**South Lewisham Group Practice & Patients Meeting**

**Thursday, 10th October 2013**

The meeting started at 2.10pm

**In attendance**

Alex Camies (Chair), Dawn Smith (Secretary), Dawn Lait (Practice Manager), Pat Medford (Office Manager), Carol Church (Admin Officer), Dr Newborn (GP), George Gard (Member), Doreen Fellingham (Member), Elizabeth Atere-Roberts (Executive Committee Nominee and Carolynne (Executive Committee Nominee))

1. The Chair welcomed all at the meeting, and particularly Elizabeth and Carolynne who were both attending the meeting as a ‘taster’, although Carolyne had expressed an interest in filling the Executive Committee vacancy. At the start of the meeting the chair informed both interests would be put to vote if both Carolynne and Elizabeth wanted to join the Executive Committee.
2. All confirmed they had received copies of the minutes (except Dr Newborn) and agreed the minutes were accurate.
3. The Chair went through updates from June’s meeting as follows:-

**Medical Reminders**

* 1. The Chair asked whether anything had been decided regarding the issue she brought up with not being issued with her medical reminders, after receiving her repeat prescriptions from her Pharmacist.
  2. Dawn L explained everyone’s dates for reminders are different which makes it difficult for the practice to work out a strategy on how to ensure patients with repeat prescriptions are issued with their medical reminders (if the back of the prescriptions are not returned to them by their Pharmacists). Dawn L asked Dr Newborn whether she had any ideas how to resolve the Chair’s issue.
  3. Dr Newborn informed the GPs would normally issue the repeat prescriptions and thought it was more of a problem for GPs than patients and the practice staff.
  4. There was general discussion about whether patients around the table received the back of their prescription notes or not, and whether medical reminders was a general problem altogether. It was decided the receipt of medical reminders was not a general problem and that patients should ask Pharmacists for the back of their repeat prescriptions if they find it is not put in with their repeat prescriptions by the Pharmacists.
  5. Dawn S suggested that this item be removed from the list of issues outstanding since it is not a general problem

1. **Surgery Pod**
   1. The Chair advised she had received a query regarding how the Pod would be cleansed to ensure it was hygienic to use.
   2. Dr Newborn suggested a sterile roll could be placed aside the pod that patients could use before using the pod.
   3. Pat advised a sterile roll had previously been placed near the surgery pod, however, one of the patients allowed their child to pull the roll out, which had to be discarded.
   4. Doreen suggested a sanitizer could be placed near the pod for patients to use.
   5. The Chair asked whether any of the patients had benefited from using the pod since it had been in situ.
   6. Dawn L replied by advising at times she had taken the liberty to go out into the waiting area and ask for willing volunteers to try out the pod, as patients were not coming forward to use it. Dawn L explained the wide range of services the pod provides, such as measuring BMI’s, height and blood pressure.
   7. Dawn S asked how often the Pod is serviced.
   8. Dawn L replied the Pod comes with a service agreement and is serviced every 12 months.
   9. Dawn S expressed her concerns about the Pod being serviced only on a yearly basis, considering Patients would rely on the reliability and accuracy of the Pod which measures important health features.
   10. Doreen advised since the manufacturers’ guarantee is for a year then it should be accepted the Pod will work perfectly well during that period.
   11. Dawn S advised she felt, despite this, it was important the Pod was checked for accuracy more than once a year, in case it gives out false readings to patients who rely on the Pod to give accurate readings, which could result in it becoming a problem for the practice as well as patients.
   12. Dawn L advised the Pod gives warning messages to patients if the readings are undesirable and sends all readings directly to the patients’ notes.
   13. Dawn S asked whether it would be possible for a disclaimer note to be put on display next to the Pod to inform patients to ensure they checks with their GP within a 12 month period and not to rely on the readings of the Pod in one given year.
   14. Putting a disclaimer note up on display next to the Pod was, generally, accepted as a good idea.

**Action 1: Dawn L/ Pat to arrange a Pod Disclaimer to be displayed in the patient’s waiting area.**

1. **Signage**
   1. Doreen expressed her concern the signage at the surgery looks really bad and tatty.
   2. The Chair suggested all the signs be re-laminated to refresh as needed or laminated where not, to smarten them up.
   3. There was a general chat around the table on the temporary signs that are currently up at the practice and how the practice assist with enabling patients to locate the GP consulting rooms. It was noted the numbers of the rooms are displayed on the overhead monitors aside the name of patients when they are called by GPs, and that the Signage for the surgery was important. Dawn L advised, however, due to lack of funding this was something the practice could not deal with at this time.

**Action 2: Dawn L/ Pat to arrange for the laminated signs to be redone or laminated where not**.

1. **SELDOC**
   1. Dawn L advised Lewisham Health Authority declined to have the 111 service because they felt it was not fit for purpose, so whenever patients ring NHS direct, they automatically are put through to SELDOC.
   2. Dr Newborn advised SELDOC is being used because it very much valued as a good service.
2. **Extended Opening Times**
   1. During the updates from the last minutes, the Chair informed she heard from the media there were plans for GPs, nationally, to extend their opening times to members of the public and asked whether the practice was going to be following suit.
   2. Dawn L advised it was unlikely the practice would be extending its opening times from 8am-8pm, due to the finance support that is required in order to facilitate this. Dawn L advised she envisaged local surgeries working together in the future and buying in services, however, it would be, hugely, complicated due to data protection and accessing patients’ records.
   3. Dawn L also mentioned there are some proposed changes that will be taking place in the near future, which involves the transfer of patients’ medical records to a central database. Dawn L advised patients will not have the option of opting into the scheme, however, will have a right to opt out. *Dawn L has, since the meeting, informed NHS England have recently acknowledged the need for a national campaign to inform all patients in the country of the proposed changes and will be writing to every household in January 2014.*
3. **Appointments**
   1. The Chair asked whether the practice could increase the appointments on-line.
   2. Dawn L advised if on-line appointments were increased then this would restrict the numbers of appointments that can be booked via the telephone or in person at the surgery, which the practice could not afford to do, since most appointments are made over the phone or in person. Dawn L advised Mondays are really busy for appointments and that she would be attending a workshop on the 14th October 2013 with other practice managers in Lewisham to look at working collaboratively with other practices, looking at good practice and how to change ways of working for the better.
   3. There was a general discussion around the table about how difficult it can be at times to get through to the surgery by phone if you ring dead on 8.00am or minutes to.
   4. Carol advised the surgery receives so many calls at 8.00am in the morning, which explains why it is difficult for patients to get through at that time, particularly on Monday mornings.
   5. The Chair reminded all that they are ‘Walk-in’ GP clinics spotted about locally such as the one at Beckenham Hospital and the one in New Cross, although the Chair felt the service at the Walk-in centre in Beckenham was far better than the one at New Cross, particularly as it looks closed when you approach it.
   6. Dawn L advised she was mindful the GP practice was a public service and that demand has outstripped the capacity for the service, since there are so many people trying to access the service. Dawn L advised it was important that patients also took ownership for their health such as taking home remedies and seeing their pharmacists for minor illnesses.
   7. Doreen asked whether GPs are available for Triage on a daily basis.
   8. Dawn L advised the surgery has on-call GPs who should not, strictly, have clinics at the same time.
   9. Dr Newborn advised often when GPs call back patients from the Triage list they often end up booking appointments for patients to see them at the surgery, which was not the aim of having Triages. Dr Newborn advised a lot of work can be done over the phone and that the practice has found workers are not using the late appointment system.
   10. Dawn L advised the level of patients who do not turn up for their Saturdays pre-arranged appointment has gone up, drastically.
   11. Dr Newborn advised the demand for GPs have increased, as well as the work they cover, as there has been an increase in the numbers of people living in the area.
   12. Carolynne advised she felt a lot of people do not take responsibility for their own health.
   13. Dawn L advised the practice has to adapt the service to accommodate patients’ personal nature and that it could take years to change how people think.
   14. George asked whether the new build flats adjacent to the surgery has had any impact on the waiting list.
   15. Dawn L advised the new build in the area will probably generate between 600-800 patients. If the practices’ waiting list increases as such it will be in a position to apply for one more additional GP.
   16. Dawn S asked where the nearest GP Practice is to the surgery.
   17. Dawn L confirmed the nearest GP practices are in Bellingham Green and at the Downham Health Clinic.
4. **Notice Board/ Compliments/ Newsletter**
   1. The Chair asked whether the complimentary letter Dawn L talked about at the last meeting was uploaded onto the website as she had not seen it.
   2. Pat advised she tried to upload the letter, unsuccessfully, with great difficulty.
   3. Dawn L explained the system does not allow NHS staff to upload complimentary letters onto the website who are accessing the website from their NHS accounts, as the letters have to be uploaded independently.
   4. The Chair asked whether there is a suggestion box at the surgery that patients can use to submit suggestions or compliments about the service.
   5. Dawn L advised there is a post box in the surgery which she will ask Brian to put up in the waiting area.
   6. The Chair advised she wonders whether the PPG is missing out on suggestions and also asked whether anyone wanted to put anything in the newsletter.
   7. At this point of the meeting there was a short discussion about whether the blinds at the reception desks could be put down when patients walk up to the receptionists. Dawn L advised due to the needs of the service the blinds would be kept up.

**Action 3: Dawn L/ Pat to arrange for a PPG Suggestion Post Box to be put up in the Patient’s waiting area.**

1. **Online Virtual Groups** 
   1. The Chair asked whether there was any way for the PPG group to have a dedicated email address they could use and whether the group could have a dedicated page on the practice’s website.
   2. Pat advised there is a space on the website which allows visitors to make suggestions, and it would be possible to create a dedicated page for the PPG group. Pat also advised all emails regarding complaints or suggestions are sent to her inbox which she receives a high volume.
   3. Doreen advised even if a dedicated email is arranged for the PPG group, there will still be an excess of emails going to the inbox.
   4. Carolynne noted when people make complaints they do not, necessarily, want to be known.
   5. Dawn L advised anonymity is important but it is difficult to manage complaints where complainants ask to remain anonymous, however, advised all suggestions are welcome.
   6. Pat advised a permanent note can be put on the website, on the noticeboard section inviting suggestions from patients and their carers about how they felt about the service.
   7. Elizabeth advised as long as it is clear to patients, on the website, they can make suggestions or complaints to the practice about the practice, and also make suggestions and complaints directly to the PPG.
   8. Pat confirmed a permanent page will be created on the website specifically for the PPG.

**Action 4: Pat to arrange for a permanent note to be placed on the website, on the noticeboard section inviting suggestions from patients and carers about their views on the service.**

**Action 5: Pat to arrange for a permanent page to be created on the website specifically for PPG.**

1. **Newsletter**

* 1. The Chair advised it was nice to receive comments back about the draft Newsletter which she had distributed, sooner than waiting for suggestions and comments at the quarterly meetings for feedback. She advised the final draft will be sent to all members via email and also made a request for some copies to be printed. The Chair also asked for the newsletter to be uploaded onto the website.
  2. Dr Newborn suggested the exercise classes and weight watchers currently being run at the surgery could be included as features in the Newsletter.

**Action 6: The Chair/ Dawn S to arrange for the final draft of the PPG Newsletter to be distributed to all members via email.**

**Action 7: Dawn L/ Pat to arrange for additional copies of the PPG Newsletter to be printed and displayed in the Patient’s waiting area.**

**Action 8: Pat to arrange for the PPG Newsletter to be uploaded onto the website.**

1. **Staff Training Update**
   1. Dawn L confirmed a vast majority of the office staff at the practice attended the Customer Care training which was held on the 27th June 2013. Dawn L felt staff who attended the training came out enthused about customer care and that the main issue for staff was dealing with challenging behaviour, however, she felt all in all the service had improved as a result of the training.
   2. Carol added she felt staff who attended were more tolerant since attending the course.
   3. Carolynne noted it must be difficult to deal with challenging behaviour when people have hidden disabilities.
   4. Dawn L said she felt 90% of staff do a very good job on reception, despite it being a difficult job. Dawn L also advised she made enquiries regarding how much it costs to have telephone calls recorded, which will be a benefit to patients.
   5. Elizabeth suggested having ‘mystery shopper’ type patients to test the service.
   6. Dawn L welcomed this.
2. **KPI’s for July, August and September 2013**

* 1. Dawn L provided a statistical breakdown of the KPI’s and talked through the statistics. A copy of the KPI’s for the months of July, August and September are attached to these minutes. Dawn L advised she did not include statistics for home visits. Dawn L informed the meeting about the high level of DNA’s (Did Not Attend) statistics which were a concern for all at the meeting.
  2. Dr Newborn informed the GPs generally attend all requests for home visits although this can be time consuming.
  3. There was a general discussion about how the phone lines are manned and the pre-bookable appointment system.
  4. Dawn L advised in the mornings due to the high volume of calls received the telephone lines were fully staffed, however, in the afternoons 2 members of staff are dedicated to answer the phone. In the future the practice is looking to reduce the incoming lines between the hours of 2pm-4pm onwards. Dawn L also advised the appointment system has the capacity to book up to two months in advance, and it is possible to extend the pre-books to three weeks.
  5. At this point Dawn S had to leave the meeting and the minutes were taken over by the Chair.

1. **DNA’s (Did Not Attend)**
   1. Dawn L said that Dr Parton held the last Saturday clinic & 5 patients failed to show for their appointment. She said that the largest non-attendees were patients wanting travel vaccinations. Warning letters were sent out to non-attendees that they would be unable to pre book appointments in future. The letters seemed to stop the problem, however after a year, when their pre booking ability resumed DNA’s returned. Not sure how best to deal with the problem as patients were texted reminders 48 hours prior & confirmed attendance.
2. **NAPP - Monitor meeting**
   1. The Chair informed Monitor is the sector regulator for health services in England & Wales. Their job is to protect & promote the interests of patients by ensuring that the whole sector works for their benefit. The PPG group were invited via NAPP to attend a round table discussion meeting on 3rd September & Alex attended on behalf of SLGP PPG. Alex apologised for the lack of minutes from the meeting which were still awaited and NAPP were chasing. Once received Alex to distribute. Monitor had launched a call for evidence aimed at understanding any challenges facing general practice & how they could help in addressing them. The Chair advised at the meeting they discussed issues such as:

* *How important is it to patients to see the same GP each time?*
* *Are patients able to access a GP in a reasonable amount of time when they need to?*
* *Are patients able to see a GP or register at a GP surgery in a place which is convenient for them?*
* *Are patients able to switch GP or GP practice when they want to?*
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As the Chair struggled to remember all discussed Doreen suggested that we wait until the minutes were received & all agreed. The Chair pointed out some other items of interest that came out of the meeting such as:-

* Government piloted scheme for GPs near work places -
* Language problems for GPs
* Surgeries to state what clinics/special items of interest they deal with on their websites.
* DES = Direct Enhanced Services
* Currently £1.10 per head paid to GP practices as possible motivation to have a PPG

**Action 9: The Chair to arrange for the minutes of the NAPP meeting to be distributed to members.**

1. **Forums**
   1. The Chairasked the group when planning should commence for the pending forum at SLGP PPG, since it takes quite a long time to get things together.
   2. Elizabeth asked what the forums were & it was explained to her.
   3. The Chair stated that the forum could perhaps start with a brief talk from a surgery rep about the practice, followed by a talk about a common health problems such as COPD (Congestive Obstructive Pulmonary Disease)*,* diabetes etc. We could then get a variety of people running tables on a variety of subjects which could be on health, stopping smoking etc. The Chair advised she had already spoken to Tonia Cook who runs the exercise classes at the practice, who readily agreed to talk to patients about the value of exercise.
   4. Doreen suggested for patients to be asked what topics they would like talks to be about & what information they would like to see. Doreen also suggested a questionnaire be put out in the waiting room for patients to complete.
   5. It was stated that people are usually reluctant to do that and the Chair suggested perhaps a tick sheet listing items for the talk be set up and for the PPG to do a survey at the practice to get opinions.
   6. All agreed to this. The Chair to talk to Dawn L to get an indication of the main health problems which could be highlighted at the forum. It was agreed the Chair would meet with Dawn L on the 16th Oct 2013 to discuss this.

**Action 10: The Chair to meet with Dawn L to find out what the main health problems are which can be highlighted at the forum.**

**Action 11: The Chair to arrange for a ‘tick sheet’ list to be placed in the patients’ waiting area at the surgery.**

1. **Type 2 diabetes campaign**
   1. The Chair asked if the practice was doing anything about the campaign now running in the UK.
   2. Dawn L said more patients are being diagnosed & treated. SLGP do not qualify for the Tier 3 level. The practice do, however, buy the services in of a Special Diabetes Nurse called Anita Koelmel & Sister Suzanne Schofield. They both have taken a merit course which is a type of degree course, and as a result more patients are being diagnosed. Diabetes is on the increase nationally so it is a concern about the numbers of patients being diagnosed.
2. **PPG & GP Funding**
   1. Alex asked how this would affect the SLGP /PPG relationship.
   2. Dawn L said that many GP practices were going to stop PPG’s but SLGP had a good working relationship with our PPG & had no plans to stop this.
3. **AOB**
   1. The Chair informed she understood that people between 71– 79 years were now able to have a vaccination against Shingles & asked what SLGP were doing to deal with them.
   2. Dawn L informed Dawn L informed people who are aged 70 years or 79 years are the only patients who will qualify for the Shingles vaccination. Dawn L also explained the vaccine is actually a live vaccine which costs £98 each and is in short supply. She said that appointments were pre-bookable and are 7-10 minutes appointments. It may well be that the age range currently set may be increased in the future but no plans at the moment as far as Dawn L was aware.
   3. The Chair asked the committee nominees how they felt about being on the committee, having attended the meeting. Both expressed their keenness to join the group, although Elizabeth was willing to let Carolynne take on the role.
   4. The Chair asked both to provide some background to the Committee on themselves to show what they could bring to the group.
   5. Elizabeth said she is a retired health professional and it was interesting to be able to see another side of how health professionals get involved. She felt her background would help. We all agreed she had a good input at the meeting.
   6. Carolynne told us that she worked with the PCT (Primary Care Trust) until its closure. Carolynne also advised she runs a diabetes group with a Caribbean group who have their own health problems and also runs the charity LAPD. The LAPD helps people with disabilities with things, such as advocacy & form filling etc., which would be useful to the PPG.
   7. Dawn L said both would be an asset to the group and felt the meeting had been very useful today with people having good input and she would be happy to accept an additional committee member, taking on both Elizabeth & Carolynne.
   8. Alex put the suggestion to the group and all agreed to accept both onto the committee.

**Action 12: The Chair to formally inform the rest of the PPG members of the new Executive Committee members.**

1. Next meeting due in January 2014 to be arranged in due course.

**Action 13: The Chair to arrange a date for the next meeting with Dawn L.**