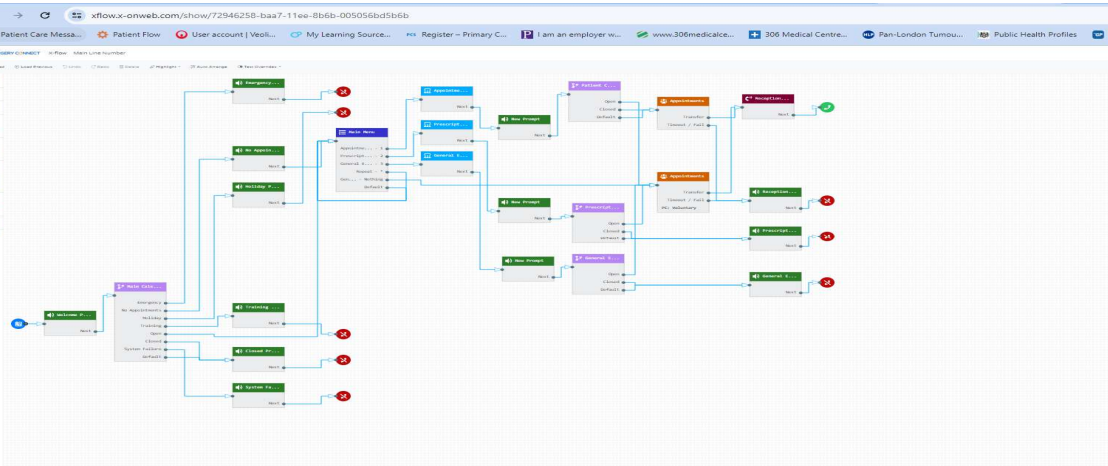


306 Medical Centre
Minutes of PPG Meeting held on Thu 14 Mar 2024

Present: **Staff:** Mo Dawood (MD-PM), Dr M Chawdhery (DrMC)
Patients: Tina Thorpe (TT), Phillip Lipsidge (PL), Kathleen Lipsidge (KL), Sandra Floy (SF),
Online MS Teams:
Apologies: **Patients:** Richard Cooke (RC), Kareen Isaacs (KI), Scott Ballard-Ridley (SBR), Kwame Ocloo (KO), Vajira Wignarajah (VW), David Barlow (DB), Richard Harwood (RH), Khurshid Qureshi (KQ), Alan Robertson (AR)

	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.</p> <p>Matters arising</p> <p>TT mentioned MyChart and the ongoing challenges. She explained that the number of alerts that come up for one simple blood test or appointment check ins, were too many. TT was concerned that the hospital records may not be reliable and she was hoping to find a way to escalate this. She felt that the system did not cater for those who may be visually or technologically challenged. She expressed that the hospitals have a duty to meet information needs of all their users without discriminating.</p>	12.35 - 12.45
4	<p>Practice Slot – Update</p> <p>Planned Changes: Telephony; Triage & NHS App</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>MD shared the call flow process and explained the process:</p> 	12.45 – 12.50

	<p>Usage data will be available to help effectively plan services and the new system will be integrated in the clinical system.</p> <p>Telephone Triage MD explained that the current e-consult online triage facility had been decommissioned and replaced with AccuRx triage. This would go live from 21 March 2024</p> <p>MD explained the pros and cons of the new facility. This new triage facility was user friendly but unlike its predecessor e-consult which had built-in triage facilities and signposting, this would require practice to triage and prioritise. So in essence it may add to practice workload woes.</p> <p>In some practices total triage model is used and all patients are expected to use this facility before they can get an appointment. However the practice with other PCN practices are keen to maintain easy access to appointments for patients and currently have no plans to implement a total triage model.</p> <p>There are plans in some boroughs to divert same day demand from practices to local hubs using the triage facility. These have been discussed locally. An ambitious plan to improve same day access to primary care for patients is being introduced by NHS North West London. The plan involves the use of same day access hubs to triage patients who contact their general practice. Details see: https://www.nwlondonicb.nhs.uk/news/news/improving-same-day-access-primary-care</p> <p>NHS App There is a push to encourage use of the NHS App for notifications now. It is hoped that this would save sms fragments for recalls and reminders.</p> <p>Our practice has been encouraging patients to use the App for online access to medical records for some time now. This will be vital going forward, as effective 1 April SELICB has changed the sms provider for reminders and given practices an allocation of sms credits or fragments as they are called.</p> <p>The service level agreement states that practices have to stay within limits (sometimes out of practice control due to national campaigns etc) as exceeding the allocation would incur a cost to the practice for additional fragments funded from practice budgets. The LMC (London Medical Committee) expressed some concerns as that costs incurred in relation to general practice IT/digital should be met by the ICB from allocated primary care IT budgets. In particular when there is a strong emphasis on the use of digital means to support patient engagement, preventative care and access, it is not felt acceptable for ICBs to push costs onto practices to balance ICB budgets. Nor is it felt acceptable for ICBs to remove access to digital means that fundamentally support the National NHSE drive to digitally modernise General Practice.</p>	
5	<p>Open Session – PPG Members Slot & Updates</p> <p>A general discussion on the challenges with secondary care, wait times, care quality</p>	12.50 – 13.00

	<p>concerns and communication.</p> <p>The roll out of EPIC has been challenging for all. The practice has had ongoing communication challenges, safety concerns where quality alerts have been raised, quality of communication. This adds to workload woes in general practice already facing unprecedented pressures and resource challenges.</p> <p>It is positive that at least we have an NHS service even in its crumbling form, which is regarded as the envy of the world.</p>	
6	<p>AOB</p> <p>TT brought Nadia, her therapy dog to the meeting and advised us how she adds value in healthcare.</p>	13.00 – 13.15
	<p>Date of next meeting agreed: 13 June 2024 at 12.30pm</p> <p>The meeting was brought to a close at 1.50pm</p>	

Proposed Meeting Dates 2024: Thu @12.30pm: 12 Sep, 11 Dec