



# Falmouth Road Surgery

## Patient Participation Group Meeting Minutes

|                       |   |                   |       |
|-----------------------|---|-------------------|-------|
| <b>Date</b>           | 30/07/2019  | <b>Time</b>       | 18:00 |
| <b>Meeting Chairs</b> | Samantha Timlin – Practice Manager (ST)<br>Danielle Caswell – Regional Manager (DC)<br>Kathy Crockford – Patient Representative (KC)  | <b>Note Taker</b> | DC    |
| <b>Attendees</b>      | 9 patients of Falmouth Road Surgery<br>1 patient relative<br>1 representative of 2 Falmouth Road Surgery patients<br><br>Attendee Names <i>(will be removed from the published minutes)</i> |                   |       |

### KEY INFORMATION

**Next North Southwark PPG 18<sup>th</sup> September 2019** – St Mathews Church Community Centre in Meadows Road.

Next PPG meetings;

17<sup>th</sup> October 2019 at 6pm

14<sup>th</sup> January 2019 at 6pm

| <b>Action Tracker</b>  | <b>Date of meeting</b> | <b>Owner</b> | <b>Status</b> |
|--|------------------------|--------------|---------------|
| Same day access audit to check what time the last same day appointment was booked over a 2 week period (telephone consult or face to face consult). To be shared with the patient group. | 30/07/2019             | ST           | Open          |
| Arrange a specific patient meeting regarding the appointment system and access to services before the next PPG meeting   | 30/07/2019             | ST           | Open          |
| Noted action points to go towards the end of the meeting, there should also be an outcome/update section and a target date where appropriate.  | 30/07/2019             | DC           | Open          |
| Implement clinician specific FFT cards at the practice   | 30/07/2019             | ST           | Open          |
| Add meeting minutes to the practice website in good time   | 30/07/2019             | ST           | Open          |
| Future meeting dates and agendas to be uploaded to the website in good time, a link to share the agenda to be sent via SMS prior to the meeting  | 30/07/2019             | ST           | Open          |
| Arrange a digital workshop for the new website when it is launched and the NHS app   | 30/07/2019             | ST           | Open          |
| Look into additional signage to include opening hours and contact information for when the surgery is closed   | 30/07/2019             | ST           | Open          |
| Appointments information poster to be completed  |                        | ST           | Closed        |

|  |  |    |         |
|--|--|----|---------|
| <p><b>Outcome</b><br/>Poster for days clinicians work has been created based upon feedback from patients – attached to the meeting minutes from 30/07/2019</p>   |  |    |         |
| <p>Booking double appointments not permitted for all patients, to be reviewed with the GPs as patients reporting that they are told 1 appointment 1 problem</p> <p><b>Outcome</b> ST has discussed this issue in the clinical meeting and with Dr Abbasi (GP Partner) who have confirmed that GPs will deal with more than 1 problem in an appointment as the GPs will deal with that they can within the 10 minute appointment time.</p> <p>ST reiterated that if patients regularly require more time then the GPs will advise the admin team and an alert will be added to their record. The feedback from the GPs regarding the number of 20 minute appointments being booked was that 20 minutes was not needed and they found themselves waiting for the next patient. DC added that as not everyone takes 10 minutes with the GP there is some flexibility in the appointment times and the GPs or any clinician for that matter rarely runs late.</p> <p>There is an aspiration to move to 15 minute appointments which is why we have a multiple disciplinary team and continue to work to ensure that patients are signposted correctly.</p> |  | ST | Closed  |
| <p>Liaise with the Sexual Health Screening Clinics to explore holding STI kits in the practice so that patients have better access to the services as patients have reported concerns of the service being poor.</p> <p><b>Outcome</b> ST liaised with the Burrell Clinic who refused to allow the practice to hold sexual health screening kits as it is not the agreed patient pathway that has been contracted to them to provide.</p>  |  | ST | Closed  |
| <p>As a practice think about how we can record patients preferred method of communication.</p> <p><b>Update:</b> Using the practice EMIS system we are now actively asking patients if they would like to be communicated with via SMS. New patients preferred</p>   |  | ST | Ongoing |

|   |  |  |  |
|---|--|--|--|
| method is already recorded using our registration form. We will continue to find ways of recording this and ensuring that the preferred method is first line. This is an ongoing project. |  |  |  |
|---|--|--|--|

| Agenda Item  | Discussion  |
|--|---|
| <b>Introductions</b>                                 | <p>Staff and patients introduced themselves</p> <p>2 patients felt that there should always be a clinical staff member present, ideally a GP. ST advised that the GP attended the previous PPG and there will be a GP present when possible but will not always be possible. Patients unhappy with this by KC confirmed that guidance does not state a GP always needs to be present this is a recommendation, as long as there is a practice representative who can feedback and take back actions – KC quoted the CCG guidance on patient participation groups.</p> <p>Please see below link with to the Southwark CCG PPG Top Tips<br/> <a href="http://www.southwarkccg.nhs.uk/news-and-publications/meeting-papers/locality-ppgs/Documents/PPG%20top%20tips%20June%202018%20FINAL.pdf">http://www.southwarkccg.nhs.uk/news-and-publications/meeting-papers/locality-ppgs/Documents/PPG%20top%20tips%20June%202018%20FINAL.pdf</a></p> <p><i>Noted action points to go towards the end of the meeting, there should also be an outcome/update section and a target date where appropriate.</i></p>  |
| <b>Matters arising from previous meeting minutes</b> | <p><b>Same day appointments / care</b> patients felt that the allocation was not enough and that same day appointments get booked up very quickly. ST to do an audit of the same day access to check when the access was fully booked by and review with DC to ensure the allocation is sufficient, from the practice perspective this is not the case so needs to be explored and results shared with this patient group.</p> <p><b>Extended Primary Care Service</b> raised as an option for patients when requiring same day care. One patient felt that this was not useful in their experience as it is too far and patients should be seen at the practice. ST explained the service is an extension of the GP practice and is only offered if there is no capacity left in the practice, DC reiterated this and expressed the widely felt benefit of the service by our patients as it is an additional offer to them opposed to being told that there are no appointments left for that day. DC apologized for any frustration that was caused on that occasion and suggested speaking to ST outside of the meeting to bottom out the issue.</p> <p><b>Appointment system and access to services</b> patients raised a few concerns / queries surrounding the appointment system and access. As it is an important topic, but also takes a lot of time to discuss and bottom out KC recommended</p> |

|   |  |
|---|--|
|   | <p>holding a separate meeting specifically to discuss access. ST agreed to arrange as this felt like a positive exercise.</p>  |
| <p><b>New Opening Hours</b></p>         | <p>ST informed the patients of the extended hours being offered at the practice presently</p> <p>Wednesday till 20:00 – appointments available with the Practice Nurse<br/> Friday from 7:30am – appointments available with the Healthcare Assistant<br/> Saturday mornings – telephone consultations available with the Practice Pharmacist</p> <p>Patients overall happy with this, no comments or queries raised.</p>  |
| <p><b>Staff Update</b></p>              | <p>ST gave a staff update of both clinical and non-clinical staff</p> <p><b>Non-clinical staff</b><br/> Patrick - Receptionist<br/> Sophia – Receptionist</p> <p>KC asked for clarification as to whether the new receptionists were maternity cover, ST and DC confirmed that they were to replace the staff that have gone on maternity leave but that they have been employed on a permanent basis so we can grow the team with the practice.</p> <p><b>Clinical staff</b><br/> <b>Dr Singh leaving</b> as she was a junior doctor and with us for a 3 month period.<br/> <b>Dr Awal</b> joining on the 8<sup>th</sup> August 2019 who is a new junior doctor.</p> <p>DC gave an overview of the practice being a training practice and Dr Ali being a GP trainer which means at present every 3 months the practice has a new junior doctor. Informed patients that they may be offered an appointment with a junior doctor but they will always be informed that is who they are being booked with. The junior doctor is always supervised either by Dr Ali or a GP colleague within the practice.</p> <p><b>Dr Overbury (also known as Dr Jess)</b> will be changing from a Wednesday all day clinic to a Monday and Tuesday all day clinic. This is 2 further clinics in addition to the current access offer. Patients were pleased with this.</p> <p><b>Dr Le</b>, is no longer working on a Wednesday. Moving to a Thursday afternoons. Therefore Dr Le will be working Monday, Thursday and Friday all day.</p> |
| <p><b>Patient Survey Highlights</b></p> | <p>DC explained that the GP Patient Survey is a national survey that is distributed across the country to patients seen recently at their GP surgery. It</p>   |

is a lengthy survey and the return is pretty low. It is received by post.

The survey is arranged managed by Ipsos Mori and commissioned by NHS England. The survey is sent out twice a year in January and then again in July, the results are published 6 months later. The July 2019 results being discussed were collected in January 2019.

One patient queried the usefulness of the information as it is out of date, DC agreed that it was not ideal and the practice takes note of all patient feedback and the Patient Survey is a small percentage of that. The practice conducts daily friends and family test survey's and sends a weekly SMS to ensure that they were receiving real time feedback.

DC outlined other sources of feedback being NHS choices, Google Reviews and the Practice Managers open surgery.

Falmouth Road Surgery had 464 surveys sent out by post. 88 surveys were returned, which is a return rate of 19%.

DC informed patients that due to the low numbers when there is a % difference of 2 or 3% this is actually 1 or 2 patients.

***78% of respondents felt the healthcare professional recognised or understood any mental health needs during their last general practice appointment***

The practice is marked as doing well in this indicator even though it is 3% lower than the local average.

DC informed patients that the practice is currently in discussion with South London and Maudsley Psychosis Team and the Southwark Council Adult Social Care to find a new way of working together to better coordinate the care of patients with a Serious Mental Illness (SMI).

***65% of respondents describe their overall experience of this GP practice as good***

The practice is marked as could improve in this indicator and it is 14% lower than the local average.

DC raised the more up to date friends and family test data from the last quarter to give perspective on the improvement already in this area;

April 78.9%

May 80.3%

June 87.6%

In comparison to October 2018 which was 58.3% of patients saying their experience was positive there is a clear and consistent improvement in patient experience. Patients acknowledged that this was more relevant.

***49% of respondents describe their experience of making an appointment as good***

The practice is marked as could improve in this indicator and it is 19% lower than the local average.

DC acknowledged the issues with the telephone system and shortage in reception staff. The staffing issue is resolved and the telephone system is being upgraded with works starting on Friday 2<sup>nd</sup> August 2019 to install broadband at the premises for the new system to run from. DC explained the functionality of the new system and patients were happy with this, yet noted they had waited a long time for it.

One patient asked why it had taken so long, was it an issue with funding? As the technology has been around for some time. DC confirmed that the current telephone system was inherited when AT Medics began providing services, the new telephone system is being financed by AT Medics and there is no funding available for this. As it is such a large financial investment across the organization time was taken to ensure it was a tried and tested system and that it worked as required. This has now been done and the roll out is beginning. Patients acknowledge that the current systems were archaic and were happy about the upcoming changes.

***74% of respondents say the healthcare professional they saw or spoke to was good at giving them enough time during their last general practice appointment***

The practice is marked as could improve in this indicator and it is 9% lower than the local average.

ST will be implementing the clinician specific friends and family test cards so that more real time and specific feedback could be received on an individual basis to ensure reflection on the clinician's part and improvement of services.

One patient offered an experience that they had had when their child interacted with a clinician at the practice and whilst it was ok the patient felt that it could be improved. DC asked the patient to feedback the specific details to ST as this is beneficial feedback for clinicians to include in their reflections for revalidation / appraisal. Patient agreed to.

|                       |  |
|-----------------------|--|
|                       | <p>To view the entire survey results please visit; <a href="https://www.gp-patient.co.uk/report?practicecode=G85029">https://www.gp-patient.co.uk/report?practicecode=G85029</a></p>   |
| <p><b>Digital</b></p> | <p><b>Practice Website</b><br/> KC raised issues with navigating around the current practice website. DC advised the website is currently being updated. The website is a</p> <p><b>NHS App</b><br/> DC explained the features of the app, the NHS app will now sit with all existing Patient apps such as patient access and evergreen. KC handed out leaflets about the NHS app.</p> <p>ST shared her experience of signing up. Encourage patients to visit the website and use the videos which show the features of the app and how to use it.</p> <p><i>One patient queried why they would use the NHS app opposed to Patient Access?</i> DC confirmed that there are features in the NHS app such as video calling which is not available in the other applications. Additionally the NHS app will be a one stop shop for all digital NHS functions going forward to it avoids duplication of logins and accounts etc.</p> <p>DC suggested a digital workshop when the new website is launched so we can get some feedback on this and perhaps the NHS app from users currently using the system. Patients were happy with this idea.</p> <p>One patient has connections with Newham who have managed to sign up more than 60% of patients to patient access. Keen to share the learning, DC recommended attending the digital event as it would be beneficial.</p> <p>One patient asked why the telephone appointments were not bookable online. ST explained that only routine GP appointments are currently bookable online as the online system is not intelligent enough to show different slot times and ensure appointments aren't booked incorrectly e.g. a telephone appointment booked for a smear test.</p> |
| <p><b>AOB</b></p>     | <p><b>Surgery sign</b><br/> A patient who was unable to attend asked for the surgery sign to be discussed. It currently does not have opening hours or contact details, ST agreed to look into additional signage to include this information.</p> <p>One patient asked what the patient website address was.<br/> It is <a href="http://www.southwargp.co.uk">www.southwargp.co.uk</a></p> <p>2 patients raised concerns over care they have received or barriers to medication at Guys Hospital. DC advised contacting the PALS (Patient Advice</p>  |

and Liaison Service) department who would be happy to help them. Alternatively if they feel they are getting no resolution we would be happy to discuss it with them. Patients happy with this approach.

What power we can push for to control the nonsense that goes on at Guys Hospital? Maggie.

**Premises**

Patients aware of the proposed changes to the premises. DC explained that we currently rent the building from a landlord who is keen to redevelop the land. This would be a block of flats that includes a GP surgery.

As there is more information patients will be updated using a space on the PPG noticeboard. Additionally there will be information on the practice website.

DC is scheduled to meet with the local Clinical Commissioning Group in the coming weeks and will be able to update thereafter.

One patient was keen for Simon Bevan, Director of Planning from Southwark Council. Other patients did not feel that would be beneficial at this stage.