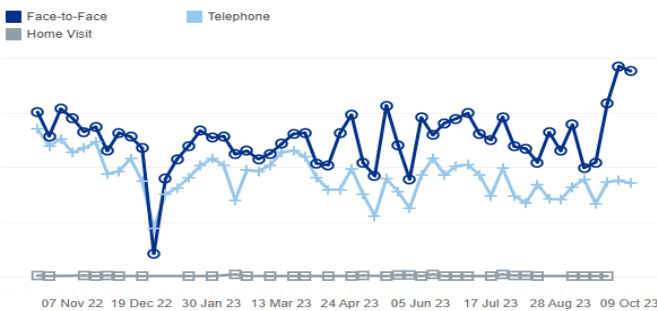
Select the Measure filter above to change the appointment information displayed in the dashboard.

	Face-to-Face	Home Visit	Telephone
Select Count / Percent	13,046	53	9,529
	58%	0%	42%
Select Comparator	70%	1%	2%

Appointment Mode

Last 52 weeks - (17 October 2022 - 15 October 2023)

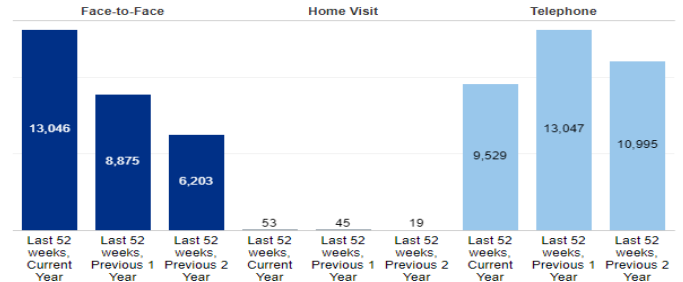
[Download chart 1](#)



Current vs Previous period

Last 52 Weeks

[Download chart 2](#)



Practice
Select your practice below

THE THREE ZERO SIX MEDICAL CEN...

Current Selection:

THE THREE ZERO SIX MEDICAL CENTRE (G85091) - Last 52 weeks - (October 17, 2022 - October 15, 2023)

Total appointments by year

Numbers in grey show appointments per thousand registered patients

Download charts

2020

4,376
669

2021

18,304
2,798

2022

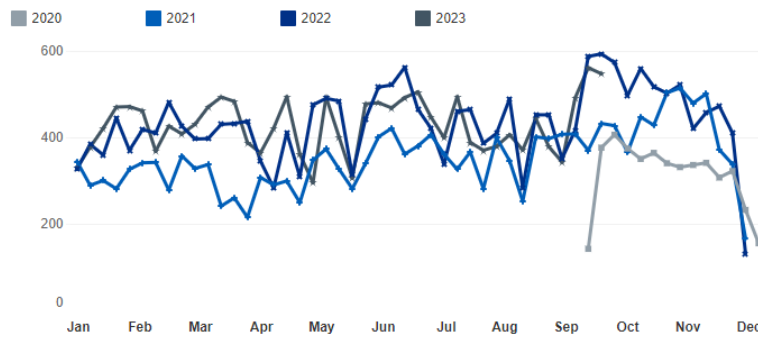
22,487
3,437

2023

17,569
2,686

Total appointments

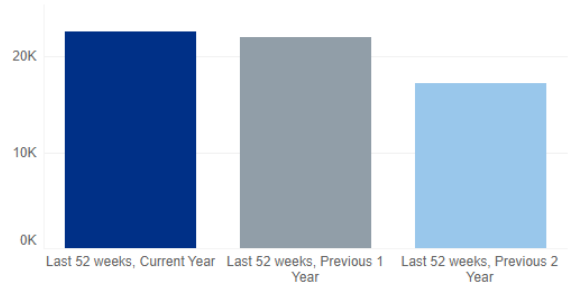
All Years



Total appointments compared to previous period

Last 52 Weeks (October 17, 2022 - October 15, 2023)

Date range: Last 52 Weeks



Current Selection: THE THREE ZERO SIX MEDICAL CENTRE (G85091) - Appointments by Appointment Mode - Last 52 weeks - (17 October 2022 - 15 October 2023)

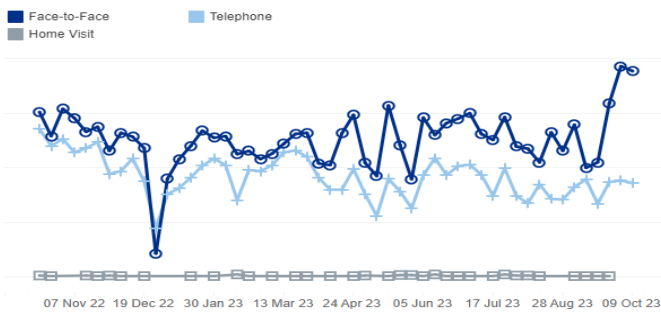
Select the Measure filter above to change the appointment information displayed in the dashboard.

	Face-to-Face	Home Visit	Telephone
Select Count / Percent	13,046 58%	53 0%	9,529 42%
Select Comparator	70%	1%	2%

Appointment Mode

Last 52 weeks - (17 October 2022 - 15 October 2023)

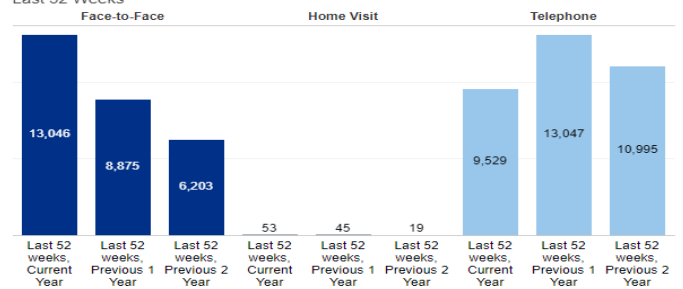
Download chart 1



Current vs Previous period

Last 52 Weeks

Download chart 2



Appointments by Appointment Mode and Appointment Status

Download table 1

Select from the dropdown to add more categories to the crosstab.

Select a measure to display as Columns

Appointment Mode	Appointment Status	Attended	DNA	Unknown
Face-to-Face	None	11,600	1,310	136
Home Visit	None	46	1	6
Telephone	None	8,867	504	158
Grand Total		20,513	1,815	300