

Notes and Actions

Meeting Thursday 17 April 2025 1.30-3.30pm

Attendees:

Simon Parton - GP Partner (SP)
Alex Camies PEF/PPG CHAIR ((AC)
Ian Baker PEF/PPG SECRETARY (IB)
Ann Talbot PEF COMMITTEE (AT)
George Gard PEF COMMITTEE (GG)
Denis Costello PEF COMMITTEE (DC)
Elizabeth Atere-Roberts PEF COMMITTEE (EAR)
Jacky Gulczaynski PEF MEMBER (JG)
Maureen Donovan PEF MEMBER (MD)
Mike Redfern PEF Member (MR)
V Balachandra PEF Member (VB)
Carmel Francis PEF Member (CF)
Janice Heredia - Patient Liaison Officer (JH)
Pat Medford – Patient Services Manager (PM)

Apologies

Andrew Smith PEF COMMITTEE (AS), Joan Carter PEF COMMITTEE (JC), John Liebthal PEF MEMBER (JL), Pat Bennett PEF MEMBER (PB)

Matters arising from previous meeting (13.02.25)

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

SP said the Board is happy with the principal, but the budget and recruitment is still required.

C/F 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.

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.

C/F 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 that a new graphical format of data was now available and could be shared with the PPG committee, and that it was the practice aim to monitor performance and 'compete' within the changing market.

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.

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. SP noted that the Spring campaign has gone well and the practice is already beginning to plan for a well advertised Flu & Covid campaign (and potentially de-coupling the combined Flu & Covid vaccinations) in autumn 2025/26, combined with a walk-in service to optimise patient take up through Modality. SP confirmed that the practice fully supported the aim of universal take-up, whether delivered by the practice or others, and would adapt accordingly.

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.

JH said now been arranged that from 28th March DWP have a table in the waiting area every Friday afternoon from 2 – 5pm

Action: JH to review posters and banners throughout the surgery and remove any providing out of date or incorrect information

AC informed meeting that this action is now being dealt with the PPG Key Task Signposting Group. The review multiple and confusing posters and banners throughout the surgery, and their removal/consolidation, has now become part of the Signposting key task strand.

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.

SP has checked the issue regarding the use of the TV in reception, which is working but has no current MP4 content. The 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. The meeting identified this may include:

- Services offered by Modality and helpful information
- Friends and family data
- Current campaigns
- Performance
- PPG activities
- NHS advice and information
- Information and links to other services (signposting)

Action: All to provide potential patient information content to IB to translate into a suitable digital format for the SLGP TV

Action: IB and Pat to liaise to check suitable formats to run on the TV and secure some high-resolution images of the Modality logo for use.

Feedback from PPG Meeting (26.02.25)

AC confirmed the provision of the notes and actions for the PPG Committee meeting on 26 February, which provides fuller information about the meeting. Some key points raised during the meeting include:

- The average waiting times for telephone access continues to fall, with most waits being less than 10 minutes
- After triage, appointment slots are being organised and allocated on a same day/same week/routine (2-3 weeks) basis, with routine appointments continuing to be a problem, requiring better communication and management to avoid patient frustration and complaints. Sian is investigating 2 other Modality practices to learn from their good practice
- There was a review of the current Key Task programme, with the Carers Strand still awaiting final sign-off and publishing, the Prescriptions strand making good progress in some areas, and the Signposting strand has identified the key patient issues and is working out how to improve these.
- 3 new Patient Service Administrators are about to join the practice
- Work was progressing well with St Christopher's Hospice (who attended the meeting), with a series of actions being agreed to help move this collaboration forward

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. From October 2025 GP practices will be required to be open for access from 8am–6.30pm weekdays, although this is most unlikely to change the existing, clinically safe triage arrangements for online contacts. The Modality practice receives approximately 400 contacts per day, all of which are safely triaged, with a general reduction in seasonal variation being noted.

SP further noted that the practice cannot change the Klinik clinical tool or processes, and this may well require a review of the practice's future needs. The planned creation of a centralised 'triage hub' is one way the practice will be better able to manage patient's access/needs and more consistent outcomes

There is a considerable delay in delivering 'routine' appointments, which can be as long as 4 weeks (against a target of 2-3 weeks).

Telephone call waiting times are impacted by ongoing demand peaks but are generally now sub 15 minutes and improving.

On the positive side, Friends and Family data for March 2025, gives the practice a 91% good/very good rating, and all clinical targets for 2024/25 were met.

SP advised that a review of the latest website development indicated that there was lots of key content missing, and so could not be approved. Ongoing the practice will have limited access to directly amend some information fields, but all significant changes will have to be referred to and managed by the central Modality team.

Key Task Programme

IB & SP provided a quick verbal update on the progress of the Key task programme, with the Carers Strand nearing sign-off and publication of the very helpful carers pack, primarily developed by JL.

The Prescriptions Strand is focussing on a number of early improvements, including:

- reviewing the Voice Connect service (to establish whether it meets patient needs effectively),
- where possible, improving the connectivity with Pharmacies through the Meds Management System (MMS),

- the careful reintroduction of Electronic Repeat Prescriptions (ERD)
- the use of Klinik only for prescription queries (not for prescription orders)
- the improved management of incoming hospital & 3rd party letters requiring prescriptions
- forward planning of resources for peak loads
- regular training to improve the optimum routing and prioritisation of prescription requests

The Signposting Strand has identified a long 'issues' list, which identify the problems faced by patients requiring help. These embrace everything from the unavailability of medicines (and how to best manage this), the issues with managing patient expectations when their appointment is not considered clinically urgent, to the website design and content and the physical layout and signposting in the 3 sites.

The remaining Strand was identified as 'Patient Access/Navigation to Modality Services' (in effect, a process improvement approach to all key areas of the practice), some of which is already falling-out of the work currently in hand, but will be considered separately later.

PPG Activity Update

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

Healthwatch: to provide advice and advocacy and obtain patients feedback on NHS services overall.

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

Citizens Advice: to provide wide ranging advice on the 2nd Thursday of each month

Carers Coffee morning: the support group meeting twice monthly

St Christophers Hospice: is still to be explored to offer help with clinical and non-clinical (end of life) issues

DWP have now agreed to come along regularly every week.

Any Other Business

Re-Naming of PEG's to PEF's

The PPG formally agreed that the 3 Patient Engagement Groups (PEG's) should be renamed as Patient Engagement Forums (PEF's), without affecting their roles or organisational arrangements. They will continue to handle their own local patient issues, and continue to refer any broader matters to the PPG meetings.

Action AC: To amend relevant PPG documentation showing change of name.

Dates of Next Meetings

Modality PPG Committee meetings 1.30 – 3.30 pm:

Wednesday 30 April
 Wednesday 18 June
 Wednesday 20 August
 Wednesday 29 October
 Wednesday 17 December

Modality South Lewisham PEF meeting 1.30-3.30

Wednesday 4 June
 Wednesday 6 August
 October and December TBA

SUMMARY OF ACTION POINTS

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