

Patient Participation Group (PPG) – Notes & Actions

Wednesday 20 August 2025 1.30-3.30pm

Attendees

Alex Camies (AC), Chair
Ian Baker (IB), Secretary
Neil Sherringham (NS), Jenner Practice PEF Secretary
Polly Wicks (PW) Bellingham PEF Chair
Dr Simon Parton (SP), GP Partner
Janet Haagensen (JH), Jenner PEF Chair
Jo Daniels (JD), Modality Operations Manager

1. Apologies:

Janice Heredia (JH), Patient Liaison Officer
Neil Sherringham (NS), Jenner Practice PEF Secretary
Kate Tebbs (KT), Executive Partner

2. Matters Arising from previous meeting (18 June 2025)

C/F Action: SP to consult with staff about individual preferences relating to the use of name badges or lanyard ID's. Naming conventions should ideally be 'as you like to be referred to'. SP advised that the principal has been agreed, but the potential cost implications were being quantified, and staff consultation would follow.

Action: SP has approached the practice manager of another Lewisham Klinik using practices, to attempt to learn from their experience and good practice, but this was politely rejected by the relevant partner.

Action: IB to reach out and agree a suitable date/time, with other interested PEF/PPG members, to Dawn and Lawrence to undertake a review of the practical layout/usage and signage at the Jenner and Bellingham sites. SP made a point to thank Ann Talbot for her major contribution to the redesign work at South Lewisham.

Action: SP & KT have commenced weekly Access Meetings to review the whole issue of appointment arrangements (as part of the preparations for the requirement to offer 08.00-18.30 online access to patients in October 2025). A request was made to invite and involve appropriate members of the PPG to support this work and also contribute to the GP Patient Survey.

Action: KT & PPG Members have offered their assistance to help improve the quality of the design, content and management of the new website directly with the systems development group. A core PPG group have a pre-meeting planned for 28 August, with a subsequent meeting with the web developers to be arranged on KT's return.

3. Modality Performance

JD provided an extract of the Klinik Operational Dashboard, which was discussed in some depth. Key observations from the discussion were:

- The practice is currently managing approximately 11,000 contacts per month (July) with 50% of these being online
- Call volumes handled by our 2 providers reached 7,900 calls during July, with average waiting time being approximately 5 minutes, although having a peak wait of over 50 minutes. It was agreed that greater granularity of data would be needed to gain a fuller understanding of the patient implications (peak loads and call durations etc.).
- GP appointments offered reached 5,400 in July with Nurse appointments being approx 2,200 (the latter having a particular issue of 'did not attends' primarily on Saturday slots.
- Family and Friends Feedback remained excellent, with over 80% of respondents rating the practice as very good or good.

In relation to telephone performance, at the present time the London Ambulance Service covers morning phone contacts, with the afternoons/evenings being covered by 'Line-In.' These arrangements seem to be working relatively well.

In relation to appointments, patients are generally seen within the same day, or same week, according to their clinical priority. However 'routine appointments' remain a problem, with a number of patients having to wait up to 4-6 weeks to be seen.

4. Modality Update

Key Tasks - Update

Carers Strand (3)

This has now been finalised and share with key stakeholders. SP recognised the next step is for the information to be effectively distributed to those with caring responsibilities. A new 'Unpaid Carer' Tile has been requested for the website front page and should be ready in a few days, which will link to an online version of the carers pack. SP noted that the 3 receptions have been instructed about the issue of the packs and have copies of them available to hand out. Each site will have a nominated 'carers lead' to provide a framework to support carers.

Prescription Processes Strand (4) & Signposting Strand (2)

It was agreed that these work strands had made progress but had rather stalled, requiring further meetings to refocus and re-energise the necessary improvements.

Action: IB to reach out to the groups and agree new meeting dates for the Prescription and Signposting key tasks.

Staffing & Resource Update

SP noted that new GP's were starting at both the Jenner and Bellingham, but no further investment would be made. A new nurse has also been recruited at the Jenner, with a Health Assistant at Bellingham.

SP advised that there was still no firm agreement about the creation of a central triage hub, further complicated by the logical space (upstairs) at the Jenner being utilised by other NHS services. Whilst a 'virtual triage hub' might be possible, this may not be easy to implement and seems to offer much less than a close working centralised team.

Systems

Website

The PPG advised that a small team had reviewed the current website and were highly critical of the design and content (and lack of) at the present time. There was a unanimous view that the current site was not fit for purpose, and was a very poor reflection on Modality Lewisham. It was self evident that no adequate system or user testing has taken place prior to the latest release, indicating poor programme management by the practice.

Action: KT to arrange the direct PPG meeting with the systems development group to help improve the quality of the design, content and management of the current web offering.

Action: PPG to further clarify the requirements for the PPG and other patient facing web pages to better inform the direct meeting.

Document Management System

SP advised that the practice was moving to a new 'Anima' document management system, with a significant Artificial Intelligence (AI) capability. It is hoped that this will automate and speed many of the document handling processes.

Patient Records System

SP noted that the practice has adopted a new 'Heidi' recording system (again with an AI component) to allow recording of consultations and automated capture of any agreed medical plan, without the need for GP's and other staff needing to subsequently type-up their discussions and actions.

5. PEG Escalations

South Lewisham

Medication Reviews:

IB raised a question of whether medication reviews had recommenced, as he had received a text invitation with a link to diarise a medicines review.

SP noted that the practice was working hard to increase MST medication reviews (principally by phone), to ensure current medications were still relevant and to de-prescribe wherever appropriate. A significant issue relates to multiple medications (poly-pharmaceuticals), where the combination of many drugs may be more negative than positive on the patient.

GP Follow-up Responses:

AC noted that the process of follow-up on test results was not always clear, and did not always happen. This may well be a particular issue with the use of locums, but requires the patient to actively pursue any next steps (requiring a Klinik form) and with the next steps not always being clear to the patient. So many patients are unaware that they each have a 'named GP' responsible for them, that achieving medical continuity can be very difficult.

The PPG noted that the NHS app could potentially be able to be used as a means of recording any plan agreed with the GP (as it is currently used by the MST).

Carers Pack:

See notes in section 4, above

Hospital Prescription Letters:

IB noted that there may be delays in processing prescription requests generated through hospital consultation letters, and provided an example. SP agreed to investigate this, but it appeared that the imaging and referral to a GP had been smooth and relatively fast (a few days); however, rather than issuing the new prescription (as required) the GP had further referred this on to the MST. SP agreed to remind all GP's of their responsibility to action such requests directly.

Bellingham

Website Progress:

Please refer to section 4, above

Jenner

Signposting at the Jenner & Bellingham sites

Please refer to section 4, above

6. PPG Activity Update

It was noted that the activities being undertaken (particularly at South Lewisham) were now on the website but on the PPG page. It was felt by all that this should be in the front page content, perhaps in a news or events section, rather than sitting with the PPG.

Action: JD to raise and arrange for the practice related 'activities' to form part of the front page content.

AC noted that she has been approached (by Healthwatch) to assist other PPG's across Lewisham with the learning and organisation from our Modality arrangements. SP believed this was a helpful thing to do, but that we should gain some credit and due recognition for our efforts.

AC also advised that she had attended an ICB focus group meeting looking at the issue of patient 'stockpiling' of medicines, and was able to provide useful feedback from our prescriptions key task work

7. Any Other Business

There was no AOB

8. Date of Next Modality PPG meetings 1.30 – 3.30 pm:

Wednesday 29 October

Wednesday 17 December

Action Points Summary

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