

Patient Participation Group (PPG) – Notes & Actions

Wednesday 18 June 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
Janice Heredia (JH), Patient Liaison Officer

1. Apologies:

Stacey Dangare (SD), Bellingham PEF Secretary
Janet Haagensen (JH), Jenner PEF Chair
Jo Daniels (JD), Modality Operations Manager

2. Matters Arising from previous meeting (30 April 2025)

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 now the potential cost implications were being quantified, and then staff consultation would follow once a budget was agreed.

Action: SP (formerly Sian) will now be investigating the good practice with 2 other Lewisham Klinik using practices, to provide early certainty about providing an appointment slot, with the caveat that this may be rearranged if necessary (giving flexibility to both Modality and patient).

Action: NS and PW to agree a suitable date/time with IB, other interested PEF members and key local Modality staff (Dawn, Lawrence?) to undertake a review of the practical layout/usage and signage at the Jenner and Bellingham sites.

PEF's have acknowledged the change of name from 'Golden Agers' to 'Over 50's coffee morning'.

3. Modality Performance

There was regrettably no data dashboard available to the PPG for this meeting, due to personal demands upon JD. The PPG noted, with sympathy and frustration, that this made discussion of the evaluation of trends impossible at the meeting. The PPG believe that more robust and reliable data sharing arrangements need to be put in place by Modality.

Helpfully, SP provided an overview of the practice performance gleaned from his other duties: Friends and Family Data (from survey requests sent to patients) showed 86-87% of patients rating the practice as good or very good. SP noted that the 'comments' section of the surveys

were particularly useful and were shared with the relevant staff. Most patients were happy the care they received once within the system, providing very positive feedback of the people, but with much more negative feedback about the processes and systems. SP advised that although only a small number of respondents rated the practice as poor or very poor, this remains a key area of focus to continue to improve the outcomes for all patients.

SP advised that at a review meeting with the 'Complaints Experience Officer' (Venetia), the Central Modality formal process of review established that patients were particularly concerned about:

- Unhappiness with some consultations
- Referral delays
- Unhappiness with the care they received
- Concerns about appropriate prescribing

SP advised that there is a governance and compliance meeting held weekly.

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,' primarily due to the major increase in costs from the LAS. SP noted that this is a holding position, and seems to be working well.

SP further noted that the practice needs to take time to consider its longer term options, which could include creating an in-house service, continuing with existing suppliers, or achieving some form of shared service within the Modality Group.

SP advised there has been a large improvement in telephone wait times, with an 8 minutes average wait time, in March.

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 6 weeks to be seen.

Action: SP and a Modality Working Group are 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.

The current online v. offline balance of patient access remains little changed.

N.B. Subsequent to the meeting, JD provided the rudimentary data dashboard up to the end of March 2025, which was not discussed at the meeting, but showed the following picture. There were no data labels to augment the tables:

- Klinik cases for the month of March fell to around 10,000
- The balance between online and offline contacts in March was 50:50
- Call volumes were reasonably stable at 5,720 in March, however there has been a dramatic reduction in average waiting times to approximately 7-8 minutes. However the longest wait times are still around 38 minutes.
- GP appointments offered in March fell to around 4,400, with 'did not attend' remaining an ongoing issue
- Nurse appointments offered also fell to the lowest level in almost 12 months at around 1,800 in March
- Friends and Family survey data confirmed the information from SP (above), with relatively low ratings of poor or very poor.

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.

Prescription Processes Strand (4)

IB advised that the prescriptions strand had made good progress across a number of key areas (e.g. direct routing to GP's where appropriate, better planning for managing holiday peaks in demand/workloads, improved liaison with key pharmacies, regular training sessions for MST staff etc.) but this remained an area of work in progress. There is a follow-up meeting to review progress and next steps, scheduled for 2 May.

Signposting Strand (2)

IB outlined the work that has been done to begin the major task of signposting, with concentration on the following key areas:

- i. Voice Connect data analysis and options
- ii. Meds Management System usage and consistency
- iii. Electronic Repeat Dispensing (ERD)
- iv. Pharmacies Electronic Links and improved engagement
- v. Klinik change of focus & monitoring results
- vi. Letters-in & Hospital Requests processes
- vii. Peak load planning (bank holidays, weekends, etc.)
- viii. Priorities and allocation/routing within practice
- ix. Prescription resource reallocation/optimisation
- x. Prescription form generation & collection
- xi. Standard Operating Procedure (SOP) gaps/adherence/standardisation
- xii. Training Needs

Whilst much progress has been made on many areas, nonetheless the Medicines Support Team appears to have a significant capacity issue, making it very difficult to further progress process improvements at this time.

IB also reviewed the work done in relation to improving the signposting and processes for the reception area at South Lewisham, and the need for this exercise to be replicated at both the Jenner and Bellingham sites (each of which has different local requirements/needs). Dates of 28/6 or 5/7 were floated for the take-down and rationalisation of the signage at South Lewisham.

IB agreed to facilitate this process, although the various options and decisions will need to be driven by the respective PEF's and staff. Once improvement specifications have been agreed, most of these changes will need to be budgeted and approved before they can be progressed.

Action: NS and PW to agree a suitable date/time with IB, other interested PEF members and key local Modality staff (Dawn, Lawrence?) to undertake to visit their sites and conduct a review of the practical layout/usage and signage at the Jenner and Bellingham sites. IB has obtained the relevant building plans to help enable the reviews.

Staffing & Resource Update

SP noted that agreement has been reached to create 17 additional (new) GP sessions in the near future, which represents a major additional investment in the practice, and should greatly assist in driving improvements in waiting times and the overall patient outcomes.

SP advised that there was a recognised need to boost the MST service, and that a new Healthcare Assistant and Nurse would be starting soon.

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: IB to write to SP and KT to summarise the groups concerns and to offer assistance to help improve the quality of the design, content and management of the systems development group.

Action: PPG to further detail the requirements for the PPG web pages and explore optional ways that this might be delivered.

5. PEG Escalations

South Lewisham

In relation to the provision of timely data for PPG meetings it was agreed that IB should formally write to complain about the seeming lack of priority and non-provision of key data prior to our joint meetings.

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Bellingham

Bellingham PEF identified the desirability of a Modality (not PPG) generated 'newsletter' to help better inform patients about the activities and news items from the practice.

Following a short discussion it was agreed that probably the best means of communicating relevant information to patients was by utilising the 'Practice News' facility on the new website, where health advice, programmes and general information could be simply and regularly posted, including the forthcoming PPG table Talks.

Action: SP and the Modality Board team to routinely identify topics and delegate to owner/s to populate the new website 'Practice News' items, including the forthcoming PPG table Talks.

PEF members joining other PEF groups

A request was made to facilitate PEF members attending other PEF meetings, particularly as both the Jenner and Bellingham PEF's are still developing. The PPG felt that this was a good idea, and that AC should notify PPG members that this was both permissible and desirable.

Action: AC to write to all PPG members to confirm that PEF members were welcome at other PEF meetings (subject to space being available).

Jenner

There were no specific escalations from the Jenner PEF

6. PPG Activity Update

AC noted that she will issue a diary of forthcoming events being hosted by the PPG at South Lewisham. These events are open to all PPG members from the 3 sites.

7. Any Other Business

There was no AOB

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

Wednesday 20 August

Wednesday 29 October

Wednesday 17 December

Action Points Summary

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