

306 Medical Centre
Minutes of PPG Meeting held on Thu 13 June 2024

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

	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>None</p>	12.35 - 12.45																								
4	<p>Practice Slot – Update</p> <p>Telephony - The new telephony system now operational and the improved options have been well received and with good patient feedback. Management Report reviewed with PPG.</p> <table border="1" style="background-color: #f2f2f2; width: 100%;"> <thead> <tr> <th colspan="4">1. Call Summary</th> </tr> </thead> <tbody> <tr> <td>Total Inbound:</td> <td style="text-align: right;">2,382</td> <td>Calls That Queued:</td> <td style="text-align: right;">1,855</td> </tr> <tr> <td>Answered:</td> <td style="text-align: right;">1,812</td> <td>Answered from Queue:</td> <td style="text-align: right;">1,812 (97.7%)</td> </tr> <tr> <td>Dialled Calls:</td> <td style="text-align: right;">1,788</td> <td>Missed from Queue:</td> <td style="text-align: right;">43 (2.3%)</td> </tr> <tr> <td>Average Queue Time Answered</td> <td style="text-align: right;">37s</td> <td>...Ignoring Repeat Callers:</td> <td style="text-align: right;">41 (2.2%)</td> </tr> <tr> <td>Average Queue Time Missed</td> <td style="text-align: right;">1m 19s</td> <td></td> <td></td> </tr> </tbody> </table> <p>MD also explained that calls were tracked on a screen in the reception office and the team found this helpful and motivated the team to work efficiently.</p> <p>TT liked the fact that patients didn't have to call at 8:00am anymore for an appointment. MD explained the NHS now expects all patients to be signposted on the day they call to online triage, appointment on the day, or an appointment in a few days.</p> <p>DB asked if patients who called at 8:00 on the day got appointments, as was the case at his daughter's practice in Crystal Palace. MD explained the practice did not encourage on the day requests but where the need was considered clinically urgent they would be facilitated</p>	1. Call Summary				Total Inbound:	2,382	Calls That Queued:	1,855	Answered:	1,812	Answered from Queue:	1,812 (97.7%)	Dialled Calls:	1,788	Missed from Queue:	43 (2.3%)	Average Queue Time Answered	37s	...Ignoring Repeat Callers:	41 (2.2%)	Average Queue Time Missed	1m 19s			12.45 – 12.50
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as practicable. The practice releases appointments in advance and at regular intervals with good capacity, and compares very favorably locally.

NHS App

There is a push to encourage use of the NHS App for notifications now. 65% of the practice patients were now using the app. It is hoped that this would save sms fragments for recalls and reminders. The practice has been encouraging patients to use the App for online access to medical records for some time now. The NHS App is a good portal for online access and empowering patients to help themselves to information that they may be asked to provide by other organisations such as schools etc.

This is also vital going forward to help keep practice costs down, as effective 1 April South East London Integrated Care Board has changed the sms provider for reminders and given practices an allocation of sms credits or fragments as they are now called. Usage data for NHS App usage and sms fragments shared with PPG.

KO said that not everyone has smart phones. MD advised that the practice will usually strive to help out patients in exceptional cases but will continue to encourage patients to use the App. KO asked if the App was secure. MD answered that it was digitally compliant and accredited by the NHS.

KO wanted a provision to provide results for those without the App. MD explained that we are inundated with non-essential requests from patients who want their results printed whether normal or for various other reasons. MD explained that the App was the best option due to resource constraints and expectations. In light of the practice proactive approach, if the results were normal, patients would not usually hear from the practice and with online access patients could see this. If patients needed further advice then an appointment could be booked if required. There was a message on our phone system under general enquiries, in this respect.

MD also explained patient can register using the online registration facility, an NHS automated process.

TT asked if the practice routinely saw new patients and MD advised once registered, patients were informed by sms that they were now registered and invited for a new patient check with the Nurse.

Triage

The numbers of online triage requests (where patient submit a medical or administration request for practice review) have increased and this seems just another avenue for patients to contact the practice when the practice already provides access via our website and email, which many practices do not. Some practices have gone full triage (they no longer book appointments directly and the patient has to submit an online request explaining the reason for the appointment before an appointment can be arranged) which the practice does not have any plans for at the moment, but the NHS direction seems that way.

	<p>Cyber Attack - Pathology Services Lab – Synnovis</p> <p>MD gave recent update. Contingency meeting is to be held but at the moment the service will only process urgent blood tests. TT had heard on the news that the NHS does not pay ransom if this is demanded. Surgeries have been cancelled or delayed and there is a donor drive for “O” blood type.</p> <p>MD discussed the concerns of the practice GPs and GPs locally over the challenges of this situation from a patient care and medico legal, perspective, though the situation was not in practice’s control. MD advised that the practice has a QR code link in the waiting room and on the website for patient updates and patients informed to keep an eye on this. Also, where patients need further advice they should book a GP appointment or contact us.</p> <p>There were concerns expressed about the quality of reporting and TT gave an example of her blood samples, two taken for the same test at the same time and the results were different. It was also raised that the results for cholesterol tests seemed unusually high and may need re-testing. MD explained that the practice had raised these issues with the laboratory and Dr MC would raise the clinical concerns at the LMC.</p>	
5	<p>Open Session – PPG Members Slot & Updates</p> <p>Mr Barlow (DB) asked about the suggestion that it was easier to actually see a GP face to face before Covid. MD explained that before Covid most appointments were face to face but the practice now provides a choice depending on patient preference for face-to face or by telephone. Also this is practice dependent on capacity.</p> <p>DB asked about named GP and appointments. MD explained that patients can see their named GP, who is usually Dr Chawdhery, in the practice but sometimes the wait may be longer for named GPs.</p> <p>DB asked about the three days to be seen during Mr Blair’s tenure as PM and GPs earning too much money. MD explained that GP pensions were capped with tax implications. However, now in the main, GPs do not work more than 8 sessions because of the pressures of the job and long hours with a heavy admin burden. Most GPs prefer to work 6-7 sessions over 4 days for a good work-life balance and wellbeing. This ensures they can continue to provide a consistently, safe and effective service.</p> <p>DB asked how test results were returned to his GP if he did not know their name. MD explained the process. He explained that when tests were ordered an electronic copy was sent to the lab as well as a copy given to the patient. The results were then matched to the lab copy and returned to the requesting practice electronically, where they were reviewed clinically. In the practice these results were shared daily between working GPs who reviewed these and generated any priority tasks accordingly. Where action was urgent the patient was contacted promptly. However where the results were routine but needed further action, the patient was contacted and offered a routine appointment to review these, usually within 10 days of receipt.</p>	12.50 – 13.00

6	AOB TT said that we should note for the record that this is one of the best surgeries from her experience, everyone is genuinely caring and goes over and above.	13.00 – 13.15
	Date of next meeting agreed: 13 June 2024 at 12.30pm The meeting was brought to a close at 1.45pm	

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