

**Patient Participation Group (PPG)
Hilly Fields and Brockley Medical Centres**

**Tuesday, 30 April 2019
12:00 to 13:30, Hilly Fields Medical Centre**

(Please note Next meeting is now Tuesday 09th July 2019 12.00to 13.30)

Attendees

Patients:

John Keidan – Chair
Alison Stone – notes
Naran Gopal
Symon Knightswood
Stephen Locke
Annette Jeanes

Practice staff:

Fiona Burke
Jacqueline Henty
Dr Leonard Emordi
Dr Faruk Majid
Dr Olayinka Oduwaiye
Dr R Endersby

1.	<p>Welcome and Introductions</p> <p>The Chair welcomed attendees, who introduced themselves. A new member, Annette, was welcomed. The Practice had kindly provided a light lunch, which was appreciated by attendees. There was agreement that for the next (and future) meetings the Practice would provide hot and soft drinks and biscuits, rather than sandwiches.</p>
2.	<p>Apologies</p> <p>Apologies were received from Doreen Sutton and Richard Sutton.</p>
3.	<p>Matters arising from the 15 January 2019 meeting</p> <p>The matters arising were:</p> <ul style="list-style-type: none">▪ Website<ul style="list-style-type: none">- This has now been updated. This is an interim change, ahead of further developments, with The Lewisham Care Partnership.▪ DNAs – (Do Not Attends)<ul style="list-style-type: none">- The system has now been changed, so that patients receive a personalised text. Results so far seem good.▪ Colin to see if Cognitive Behavioural Therapy could be included in development plans.<ul style="list-style-type: none">- This will be taken forward to the next meeting. <p>Actions:</p> <ul style="list-style-type: none">- Stephen will review the website and provide feedback to Jacqui.- Jacqui/Colin: Jacqui to ask Colin to provide an update at the next meeting on Cognitive Behavioural Therapy and possibility of inclusion in development plans.

<p>4.</p>	<p>Updates</p> <ul style="list-style-type: none"> <p>▪ Super Practice There is much happening in the back office, but at this point the only thing to report to the PPG is that Brockley Road Surgery will close in March 2020. This date may be brought forward. Brockley Road will physically move to Hilly Fields and the patient lists will be merged. This will be a trial for the Super Practice merger. The best ways to communicate this development to the Brockley Road patients are being worked out at CCG level. The move has been a possibility for around ten years, and therefore many patients are aware of the likelihood of the Surgery’s closure.</p> <p>John asked that a mechanism be put in place, so that those who are concerned about the move are informed as to where or to whom to address their concerns.</p> <p>▪ Friends and Family Test Results have been good and are being taken to monthly partners’ meeting for review.</p> <p>▪ Recruitment of female doctors to the practices The only female doctor at Hilly Fields Practice is leaving (at the end of June). Brockley Road Surgery is unable to recruit either male or female doctors and are using Locums. At the moment the two GP Registrars are female. They work cross-site (they are in position until August). The meeting agreed this was a matter of significant concern, impacting on patient choice, although it was recognised there were no easy solutions. It was agreed that the Recruitment of female doctors to the practices should be a standing item on the Agenda with an update on current staffing situation and recent actions taken to address the issue reported to each meeting.</p> <p>Action:</p> <ul style="list-style-type: none"> - Jacqui to follow-up regarding a mechanism being put in place to ensure that patients, who are concerned about the Brockley Road Surgery closure, have somewhere to go to voice concerns. - Recruitment of female doctors to the practices should be a standing item on the Agenda with an update on current staffing situation and recent actions taken to address the issue reported to each meeting.
<p>5.</p>	<p>Triage system for Appointments</p> <p>Dr Emordi is leading a triage pilot at Brockley Road Surgery, where a telephone triage system has been introduced in the mornings. The patient telephoning is asked a series of questions by the receptionist and then booked to speak to a doctor later that morning with a telephone appointment for five minutes.</p> <p>If the GP decides that a patient from the morning telephone clinic does need to be seen in person, an appointment can be made for the afternoon. “Facetime” will be incorporated at a later date.</p> <p>This triage has been in place as a trial for approximately six weeks. Results to date show that many do not actually need to be seen, with many needing onward signposting only.</p> <p>There are some ‘no calls’ – patients who were on the end of the telephone half an hour before, to book the appointment, but are not there for their actual appointment time.</p>

It is similar to 111 in that it's a triage system, but different in that the GPs have access to patient notes, and that you receive definitive treatment with the GP service.

There is no algorithm at present for collecting the information. The clinical aspect is captured by the GP.

Overall, the service seems to be working well. Prior to a roll-out, an audit is needed, and this will also assess capacity.

SAIL (Safe and Independent Living)

This is a service aimed at patients who are over 60 and who may need help with loneliness, or practical items at home.

Receptionists

Two new receptionists are being employed and they will meet and greet patients at the surgery door and help to identify needs and sign-post the patients on.

Primary Care Network (PCNs)

The Government has mandated that PCNs are to be formed, to work collaboratively. They need to contain 30,000 to 50,000 patients. Within the PCNs there will be allied health care professionals – pharmacists, paramedics, social prescribers.

Within The Lewisham Care Partnership there are approximately 60,000 patients, and so in effect it is already working as a PCN. There will be a Clinical Director who will oversee the running. This appointment has to be in place by the end of May 2019. NHS England's website has detailed information about the PCNs.

There was some discussion about sexual health clinics and the reduction in services locally

The meeting was told that sexual health services are now a local authority responsibility and therefore outside the remit of a PCN.

Jacqui advised that condoms are available at the GP practice. This does not seem to be widely known about and the suggestion was made that the information could be included in information leaflets for the Practice and Surgery. (Posters are displayed)

The wider issue of confidentiality at the Reception desk was raised and the lack of privacy. This is already being considered by the Practice, as they are aware of the problem. A line across the floor at Hilly Fields is being considered. At Brockley Road there is an area that is private, where receptionists can speak to patients.

The issue of the large number of posters at Hilly Fields was raised, as there are too many. Whether these can be presented differently, e.g. digitally was discussed, along with the fact that what seems irrelevant to one patient will be relevant to another.

Actions:

- **Stephen will audit the posters in the waiting room at Hilly Fields and feed back to Jacqui.**
- **Jacqui to arrange for information about the availability of condoms, to be included in the information given out by the Hilly Fields Practice and Brockley Road Surgery.**

6.

Clinical Cabinet & Patient Champions

Dr Emordi introduced and explained the role of the Clinical Cabinet. For the six merged practices, clinical leads will meet every month to look at best practice across the sites. There will be a clinical lead/clinical champion for each key disease area.

Admin staff will be involved in each area together with the clinicians. Admin staff have a lot of patient contact and are often under-utilised.

The idea of clinical and patient champions was supported by the PPG. The Meeting noted that patient champions need a framework of training and support. Jacqui and Dr Emordi provided reassurance that this is available. The patient champions already recruited have had three hours of training so far. For diabetes there have been some group consultations, including a GP and nurse. These usually take place in a seminar room.

The need to support carers for the long-term disease patients was raised. Dr Emordi said this has been recognised, and a carers champion has been discussed.

Dr Majid reported that lengthy internal staff discussions have been taking place centred around how best to serve the patient population, taking into account the ongoing difficulties with obtaining/retaining GPs and with patients obtaining appointments.

The Practice would like to look at how best to improve processes, despite the circumstances, and would like to receive ideas from the PPG.

Dr Majid suggested some ideas.

- Patients as disease leads e.g. for diabetes, cancer.
- A patient led group, with assistance from clinical staff, could help with routine tests e.g. blood pressure, height/weight etc.
- Prescription reviews – possibly employing a clinical pharmacist to help with this.
- Quality data collection/improving preventative care – collecting this information upfront.
- Patients with monthly prescriptions (as that’s the way it’s always been) – switching to two monthly or three monthly prescriptions (where appropriate) - this would reduce difficulties for patients in obtaining repeat prescriptions and would reduce the workload for staff.
- Patients monitoring their own blood pressure, which could reduce unnecessary treatments.

Jacqui hopes that the PPG will help with disease awareness campaigns.

The Practice has signed up to be a “Park run Practice” – and example of the “social prescribing” of exercise. This is about improving health without needing medication.

There was a brief discussion:

- The patient demographic is quite young. There is potentially lots of opportunities with technology to make it easier for those patients to be involved. The Practice is working with One Health Lewisham - there is a symptom checker Ask app which this can result in an appointment being booked through the app. In last six weeks Hilly Fields has had 640 sign-ups to use the app. Older people have been using it more than younger.
- It is incorrect to assume that older people are not IT literate. The age profile of internet users is changing rapidly. Only the very old do not use the internet.
- The reduction of funding for the sexual health clinic. This is due to cuts in public health/preventative services, which the sexual health funding comes under. There are two clinics left. The Government would eventually like health and social care budgets to be merged. Some services have had historic agreements, for certain services e.g. children’s services, school nurses. Lewisham Council has been working with Lewisham & Greenwich NHS Trust to see which other areas of care this could be extended to e.g. district nursing.
- More can be done to manage patient expectations and what to do when patients do not turn up.

Dr Majid is keen to receive feedback and would like to come back to a later meeting,

Actions:

- **Dr Majid to return to a future meeting for follow-up discussion about Patient Champions.**

8.	Any Other Business Easter Saturday telephone lines Stephen raised the content of the telephone message on Easter Saturday. The message had advised callers to dial 111. Jacqui advised that this is because we longer have SELDOC. Further discussion is needed regarding the telephone lines and messaging, and this will be brought to the next meeting. Action: <ul style="list-style-type: none">- John to add an item regarding out of hours telephone messages, to the next meeting's agenda
9.	Dates of next meetings Meetings for the remainder of 2019 were briefly discussed and clarified as: <ul style="list-style-type: none">▪ Tuesday, 09 July, 12:00 to 13:30 at the Hilly Fields Medical Centre▪ Tuesday, 15 October, 12:00 to 13:30 at the Hilly Fields Medical Centre. If there are any difficulties with booking the meeting room at Hilly Fields, Jacqui will advise.