

## Patient Participation Group (PPG) – Notes & Actions

Tuesday 27 February 2024 1-3pm

### Attendees

Alex Camies (AC), Chair  
Ian Baker (IB), Secretary  
Dr Simon Parton (SP), GP Partner  
Polly Wicks (PW) PEG Chair Bellingham  
Jo Daniels (JD), Modality Operations Manager  
Janice Heredia (JH), Patient Liaison Officer

### 1. Apologies

Stacey Dangare (SD) PEG Secretary Bellingham, Neil Sherringham (NS), Jenner Practice PEG Secretary

**Absent:** Peter Clark (PC) PEG Chair Jenner Practice.

### 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 Action IB:** 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 arrange, in liaison with NS, the next 2 PEG meetings at the Jenner and attend temporarily.

**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.

**Action: SP** agreed to raise the issue at the next National Board (under AOB) to express the PPG concern about developing web pages to support the PPG without their inputs.

**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.

**Action: JD** to explore the potential of using a networked printer (and EMIS) to access GP in the Cloud as a possible solution to efficiently provide Phlebotomy with blood requests.

**Action: JD** to also explore the possibility of using 'floor walking' as a means of efficiently assisting queuing patients requiring blood test requests

**C/F Action: JH** has reviewed the current patient registration process and determine whether this could be simplified and concluded online, and has updated the PPG form, but is now awaiting progress on the new website to enable an 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 and), although Monday morning (and bank holiday) peaks remained 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: AC** to liaise with Dawn Leonardo to explore the possibilities of establishing 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 be created to advertise the tables.

### 3. Modality Performance

No data on performance was provided in advance of the meeting, although JD provided a good cross-sectional run-through of the key data now being collected via Klinik, at the meeting itself.

**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 could be more generally summarised and shared (post meeting) without undue commercial or political risk.

**NOTE:** Ian and Jo discussed the issue subsequently (8 March) and agreed a way forward, where Jo will provide a password protected set of data to Ian, who will in turn carefully edit and summarise the data so it is safe to communicate more generally, and run it past Jo prior to circulation in these notes. The data has still not yet been provided to Ian to include in this note (as at 27 March 2024).

### 4. Modality Update

Owing to the pressure on time, it was agreed that this item had been largely covered earlier and that the PPG should concentrate on the issues it wished to raise (under the next item).

### 5. PEG Escalations

Bellingham PEG:

- i. Performance Data: This was largely covered under item 3 (above)
- ii. Health Coach/Wellbeing Programme: The Bellingham PEG noted that patients were largely unaware of these, and were particularly interested in what goals and outcomes Modality has set or is expecting in relation to these activities? SP advised that the activities were very much 'individually led,' but all were geared to better outcomes for each patient and thereby for the practice as a whole. The PPG were asked to note that there have been 892 appointments since the 28 January.
- iii. Ongoing Pharmacy access Complaints: Bellingham reported that there were still many complaints about the lack of easy access to a pharmacy in the area. SP advised that he has already raised this issue at various levels, also into the Pharmaceutical Needs Assessment (PNA) established via the Public Health Dept. and Local Authorities who note that they are aware of the situation and believe that the need is 'adequately met.' The PPG would support further lobbying, and SP agreed to explore who to contact.

**Action: SP** to identify and communicate the most appropriate person to lobby on this Bellingham Pharmacy issue

### 6. Any Other Business

Modality (JD) requested help in relation to the divers for queuing at receptions (x 3)

The PPG believes that there is still a very large lack of understanding across the patient cohort, about the new prioritisation arrangements and the rationale for the new processes (as well as their effectiveness). This was largely a question of 'marketing' the new arrangements to all patients, so they were better understood and more likely to be accepted. Ideally this should be relayed across all of the channels, but accompanied with a simple leaflet, produced to give to every patient who attends the practice

The PPG suggested a simple 'script' along the lines of:

- There are 3 ways to access help; online (preferred)/phone/face to face
- Every contact is now prioritised according to clinical need, and not who phones first!
- Urgent cases are seen the same day, which means other patients may have to wait a few days if they need to be seen
- Where possible a GP will contact you by phone, if the issue can easily be resolved or further information is needed
- If you can be helped by another part of the service (e.g. practice nurse, pharmacy, etc.) your details will be passed on to them and you will be contacted as soon as possible
- The big advantage of these new arrangements is that those in most real need will be assessed by a GP and seen or contacted very quickly (usually the same day).
- Everyone who needs one will be given an appointment.
- You can still access the practice even if you don't have a smart phone or PC, and everyone gets the same degree of care, with a GP reviewing all 'contacts' (by phone, in person or online) that are received.
- Wherever possible, we would like you to access our help online (at ..... ) as this gives our clinical and administrative staff more time to provide real care to everyone, so please help us with this if you can.

## **7. Date of Next Meeting**

Dates for future meetings are detailed here:

### **For the Modality PPG meetings 1 - 3 pm:**

Tuesday 23rd April.  
Tuesday 25th June  
Tuesday 27th August  
Tuesday 22nd October  
Tuesday 17th December

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

Tuesday 13th February.  
Tuesday 9th April.  
Tuesday 11th June.  
Tuesday 13th August.  
Tuesday 8th October.  
Tuesday 10th December.

## Action Points Summary

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