

Patient Participation Group (PPG) – Notes & Actions

Wednesday 30 April 2025 1.30-3.30pm

Attendees

Alex Camies (AC), Chair
Ian Baker (IB), Secretary
Janet Haagensen (JH), Jenner PEF Chair
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
Jo Daniels (JD), Modality Operations Manager

1. Apologies:

Stacey Dangare (SD), Bellingham PEF Secretary

2. Matters Arising from previous meeting (26 February 2025)

SP & JD to update the PPG on the proposed improved communications to patients.

JD advised that she and Pat Medford now have access to amend many areas of the new website (url: www.modalitylewisham.co.uk), which is now much improved in terms of structure and content, also with the ability to now add PPG content (via Jo and Pat). The latest website is identified as the primary location for improved patient communication.

Action: PPG to review the new website and provide comments about areas of improvement

Action: SP to provide appropriate information and contacts about prescription budget allocation and pressures to enable the PPG to begin a lobby process if/when appropriate.

SP advised that he had now received permission to share prescription budget related information that is now in the public domain. There has fortunately been a significant reduction in the predicted medicines overspend for 24/25 across Lewisham. However, a new programme is underway, for 25/26, to further reduce the medicines overspend pressures across South East London; this is likely to mainly target the 'over the counter' available medicines (e.g. vitamins, paracetamol, anti-histamines, etc.) as well as expensively prescribed 'specials'. Currently, Modality Lewisham is rated Amber (10-20% overspent) alongside approximately half the other GP practices across Lewisham.

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: Sian will 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).

SP noted that this had not yet taken place, but this is an area of continued focus, particularly in relation to improved triaging and associated processes; e.g. analysis has shown that where appointment self-booking links are sent to patients only 60% are taken up (requiring the practice to further follow-up with the 40% of unresponsive patients).

Action: JD It was requested that improved data and information sharing, would aid the constructive help from the PPG and PEF committees, particularly the substantial data available and relating to each site, not just at Modality level.

JD advised that this was not feasible as the data sets were for Modality as a whole and not distinguished by site.

3. Modality Performance

JD shared a new performance dashboard with the PPG Committee Members, providing data on Klinik contacts per day (approximately 450-500), the number of Klinik contacts completed online v. phone and staff (50% in March), call volumes (5720 for March with waiting times averaging 6 minutes, with peaks of 36 minutes at 8-10 peak times). Over 4400 GP appointments were offered during March (helped by utilising locums to cover gaps) with relatively few 'did not attend,' and providing around 1800 nurse appointments. Friends and Family data for March indicated very high levels of satisfaction with the practice, with the vast majority (approximately 94%) providing 'very good' and 'good' feedback.

JD agreed to share this data dashboard for each PPG Committee, but asked that the document itself not be generally circulated outside of the Chairs and Secretaries.

4. Modality Update

Key Tasks - Update

Carers Strand (3)

There has been a delay in the delivery of the carers pack for which Simon apologies and takes responsibility for. A huge thank you to John Liebthal for his patience and support .

We are now almost ready but need to work on testing and feedback as well as distribution.

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

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). IB agreed to lead/inform 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 a review of the practical layout/usage and signage at the Jenner and Bellingham sites. IB will obtain building plans to help enable the reviews.

Staffing & Resource Update

SP noted that staffing levels remain stable, although overall resources continue to be tight. There is the potential to recruit 2 new admin staff as well as 2 nurses.

AC questioned whether there were further opportunities to utilise volunteers (in the same way that they currently support vaccination programmes)?

5. PEG Escalations

South Lewisham

There were no specific escalations from South Lewisham

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

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

Jenner

Sharing contact point/s for each key task group

IB noted that at the present time, he was probably the main point of contact for those wishing to participate in any of the key task strands. IB also offered to attend the next Jenner PEF in order to explain what was being done in each strand and give an opportunity to discuss the issues and progress.

Action: NS and IB to arrange Ian's attendance at the next Jenner PEF to share information about the key task programme.

Brief update note on each key task strand for sharing

IB explained that the notes and actions for each key task strand were inevitably rather long to give the necessary context for the direction and decisions for each working group; and it was hard to provide a short meaningful summary without losing this

context. IB indicated his preparedness to attend PEF meetings on an ad hoc basis to help inform and discuss the ongoing work, as a way forward.

Modality newsletter request (not PPG)

Please see the Bellingham escalation above.

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.

A discussion took place about how we might expand these routine and well established PPG activities to the Jenner site. It was suggested that the following may help build an appropriate format relevant to the Jenner patient cohort:

- i. PEF representatives from the Jenner attend and review the event arrangements currently organised at South Lewisham
- ii. AC and IB to attend an appropriate Jenner PEF meeting to explain the longstanding arrangements at South Lewisham
- iii. The Jenner PEF consider what would be the most appropriate audience and format to appeal to Jenner PPG members (e.g. mother and baby sessions)
- iv. Identify a Jenner PEF member prepared to liaise with and organise the proposed events

Action: JH and NS to liaise with AC to begin to move the PPG activities to the Jenner, forward.

7. Any Other Business

JH raised the issue of the nomenclature of the 'Golden Agers' coffee mornings, feeling this was both slightly antiquated and demeaning.

After a short discussion it was agreed that a change in the naming of the event was probably desirable, and might be simplified to something like 'Over 55's Coffee,' to make it more inclusive.

Action: PEF's to take soundings about the desirability for changing the name from 'Golden Agers' to something more appropriate, and notify AC/IB.

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

Wednesday 18 June

Wednesday 20 August

Wednesday 29 October

Wednesday 17 December

Action Points Summary

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