

## **Notes and Actions**

Meeting Wednesday 29 October 2025 1.30-3.30pm

### **Attendees:**

Kate Tebbs – Executive Partner (KT)  
Simon Parton - GP Partner (SP)  
Pat Medford – Patient Services Manager (PM)  
Alex Camies PEF/PPG CHAIR (AC)  
Elizabeth Atere-Roberts PEF COMMITTEE (EAR),  
Ian Baker PEF/PPG SECRETARY (IB)  
Ann Talbot PEF COMMITTEE (AT)  
Denis Costello PEF COMMITTEE (DC)  
Joan Carter PEF COMMITTEE (JC)  
George Gard PEF COMMITTEE (GG)  
Geraldine Stupples PEF Member  
Maureen Donovan PEF MEMBER (MD)  
V Balachandra PEF Member (VB)

### **Apologies**

Andrew Smith PEF COMMITTEE (AS), Janice Heredia - Patient Liaison Officer (JH), Carmel Francis PEF Member (CF)  
Jacky Gulczaynski PEF MEMBER (JG), Mike Redfern PEF Member (MR) Julie Bowden PEF Member (JB), Pat Bennett PEF Member (PB), John Liebthal PEF Member (JL)

### **Matters arising from previous meeting (06.08.25)**

**Action KT/PPG:** KT to invite a small group of members who could add value to the current 'Capacity & Access' Team meetings which are being held weekly, and are primarily focused on the longer online opening hours and revised appointments arrangements required from October 2025, but will also cover broader issues. The initial suggestion was for AS, AT and IB to represent the PPG. These meetings have a formal agenda, but the discussions can be fluid depending upon the attendees, and take place from 1.30-2.30 on Fridays on Teams.

**Action KT:** Following AC's and the Registrar's reviews of the text message formats used by Modality Lewisham, it was felt that many of the text format issues may arise from the free-texting of messages. KT will remind relevant staff of the importance of clear messaging and the provision of name/titles.

**Action IB/KT/SP:** IB agreed to further discuss the potential needs of this 'business analyst' type role to support the various Key Task and other improvement initiatives (e.g. website), and support staff currently struggling to deliver these. It was agreed this should be discussed outside of the meeting, with KT and SP to agree and arrange.

**Action SP:** to pursue the web publication of the latest carers pack, to provide the easiest source of information and quicker dissemination.

**C/F Action KT/JD:** to explore how best to gather and communicate ongoing clinical and health news through the Modality website, to help keep patients well-informed about the practice, DHSC and other stakeholder initiatives. It was also noted that PM appears to have access to update key areas of the website, and should be authorised and facilitated to do so (particularly in the absence of JD).

### **Feedback from PPG Meeting (20.08.25)**

AC affirmed the circulation of the notes and actions for the PPG Committee meeting on 20 August, which provides fuller information about the meeting.

**Action SP:** SP updated the meeting regarding to the Jenner PEF's request that staff name badges be implemented. Dawn Leonida is currently exploring options and costs for hospital style black on yellow name badges, and there was agreement at the PPG that Modality should dictate a flexible naming convention that will work for patients as well as staff, prior to funding and implementation.

### **Practice Update**

#### **Performance Overview:**

##### **Extended Online Surgery Hours**

KT & SP advised that Modality Lewisham was now open online from 8-12 (for urgent cases) and 8-6.30 (for routine cases, with provision for 'urgent' cases beyond 12.00 to refer elsewhere (e.g. A&E). This had been implemented smoothly, but was not widely broadcast to avoid potential overwhelming of capacity. Through additional resources, particularly through the summer, backlogs have been substantially reduced and are moving towards the goal of all appointments being made within 2 weeks (currently, routine appointments can exceptionally still wait as long as 3-4 weeks). It was noted that the improved speed in actually making appointments has had the additional benefit of reducing pressure on the appointments system (as patients do no longer have to pursue progress on their initial request).

In relation to telephone access, there has been no noticeable spike in afternoon call volumes or waiting times since introducing the longer online hours and triage processes.

A positive note is that the Patient Survey results put Modality Lewisham in the top 3 performers within the Borough.

There is, however, still a problem with meeting medication review requirements and steps are being taken to explore how capacity can be improved in this area, as the MST is struggling. SP, further noted that there was increasing central pressure to reduce the spend, particularly on non-prescription medicines, as there remains a considerable overspend on prescribed medicines across Lewisham.

#### **Staffing**

KT advised that 3 new staff have been funded by the ICB to support the practice under the auspices of the Integrated Neighbourhood Team (INT), although this does not actually form part of the broader 'Neighbourhood Redesign' initiative. Whilst to some extent operating in as a stand-alone unit, the staff will be integrated into Modality; the aim is for the unit to be proactive, operate as a team, and provide capacity for an initial 1 hour thorough patient assessment of needs.

## Key Task Programme

Both IB and SP advised that due to pressures across the practice, the key task programme has largely stalled.

### Carers:

On the positive side, the carers pack initiative has been successful, although still needs the final push to make this available through the website.

### Prescriptions:

Whilst some progress has been made (e.g. managing peak loads and selecting standard medicine pack sizes) SP acknowledged that, as an example, in relation to our prescriptions work the communication arrangements discussed with the key pharmacies were not working in practice (e.g. where drugs are difficult to source, patients are simply being sent back to the surgery with no guidance about the availability of options) and needed to be addressed.

### Signposting:

This area continues to require the most work, with only partial delivery of some of the recommendations for the South Lewisham physical site being delivered, and no progress at all on the Jenner and Bellingham sites and still much work to be done on the website information.

AC advised that there is currently no option available on the website for patients to join PPG as before. Short discussion took place as to how previously was done and KT, JD and PM to review on website to see how could be done again.

**Action SP:** to agree a suitable Saturday to review the space and signage arrangements at the Jenner and liaise with IB (if available) to invite attendees. It would also be helpful to reach out to Lawrence Grace to pencil in a date to review the Bellingham site.

**Action SP/KT/IB:** to review the current Key Task programme and reassess priorities, to bring the scope more within the capacity of the practice.

**Action KT/PM/JD** to review PPG registration for patients to register via website.

## Systems

KT advised that the South East London ICB has now given approval for investment into 'Anima' (an AI driven document management system). This is being rolled out with the support of the Modality central team, and should enable faster and more accurate scanning and routing of documents, to the benefit of patients and the practice.

KT also provided a recent note from Lois Brown (Modality Central Team), advising of the revisions and improvements that have been made to the new website, although this still did not provide any improvements or functionality for the PPG.

**Action IB/AS/AT/EAR:** to further review the updated suite (on 31 October) and provide constructive feedback on the improvements and further requirements.

## Covid/Flu Programme

SP advised that 2 Saturday vaccination sessions have been completed and were moderately well attended, however the demand for Covid immunisation was poor to date.

District Nurses were undertaking home vaccinations wherever required.

A discussion took place to consider whether a vaccination programme should be run by the practice at all for next year, or perhaps done in conjunction with Pharmacies, or possibly leaving the programmes entirely to pharmacies who may be better placed to handle appointments and walk-ins (as they are smaller and generally have more capacity).

## PPG Activity Update

AC noted that she has updated and separately distributed the PPG coming activity programme.

AC also advised that she has been asked to help the Lewisham Care Partnership by sharing her experience of establishing active PPG's for 5 surgeries, alongside (at the request of the ICB) briefing link workers online about the PPG operation.

#### **Any Other Business**

SP advised that for a number of reasons he has stepped-down from his role as Medical Director, and is currently in the process of transitioning to his successor, Richard Johnson. Simon will, however, continue his role with the PPG and other key initiatives.

The PPG expressed their sincere thanks to Simon for his diligent work in creating a practice with an enviable patient centred focus and clinical record over the last 6 years, and with his positive role in making the PPG/Practice relationship really work. On a personal level the PPG acknowledged how smart and effective he has been to work with, and in his role as an ambassador for the practice.

IB advised that because of his health situation he was unlikely to be well enough to carry out his current duties as Secretary of the PPG and the SL PEF, and requested help from colleagues to cover his absences.

**Action SP:** to explore the use of 'Heidi' (an AI system capable of recording meetings and automatically distilling them down to minutes and notes) for future PPG and PEF meetings.

#### **Dates of Next Meetings**

##### **Modality South Lewisham PEF meeting 1.30-3.30**

Wednesday 3 December

##### **Modality PPG meetings**

Wednesday 19 November 1.00-3.00 pm

Wednesday 17 December 1.30-3.30 pm

## SUMMARY OF ACTION POINTS

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