

# Thornbury Road Centre for Health – PPG Meeting

**Teams Meeting on Tuesday 20<sup>th</sup> August 2024 2-3pm.**

## **Attendees:**

**Present:** - **Practice:** - Maria Powers (MP) - Practice Manager; Simone Jesus (SJ) - Operations Manager; Dr R Loomba (DrL) – Practice Senior Partner.

**Present - PPG:** - (CH) - Chair; (BS) – Vice Chair (could only stay until 14:45); (AA): (BG); (VJ); (DR); (MR).

**Apologies:** PE, JR, (PBC & AD. B – no news).

## **Agenda, Discussions & Actions:**

**1. Welcome, Introductions & Apologies** - CH opened the meeting welcoming everyone and recording the apologies received.

### **2. Practice Update – MP, SJ & RL:**

- **Staffing** – no dramas; pharmacy technician going on 1 year maternity – her work being distributed; new starters have settled; 4 salaried GPs; new nurse Guljeet who is in training is nearly finished, currently doing immunisations and cervical screening; 1 of receptionists now training to be a HCA –(Health Care Assistant); last w/e on Sat. morning they did 120 vaccinations; Overall staffing levels are good.
- **GP Appointments** – working well, as intended, some changes had been made in the booking system. During the summer holidays some appointments have been free, so when people made contact, their appointments were brought forward; routine appointments can be booked on-line (13-15 now booked on-line, which has gone up); **BS** had some discussion about the difference between System 1 on her laptop and the NHS App, **MP** said they are the same. Importantly - OVERALL THESE ARE POSITIVE IMPROVEMENTS.
- **Did Not Attend - known as DNAs** - these continue to be a large problem, wasting available valuable resource appointments! There was a lot of discussion about what could be done. After each lost appointment the Practice contacts the patient. Historically there are a lot of DNAs from appointments booked ahead. The question was raised about whether the Practice could identify the constant offenders and then not allow them to book ahead, but MP said they couldn't do that. BS asked how our DNA stats are in comparison with other practices in the PCN overall, as we may

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not be out-of-line. **MP Action**: to find out. **SJ** had taken action from last time and is hoping these things will make a difference, she's mindful not to use the acronym, but to explain that it's about 'Did Not Attend' :

- information on the website
- big posters
- in telephone message, when people are waiting; giving the option to cancel
- spoken to receptionists
- **New Chairs** – this has been an urgent item as the current ones are so bad. **MP** explained that as there was no agreement with Spring Grove. They are doing their own thing and these will be ordered in 3-4 weeks. Discussion about which way they should be oriented was not conclusive. Opinions were:
  - should face the new screen so can easily look up to see your name and room
  - however, this means you're not facing the receptionist
  - could they be at an angle to see both, but this has problems
  - we will see what is decided!
- **Old Screen** – talking about the chairs prompted the question of taking down the old JX screen. This would have to be coordinated with Spring Grove **MP Action**.
- **Website Updating** – **SJ** took us through, and showed us on the screen, all the changes she had made in response to discussions at the last PPG meeting to keep it up-to-date, incl. correcting the Practice name, the DNAs (as above), 'Have Your Say', links to Feedback and Practice News etc.
- **Feedback - SJ** highlighted the feedback facilities on the website. They receive both good and bad, which they use at the Practice Staff meetings. **MP** emphasised what a hugely positive effect good feedback has, especially where positive comments highlight an individual.
- **Text Budget MP** – as discussed before, they are not sending out text messages as they desperately need the budget for other things. Using various methods of gathering feedback via F&F, Google & NHS Messages; **SJ** is analysing manually.

**3. Role of PAs (Physician Associates) - Steven – DrL** – Previously **AA** had raised the topic between PPGs as Steven had contacted her and, wondering what his role was she looked it up. In the 'The Royal College of General Practitioners (RCGP)' website she found they'd done a member survey about the role; a Key Finding they highlighted was: *"the wide variability in the way PAs are currently deployed, inducted and supervised in general practice, with clear findings that in many places these processes are not as robust as they should be. Across a range of areas, there were significant differences between the ways in which respondents said PAs are currently working compared to the ways in which respondents said they should be working."*

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hence it being on the agenda. **DrL** explained that in our practice they work alongside the doctors, always under GP supervision, that they can't do things like prescribe or order x-rays. He said in our Practice it is a useful support role to the Drs. They are trained in their role but are not qualified Drs, and hence only carry out things that the Drs have approved, they're not used as 1<sup>st</sup> contact with patients, they follow-up Dr reviews. He understands that the RGCP is doing work on this and he said it is an evolving situation and it's planned to be regulated. Steven is 2 days/week; 1 PA left in July and another is on maternity leave.

**4. Medication Reviews.** Time was not available to discuss this item so **CH** suggested to include a previous email from **MP** - ***which is attached at the end of these notes.***

**5. Pharmacy First – Update – MP** – reported that it is working well with Pummy in the Osterley Park Pharmacy in Thornbury Road with whom they have a good relationship. They have had good reviews with him, exchanging information between both parties, leading to knowing just how many referrals they can make to him each day. **CH** asked about Tesco's Pharmacy. We think that there is a question about funding.

**6. Recent GP Surveys – Results. Analysis – DrL** – the Patient Survey 2024 had been circulated prior to the meeting by **CH**.

- **DrL** felt it was generally more positive. That the practice had improved on most things.
- There was some discussion about patients not satisfied in getting their 'preferred' Dr. It's not clear which Dr people are 'registered' with. **Action: MP** – they need to get people registered with the new Drs, so that more people can identify with a specific Dr. **Action: MP** – **MP** thought it a good idea to use the Notification Email to explain how the Drs work and to reinforce the process.
- Pleased that the average time to answer the 'phone is 2 mins. Around 80% of calls are answered in under 2 mins!
- Overall, VERY POSITIVE (which has a positive effect on everyone in the Practice).

## 7. Car Park Litter & ASB – MP

- People are meeting in the car park at night, in lots of cars, eating, drinking and using drugs, tipping all their rubbish out etc. All ASB – Anti Social Behaviour!
- Signs have been put up.
- Has been reported to the Police and the council; some people have been arrested
- The property is owned by the NHS but they say they can't do anything!
- The Practice CCTV records all of the carpark and can be used by the police.

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- They are supposed to be doing random patrols but **SJ** needs to check, using the CCTV, to find out if this is actually happening routinely!
- The Practice can't or even be expected to go out and pick up that amount of rubbish; getting it cleared would cost NHS money they haven't got.
- **CH** asked to be kept informed as he has Police contacts through the Ward panel even though his ward is only adjacent to Osterley and Spring Grove. SNT (Safer Neighbourhood Team.)

### 8. Future Plans

- **Flu Campaign – MP** – different this year; under 18 and those pregnant will be invited to book appointments for Sept; the rest will roll out from 3<sup>rd</sup> Oct. It's thought this gives them better immunity.
- **How To Increase Take Up of Screening and Immunisation?** – like breast, bowel, cervical and immunisation of both children and adults. The numbers are still very low. **CH** said an article could be put in the OWGRA e-newsletters (OWGRA – Osterley & Wyke Green Resident Association) which covers a large number of people in the practice's catchment area). The next one goes out in approx. 3 weeks. **Action MP** – to provide a short article for **CH**. **Action MP/CH**.

### 9. AOB

- **Numbers on Doors – BG** – raised the problem of patients not knowing which room you are going to as there are doctors and nurses rooms with the same numbers. **SJ** – showed how she had put much bigger numbers on the doors, but this did not solve the problem. Using, room 1, 2, 3 4 etc. regardless of what sort of room they are, is the solution to the problem. **Action SJ**.

### Next Meeting

**Action MP** – to suggest a date asap at the start of Dec 2024, so it can be agreed and put in everyone's diaries.

**Notes taken and written up by PPG Member AA.**

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### **Update on Medication reviews.**

We have about 2500 patient on repeat medication. The nature and frequency of the medication review required depends on the medication that is being prescribed. Most medication can be reviewed every 12 months, controlled drugs or high risk drugs might have different review schedules, ie. every 3 months or every 6 months.

Our practice has a policy and recall process for patients taking controlled or high risk drugs. These drugs may for example require blood test every 3 months. We have a nominated individual in charge of this and we have a back-up audit process to identify anyone who goes over their review date.

For other, non-high risk drugs a medication review can be carried out opportunistically during a routine appointment or at an appointment specifically booked for medication review (this normally happens with the pharmacist). Sometimes, specific drugs are reviewed - for example during an annual asthma review, the nurse or pharmacist will review the asthma medication and this would be recorded as an “asthma medication review”.

Replacing old drugs with newer ones could potentially happen at medication review or also we may do bulk switches of medication as directed by NHS England or NHS NW London. “”