

Patient Participation Group (PPG) – Notes & Actions

Tuesday 1 August 2024 1-3pm

Attendees

Alex Camies (AC), Chair
Ian Baker (IB), Secretary
Neil Sherringham (NS), Jenner Practice PEG Secretary
Polly Wicks (PW) Bellingham Chair
Dr Simon Parton (SP), GP Partner
Jo Daniels (JD), Modality Operations Manager – part meeting
Janice Heredia (JH)

1. Apologies:

2. Matters Arising from previous meeting

Action: SP to help identify a 'JH' equivalent as a PPG link at the Jenner.

SP noted that Dawn remains the primary contact for the Jenner, but there is a need to find a more permanent solution for a 'go to' person to coordinate PEG activities.

SP noted that the Blood Analysis Laboratories, so badly hit by hacking, were now able to cope with critical needs, but unable to process routine tests (and may not be able to for some time). As a consequence, this has had serious impacts on the Lewisham Phlebotomy Service too.

C/F Action: JH has reviewed the current patient registration process and has simplified and updated the PPG form, but is still awaiting progress on the new website to enable a more efficient process.

It was suggested that the current GDPR authorisation should be set to 'agree' as a default, and the form updated, accordingly.

JD had agreed to review the current repeat prescription processes, noted at the meeting, to identify and action improvements. JD advised that the same day processing of prescriptions was becoming the norm, having streamlined the Medicine Support Team processes (following a visit to Hull), although Monday morning (and bank holiday) peaks remain a problem. Medicine reviews have also been aligned with each patients birthday month to spread them as evenly as possible over the calendar year. JD noted the need to further identify the reasons for any GP rejections and the ongoing issue of trying to better align multiple prescription dates!

Action: All agreed that the prescription processes should be addressed as part of the Key Tasks review.

3. Modality Performance

JD joined this part of the meeting and provided a summary of the latest performance dashboard for the Committee, having (confidentially) provided IB and NS with full details prior to the meeting.

The key messages were:

Klinik indicates there has been a reduced flow of contacts into the practice, which may have been helped by the improvements made in patient call-backs as well as the normal reductions expected during the summer months.

In June of 2023 routine appointments were taking approximately 3 weeks (on average) to be delivered; this was now down to 2 weeks, with the clear objective to reduce this to within 1 week. Approximately 50% of those requiring appointments are now being seen within 1-2 days.

It should be noted that some of the 'lag' in booking appointments arises from 3rd party needs (e.g. liaising with insurance companies or third parties), alongside dependencies upon the speediness of patient responses; currently 2 telephone calls are made before a text is sent requesting the patient to respond.

In relation to the 'backlog' in contacts, there were over 2,000 cases in June of 2023. There were currently now only 218 cases awaiting action of which 75 had arrived that day. Of these, realistically only 104 cases (all triaged), could be considered genuinely outstanding.

In relation to call handling and online contacts the Klinik system is turned-off between 12-2 each day, as the inability to provide adequate GP cover over the lunch break would make a continuous service unsafe. The desire is to enable the system to be available without gaps, and this will be considered as part of the Key Task project

Action: SP and IB to include the 12-2 contact and phone access 'continuity' as an aim of the Key Task group considerations.

The average call waiting time has been reduced considerably (largely as a result in reduced staff sickness) and now averages approximately 9.5 minutes, although there remains considerable pressure around 8am as well as during the lunchtime and after 5pm. As a snapshot of the variation in demand, the call waiting counts at the time of the meeting (3.15pm) showed 71 calls were answered in under 1 min, 51 between 1-5 minutes and 25 waiting between 5-10 minutes.

It was noted that new functionality was being introduced to allow patients to check their appointment times or cancel their appointments via an automated process, without requiring a call handler intervention.

GP and Nurse Appointments were generally responsive and stable, although there was still great momentum for patients to see a GP regardless of their clinical priority. IB and other PPG members noted that this was still an issue with 'marketing' the 'new' prioritisation processes, which had been discussed over a year ago but had never been adequately addressed. IB reprised the messaging that was still required to help shift the 'old' culture to the 'new' world.

Action: SP & JD to reconsider the messaging and 'marketing' requirements for the practices substantially changed processes, as well as how best to utilise the multiple 'touch points' with patients to send clearer messages about the 'prioritisation of need' and the relative benefits of this for all. IB agreed to assist if required.

Family and Friends data showed very positive rates of approval, more in line with the PPG's perceptions of the practice.

4. Modality Update

Key Task Programme (strand 3)

SP informed the PPG that good progress had been made on the 'Carers Pack' with a huge contribution from John Liebthal. SP has been refining the pack and will share it for feedback before issue.

A date has been set (Thursday 8 August) for the initial Key Task Group meeting, designed to establish the aims, terms of reference and participants of the 4 work strands.

The 4 key work streams, are:

1. Patients accessing and finding their way around the practices new systems and linked processes (online > face to face)
2. Improvement of 'signposting' to other suitable services
3. Possible support for patients and carers
4. Improving prescription processes and handling (online > face to face)

Staffing & Resource Update

SP noted that again there were staffing shortages within the nursing and pharmacy teams, and that the practice was having to manage increasingly challenging financial pressures.

Performance

Klinik was now handling the highest numbers of contacts to date, but efforts were being made to examine potential improvements in operational aspects of using the system, alongside reviewing the online form itself and resultant actions.

The GP Annual Survey (with 200 patient respondents) will require an action plan and consultation, with the likelihood that most issues will be around telephony improvement.

Website

The current website is a National product and SP is meeting with the development team to try to progress our requirements for the new version. These include the practices ability to make rapid information updates, alongside providing an adequate capability for the PPG functions.

Action: IB to review the current iteration of the new website and make recommendations for the PPG's needs

5. PEG Escalations

South Lewisham

AC noted that the CAB are interested in accessing a table and confidential space to provide information and assistance.

Action: JH to check room availability to facilitate CAB attendance at South Lewisham

Bellingham

PW reported that there were difficulties in arranging PEG meeting times that could encourage attendance; one of the difficulties of reaching out to a working population. The idea of moving to a actual plus online meeting may be a way forward for the practice as a whole

Action: JD to examine the practicalities of adding Teams conference arrangements to PEG/PPG meetings to facilitate improved representation and attendance.

Jenner

NS advised that the Jenner had held its PEG 're-launch' meeting, Chaired by Simon on an interim basis. NS will retain the Secretary Role. Invitations have been sent to previously interested patients to extend the scale of the Jenner PEG.

6. PPG Activity Update

AC noted that there was a request from Slimming World to attend the PPG's table arrangements. It was noted that as a commercial concern, that this could not be used as a marketing or recruitment platform. SP noted the need for their awareness of both inclusion and exclusion pathways.

Action: JD to check whether there is a real commercial conflict of interest with hosting Slimming World

7. Any Other Business

JD raised the issue of potentially reaching out to a broader range of patient groups, e.g. parents with autistic children or other peer support groups. As a starting point it was agreed that we should further research the potential.

Action: JD to develop and liaise with AC about development of a simple questionnaire suitable for staff and PPG members across our 3 sites, to determine the potential groups who might value closer contact with the practice.

Action: JD/SP to reach out to Phoenix Housing Association to potentially access their broader range of contacts/groups, who might also value working more closely with the practice.

8. Date of Next Meeting

Dates for future meetings are detailed here:

For the Modality PPG meetings 1 - 3 pm:

Tuesday 27th August
Tuesday 22nd October
Tuesday 17th December

For the S. Lewisham PEG meetings 1 - 3 pm:

Tuesday 13th August.
Tuesday 8th October.
Tuesday 10th December.

Action Points Summary

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