

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

**Tuesday, 14 January 2020, 12:00 to 13:30
Hilly Fields Medical Centre**

Attendees

Patients

John Keidan – Chair Alison Stone – notes
Naran Gopal
Annette Jeanes
Symon Knightswood
Roger Stocker
Tooley Wanogho

Practice staff

Fiona Burke
Jacqueline Henty
Colin Stears
Dr Leonard Emordi (joined the meeting at 12:30)

1. Welcome and Introductions

The Chair welcomed attendees. The PPG appreciated the refreshments that were provided.

2. Apologies

Apologies were received from Stephen Locke.

Roger Stocker noted that that he had sent apologies for the October 2019 meeting, but these were not noted on the minutes.

3. Matters arising from the October 2019 meetings

- **Privacy at Reception in Hilly Fields**

Jacqui gave an update. The Pharmacy is now happy that they have a privacy screen. Reception staff also have a screen, which means they can hear better when on the telephone. The check-in board will be moved on Friday, 17 January; it will be moved closer to the door. There will be tidy-up ahead of Brockley Road Surgery moving over. There will be a disability assessment review. It is work in progress. There is much furniture in a small space, but it is a case of making the best of a bad situation.

- **Availability of Cognitive Behavioural Therapy (CBT) at Medical Centre**

This comes under SLAM. There is new provider alliance between General Practice and the GP Federation - Colin will ask colleagues about this and feedback at the next meeting.

Actions:

- **Colin Stears to feedback about the availability of Cognitive Behavioural Therapy (CBT) at Medical Centre**

4. Progress on merger of Hillyfields and Brockley Road Medical Centres

The merger has been approved by the Primary Care Committee of the Clinical Commissioning Group (CCG). The plan is now in action.

Patients at Brockley Road Surgery (of which there are 5,600) were informed (or should have been informed) via text on Monday, 13 January, that they must re-register for on-line services. From Monday, 27 January there will only be one practice, with all data being held under the Hilly Fields banner. Brockley Road Surgery will close in early March – with the lease expiring on 31st March. Colin and Jacqui have sat in open surgeries, to answer patients' queries and concerns. Three patients turned up and concerns were around what would happen to staff and what would change.

There had been a local petition against the merger. Colin reported that this was dealt with by the CCG, rather than the Practice. The positive effect of the petition was that it helped to ensure that all processes were followed correctly. Roger reported that the merger had been raised at local Labour Party meetings. One of the positive side effects of the petition was that it raised awareness about the merger.

Roger proposed collecting data about the impact of the merger, in order to provide supporting evidence that it there isn't a negative impact on patients. John asked if there is established baseline data, to compare the impact of the merger. Colin said the letter from the CCG which gives details of the merger has the link to the business case, which gives details of clinical improvements the CCG requires the Practice to deliver around the merger. Colin's reports back to the CCG will be available to the PPG. There is no set timetable yet for the reports.

Colin reported that **all borough-level CCGs in London will be merged into sub-regional CCGs from the end of March 2020**. Colin gave a brief overview of the new CCG structure. There will be five CCGs across the whole of London, with one Accountable Officer for the South East London CCG. On each of the new CCGs there will be a nurse, a doctor, and lay representatives (although the number of lay representatives has gone down); each borough will also be represented. There are two Lewisham CCG lay representatives who will both move to the South East London CCG.

At borough level, there will now be a small grouping for each borough that will function as a sub-committee of the new CCGs. These borough-level units will be responsible for the primary and community care contracts for their area.

Actions:

- **Colin Stears will provide the PPG with copies of his reports to the CCG on the impact of the Brockley Road merger with Hillyfields.**

5. Updates

- **Website**

There is now a new website for each site and for TCLP. The websites are now being tested and will be launched soon – hopefully by the first week in February. Feedback will be sought.

- **Super Partnership – The Lewisham Care Partnership (TLCP)**

This was covered in Section 6. In addition, Colin highlighted how certain areas, such as finance and HR, were being streamlined.

For staffing matters – there are no redundancies. Colin expects staff to be flexible and skilled. A survey has gone out to admin and reception staff to find out what they would like to do in the new structure.

- **Recruitment of female doctors to Hillyfields**

As part of the restructure and creation of partners, Colin is in negotiation with partners to try to increase the number of female doctors at Holyfields.

At St Johns, the imbalance is the other way round, with female GPs far outweighing male GPs. Colin is looking at how he might be able to move GPs within TLCP provide more of a balance across all practices in the long term.

The next step is to advertise for new GPs.

Jacqui said that there are currently two regular female locums at Hillfields who are considering taking the option of becoming permanent salaried staff.

Naran asked for clarification on why there is a need for female GPs. Colin explained that due to contractual obligations, patients cannot move between surgeries at present. There is no requirement to specifically provide a male or female doctor, but it is best to have a choice.

Symon asked if it is known why GPs leave and why there are so many female GPs at St Johns. Colin replied that they know why the salaried GPs leave. It is less clear why there are so many female GPs at St Johns.

6. Clinical Cabinet

■ Current issues being looked at

Dr Emordi reported that the Clinical Cabinet is made up of TLCP practices, with a GP representative from each site, meeting once a month. Two managers also attend, along with a note-taker. As TLCP evolves, it is envisaged that there will be more working together. There is much planning taking place at the moment. The function of the Clinical Cabinet is to provide clinical support across sites to clinicians and to improve clinical outcomes.

Annette flagged up that learning should be highlighted as an output from the Clinical Cabinet, alongside meeting standards.

John requested that the Clinical Cabinet provides regular updates to the PPG.

Symon asked why there isn't a patient voice on the Clinical Cabinet and has this been considered? Colin said this was a good idea but highlighted contractual requirements and that some of the content of the Cabinet meetings would not affect patients. It might be best for a patient representative to be part of any Task and Finish Groups that are established to look at particular issues. There will also be TLCP-level PPG established (previously referred to as the Super Partnership PPG), which would also be an appropriate place for patients to take part. John felt that it was important for the clinicians to have a place where they can just speak to clinicians.

For TLCP PPG – the partners have defined the constitution and the PPG will be consulted. The first meeting will probably be at St John's, due to space. All current PPG members will be welcome. The Partners of *each* practice in TLCP are now partners in *all* the practices comprising TLCP. Colin is now, thus, a partner at Hilly Fields.

Actions:

- **Dr Emordi to lead on providing the PPG with updates/feedback on the work of the Clinical Cabinet. This should be at least six-monthly.**
- **Colin Stears to involve PPG Chairs in the decision about the date/time for the TLCP - PPG meeting.**

7. Wage levels and property values across the practices

This item was not covered due to lack of time.

8. Opioids

This item was not covered due to lack of time.

9. Primary Care Cancer Detection

This item was not covered due to lack of time.

10. Any Other Business

This item was not covered due to lack of time.

Items for discussion or updates for future meetings:

- Prescription reviews
- Patient Surveys/Research
- Vaping
- Pre-digital Records

11. Date of Next Meeting

The next meeting will be on:

- Tuesday 21 April, 12:00 to 13:30.

Dates for the rest of 2020 are:

- Tuesday, 07 July, 12:00 to 13:30
- Tuesday, 06 October, 12:00 to 13:30.

All meetings will be held at the Hilly Fields Medical Centre.