

Notes and Actions

Meeting Thursday 13 February 2025 1-3pm

Attendees:

Alex Camies PEF/PPG CHAIR ((AC)
Ann Talbot PEF COMMITTEE (at)
George Gard PEF COMMITTEE (GG)
Pat Bennett PEF MEMBER (PB)
Denis Costello PEF COMMITTEE (DC)
Jacky Gulczaynski PEF MEMBER (JG)
Maureen Donovan PEF MEMBER (MD)
Simon Parton - GP Partner (SP)
Ian Baker PEF/PPG SECRETARY (IB)
Mike Redfern PEF Member (MR)
V Balachandra PEF Member (VB)

Apologies

Janice Heredia - Patient Liaison Officer (JB)
Elizabeth Atere-Roberts PEF COMMITTEE (EAR), Andrew Smith PEF COMMITTEE (AS), Joan Carter PEF COMMITTEE (JC), John Liebthal PEF MEMBER (JL)

Matters arising from previous meeting (10.12.24)

C/F Action SP: Saturday Patient Medication Review Surgery update.

SP said Board happy to proceed; need staff to cover but otherwise ready to proceed.

Action SP: Pharmacist Staffing for Saturday Patient Medication Review still to be identified

Action SP. SP asked for GP survey to be sent out for feedback

AC said link to the survey was sent to SLGP PEG members and also to Jenner and Bellingham Chairs for onward transmission to their members asking them to provide feedback back to Modality Lewisham. Action closed.

Action JH/SP will review the PPG information document, for the PPG to further consider prior to the potential issue and online posting. NB: *this refers to the documents Janice found which at last meeting thought to be a test piece*

Action SP/JD/JH PPG information and documentation is effectively on hold until the new website is considered fit for purpose by Modality. The PPG requested that the recommended structure and content (previously provided) continue to be the basis for the PPG/PEF's to communicate with the broader patient group.

AC outlined discussions regarding the confusion between PPG and PEF and that a name change had been suggested. AC said understood confusion but would have to be a decision taken by the Modality PPG Committee.

Action All: to note the issue of PPG/PEF name confusion and to adopt the preferred naming convention discussed by the Modality PPG meeting on Tuesday 17th December, replacing the PEF name with 'Patient Engagement Forum' (PEF).

SP has no objection to sharing anonymised data with the PEF, providing the information was not shared outside the meetings. SP explained that the new website may assist with data sharing; however the new website is incomplete and has been sent back to the developers. AC explained that data was shared at the Modality PPG meeting and discussed. IB then simplified the data to be passed on to members for ease of reading.

Action JD/SP: to produce timely Data sharing suitable for Modality's PPG committee as well as for the PEF's. PPG and PEF's to respect the confidentiality of any data provided.

SP noted the challenge of optimising the problem with pre-planning/paying for winter vaccine's that are not then utilised; this being a great waste of resources.

Action: SP to plan for a well advertised Flu & Covid campaign in autumn 2025/26, combined with a walk-in service to optimise patient take up through Modality. SP also noted that there was some potential that vaccinations could be polled borough-wide in the future.

Action: JH to continue to liaise with the DWP to agree a regular table presence at the surgery. Currently the DWP need to complete a formal risk assessment.

Action: JH to review posters and banners throughout the surgery and remove any providing out of date or incorrect information

Action: SP to check the issue regarding the use of the TV in reception as the PEF agreed that this was probably the most effective way to communicate key messages to visiting patients. The simple creation of automated Powerpoint presentations could be used to create and display good content on the TV as well as online or through social media.

Feedback from PPG Meeting (17.12.24)

AC confirmed the provision of the notes and actions for the PPG Committee meeting on 17 December, which provides fuller information about the meeting. Some key points raised during the meeting include:

- Online contact with the practice remains steady at around 57%, with telephone contacts being at similar static levels.
- In relation to Klinik, the biggest area of carry-forward contacts is in relation to appointment requests, generally where a specific GP is requested or where there are competing requirements.
- Access via the Klinik system has now changed to the hours of 08.00-13.30 (with continuous clinician monitoring) and phones and reception remain open until 6pm during the week.
- In relation to the Key Task programme, the Carers Strand still requires final review and sign-off, the Prescriptions Strand has made positive progress and produced some quick wins, and the Signposting Strand has just commenced.

Practice Update

Performance Overview

SP noted that the Klinik contact form is now accessible online from 8am-1.30pm weekdays, where it is quickly and safely triaged by clinicians. Phone and reception access to the surgery remains in place until 6pm daily. SP also noted that there had been no diminution in the volumes of contacts, despite these improvements. *NB: any problems regarding prescriptions only can be put through Klinik, and but NOT prescription ordering.*

Telephone call waiting times remain at acceptable levels and the handling by the London Ambulance Service has improved the speed of answering with only a few issues about the quality of call handling, which are being addressed.

Hospital and 3rd party letters are now being directed to GP's and not via the Medicines Support Team which has improved the speed and quality of handling, to the benefit of patients, whilst also removing some of the pressures on the MST.

SP commented that a lot of effort has gone into fulfilling the contractually required performance targets during this last quarter.

Key Task Programme

IB & SP provided a quick verbal update on the progress of the Key task programme, with the Carers Strand requiring urgent review and distribution of the very helpful carers pack. The Prescriptions strand is producing some good early improvements having such a positive impact (particularly true in relation to managing the peak-load pressures arising over the Christmas period, the better routing and management of hospital and other letters [with the clearance of the 'backlog']. Also includes the imminent moves towards the focused change in Klinik as a query-only channel and the now established weekly training arrangements), and the recent commencement of the Signposting Strand.

Simon particularly apologised for the delay in finalising the Carers pack, owing to competing pressures and his own recent ill health.

Klinik and Website

SP reported that the new website (developed centrally) had been reviewed and found to be missing some key areas of functionality, although now did provide some measure of free text for use locally. This is now back with the developers to make the necessary changes, which include better provision for PPG's

SP noted the practice adoption of 'Heidi,' an intelligent (AI) voice to text system to aid the transcription and summary of notes from consultations.

Staffing

SP noted that there are a small number of new admin staff starting, with some GP recruitment likely later this year, although there were no significant under-staffing problems.

PPG Activity Update

AC advised that there was still capacity for groups to attend the surgery to pass on information and support. Currently planned are:

Healthwatch: 18 February to provide advice and advocacy and more sessions also booked. SP requested access to any feedback that Healthwatch may have.

Action: AC to request any data/feedback that Healthwatch may have to aid the practice.

Slimmers World: 1st Wednesday of month to tell patient about their free GP referral scheme. *NB: they are not allowed to talk about their Slimmers World membership.*

Citizens Advice: 2nd Thursday of each month

Carers Coffee morning: twice monthly

St Christophers Hospice: Still to be explored but offering help with clinical and non-clinical (end of life) issues

SP said DWP had agreed to come along regularly again but to do a risk assessment and waiting for more details.

AC also noted the availability of a new heart rhythm app, FibrCheck

Any Other Business

AT raised the issue of continuity of care. SP advised that every patient has a named GP (although many may not understand this) which can be changed at Reception if requested. Patients can specify the GP they prefer to see, although this may result in delays in being seen as it is more difficult to provide continuity due to reduced GP clinic time and the provision of larger numbers of routine appointments. AT indicated it would be good to understand any particular specialism held by each GP.

Dates of Next Meetings

Modality PPG meetings 1.30 – 3.30 pm:

Wednesday 26 February

Wednesday 23 April

Wednesday 18 June

Wednesday 20 August

Wednesday 29 October

Wednesday 17 December

Modality South Lewisham PEF meeting 1.30-3.30

Thursday 10 April **OR** 16/17 April (to be determined)

Wednesday 4 June

Wednesday 6 August

SUMMARY OF ACTION POINTS

Action SP: Pharmacist Staffing for Saturday Patient Medication Review still to be identified

Action SP/JD/JH PPG information and documentation is effectively on hold until the new website is considered fit for purpose by Modality. The PPG requested that the recommended structure and content (previously provided) continue to be the basis for the PPG/PEF's to communicate with the broader patient group.

Action All: to note the issue of PPG/PEF name confusion and to adopt the preferred naming convention agreed by the Modality PPG meeting on Tuesday 17th December, replacing the PEF name with 'Patient Engagement Forum' (PEF).

Action JD/SP: to produce timely Data sharing suitable for Modality's PPG committee as well as for the PEF's. PPG and PEF's to respect the confidentiality of any data provided.

Action: SP to plan for a well advertised Flu & Covid campaign in autumn 2025/26, combined with a walk-in service to optimise patient take up through Modality. SP also noted that there was some potential that vaccinations could be polled borough-wide in the future.

Action: JH to continue to liaise with the DWP to agree a regular table presence at the surgery. Currently the DWP need to complete a formal risk assessment.

Action: JH to review posters and banners throughout the surgery and remove any providing out of date or incorrect information. Also to ensure PPG notice board has clear access for viewing.

Action: SP to check the issue regarding the use of the TV in reception as the PEF agreed that this was probably the most effective way to communicate key messages to visiting patients. The simple creation of automated Powerpoint presentations could be used to create and display good content on the TV as well as online or through social media.

Action: AC to request any data/feedback that Healthwatch may have to aid the practice.