

Patient Participation Group (PPG) – Notes & Actions

Tuesday 23 April 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

1. **Apologies:** Janice Heredia (JH), Patient Liaison Officer. Stacey Dangare (SD) , Bellingham Secretary. Peter Clarke (PC), Jenner Chair.

2. Matters Arising from previous meeting

C/F Action: JD to liaise with IB to supply data overview and trends information for the records of this meeting and to agree data that may be shared at subsequent PPG meetings (in advance, wherever feasible), in the form of a performance dashboard.

C/F: As there have been no PEG meetings facilitated at the Jenner recently, both SP and the PPG committee expressed concern. It was therefore agreed that IB would try to arrange, in liaison with NS, the next 2 PEG meetings at the Jenner and attend if required.

It was noted that there had been no response from Dawn Leonardo to date.

Action: SP to help identify a 'JH' equivalent as a PPG link at the Jenner and ensure that diary dates are established for meetings (**provisional meeting identified as 9 May at 2pm**), with the first meeting identifying the 'next steps' to reinvigorate the Jenner PPG.

C/F Action: JD to continue to liaise with website IT Consultant (Ryan Burnett) re the setting up and running of the PPG pages which the PPG requested direct dialogue and input into, probably via Teams. No meeting has yet been arranged.

It was noted that Modality has created a PPG web-page with old PPG action point notes, which may be 'test' pages, although there is no clarity when the PPG will be provided with the facility to publish recent agenda's and other documentation.

Action: SP agreed to raise the issue at the next Medical Directors Meeting to express the PPG concern about the lack of web page development (and inputs from the PPG) to support the PPG. There are issues about who can have access to update the system, with centralised control vying with more responsive local access.

Action: SP had taken steps to liaise with the Phlebotomy Team to seek cooperation towards a more streamlined and efficient patient 'journey,' but this was proving tricky as it is run by Lewisham & Greenwich Trust. SP advised that the Practice would pre-print the phlebotomy request forms for the next day and provide these to the phlebotomy staff, whilst also creating a dedicated reception window to simplify the process for blood tests and results.

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.

Action: JD 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: DL to liaise with AC to initiate the establishing of regular free 'promotion tables' at the Jenner. SP gave his permission to set up a table, which seemed to be an impediment, as there had been no response forthcoming from the Jenner. AC will provide dates and times of proposed meetings for JH/Dawn to action (Monday – Friday), and a poster will need to be created to advertise the tables.

3. Modality Performance

Data on performance was provided on the morning of the meeting to IB, but not in a format that could be fully accessed on a mobile phone (filters were on and cannot be seen or adjusted on mobile devices). Regrettably this made the data unusable for the meeting itself. However, subsequent analysis by IB shows:

- Demand for GP services has continued to rise steadily as the access to services becomes easier, more than doubling from April 2023 to January 2024. This reflects the reality of latent patient demand and is a consequence of a greater opening-up of patient access through all channels (online, phone and face-to-face). This reached a high of over 8,500 contacts during January (or an average over 380 per day)
- The majority of 'contacts' (forms completed) with Modality are online, usually in the range of 55-60%.
- Telephone access remains a very important route into the practice, with over 8000 calls being received in January (an average of over 360 calls handled per day). However, the average waiting time for calls to be answered is still above 20 minutes, but there is considerable variation depending upon the day and time of the call (Monday mornings are a particular peak in demand)
- More and more cases are able to be appropriately 'closed' each day, rising to over 730 in January, as GP and support resources have grown and processes improved.
- However, there remains a backlog of cases, which are being progressively eroded, but are subject to build-ups as weekends and bank holidays create peak-load pressures which are difficult to manage with a finite staffing resource
- Access to nursing appointments has continued to improve, achieving over 3,000 appointments per month over recent months.

C/F Action: JD to arrange to provide a performance 'dashboard' to Committee members, covering key service areas, prior to the next meeting, and liaise with IB to agree what data can be more generally summarised and shared (post meeting) without undue commercial or political risk.

4. Modality Update

Klinik

SP informed the PPG that work was underway to restructure the Klinik processes with the aim to streamline contact reviews, closure rates and the use of follow-up appointments, where there are considerable variations in practice. A further move is to increase the capacity of GP triaging at each site. Currently waiting lists for appointments are reducing, but remain too high.

The prospect of creating a practice hub offers the potential to share good practice and reduce the amount of current variation in both processes and decision making, although will involve changes in established working practices.

Systems and Resources to Aid the PPG

JD advised that it is hard to issue NHS email addresses to the PPG without the presence of an NHS contract. However the PPG reiterated that a single NHS email for 3 Chairs and 3 Secretaries was simply unworkable.

Action: JD to find a viable option to 'NHS.NET' addresses, or find a means to facilitate them.

Action: JD unlock the existing single NHS email address as a means for PPG Committee members to access the existing shared Microsoft Teams capabilities, in part as a shared information and document repository.

5. PEG Escalations

Carers Access to Services (South Lewisham)

Following a very helpful presentation from John L. at the South Lewisham PEG (9 April 2024), drawn from deep personal experience, SP gave feedback on a very productive recent meeting with Imago to discuss how improvements could be made.

One of the challenges is around patient capability to 'consent' and unlocking the potential for easier proxy access to medical records and information by carers (this being ultimately a decision for doctors, who have to consider discretion and safeguarding).

Carer Representatives at PEG/PPG (Bellingham)

Following the helpful inputs from JL, it was agreed that it would be extremely helpful if he would be prepared to represent the PEG's/PPG as an informal representative.

Action: AC to approach JL to request his assistance in representing carers needs at the Practice

Pharmacy Provision (Bellingham)

Reasonable access to Pharmacy services was again noted by the Bellingham PEG. SP advised that the NHS body responsible for assessing the need for further pharmacy provision considers that the current provision is adequate. However, a bigger problem may actually be the simple economics of establishing any new shop based service in the area.

This led to a discussion about whether the Practice could do more to signpost the Bellingham cohort towards existing providers, but also to online delivery providers. SP noted the difficulties of providing information and would not favour any particular business (and breach fair competition requirements).

Action: SP was requested to further explore the possibility of providing fair and neutral advice to the Bellingham patient group to improve their access to pharmaceuticals (e.g. through delivery services).

6. PPG Activity Update

AC updated the committee on work towards creating information tables at both Bellingham and the Jenner (the latter still requiring assistance from DL). Details of planned coffee mornings and activities are all contained with AC's circulated spreadsheet.

7. Any Other Business

Modality (JD) requested help in relation to operating Covid clinics being operated at the Jenner.

Action: AC to request the help of PPG members to support the administration of the Covid clinics.

SP also requested help from the PPG in inputting and supporting 4 key work streams, namely

1. 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)

This will not require any special skills or knowledge, just a willingness to work with Modality Lewisham to represent the interests of patients in looking at and amending the current arrangements where needed, and have a genuine interest in the issue.

This would mean that you would become the PPG's go-to person for the preferred key area, helping the Modality make the best choices and arrangements.

This will not require a large amount of your time, but it will be important that you can agree to work with the practice as they move forward in each area, over a period of time.

Action: IB & AC to agree a note and communicate this request for assistance on 4 helpful work-streams to PPG members

8. Date of Next Meeting

Dates for future meetings are detailed here:

For the Modality PPG meetings 1 - 3 pm:

Tuesday 25th June
Tuesday 27th August
Tuesday 22nd October
Tuesday 17th December

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

Tuesday 11th June.
Tuesday 13th August.
Tuesday 8th October.
Tuesday 10th December.

Action Points Summary

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