

MB Patient Engagement Group – Notes & Actions

Thursday 6th July 2023 14.00-16.00

Attendees:

Ian Baker, Interim Secretary (IB)
Polly Wicks, Committee (PW)
Stacy Dangare, Committee (SD)
Dr. David Sharpe, GP Partner (DS)
Lawrence Grace, PSM Bellingham (LG)

Apologies:

Reanna Smith-Richards, Patient Liaison (RSR)
Alex Camies, Interim Chair (AC)
Joan Lindsay, Committee (JL)
Dawn Ellis, Committee (DE)
Ben Price, SPSA Bellingham (BP)
Jo Daniels, Modality Operations Manager (JD) – part meeting

1. Introductions

A few minutes were taken to give a brief introduction by all those present at the meeting (see above).

It was noted that in the absence of Alex Camies (Chair), Ian Baker (Secretary) would be chairing the meeting. It was acknowledged that both IB and AC were only fulfilling interim roles, in order to help Modality Bellingham re-establish an effective Patient Engagement Group (PEG) and would, in due course, make way for permanent holders of these positions drawn from the Bellingham patient body.

All were thanked for taking the time to attend and contribute to the meeting.

2. Matters arising

- Conflict of Interest-SD declared that she worked for the South East London Integrated Care Board.

Previous notes were approved. IB reminded the group of the contractual requirement for a single PPG to serve the three merged Modality practices, but that it had been recognised that there remained a strong need to retain patient engagement at a 'local' level at each site, hence the desire to re-establish an effective PEG at Bellingham. However, it was acknowledged that uptake was slow and that there was a need to find ways to increase local engagement with the group.

3. MB Performance (Key Indicators – targets v. actual)

There was no performance data made available prior to the meeting. LG informed the group that JD would likely be sharing the data at the next PPG on the 18th of July at the South Lewisham practice; however, LG clarified that they had not had an opportunity to speak with JD to confirm this.

It was recognized by the group that the introduction of Klinik has meant that Modality has the data required to help the group use to understand the outcomes for the Bellingham Green Practice.

IB reiterated the request for the provision of key access and clinical outcome data in advance of future meetings to help properly inform discussions.

Action: JD & LG to provide a meaningful dashboard of performance ready (in advance) for the next Modality Bellingham PEG meeting.

4. Practice Update

Klinik processes and responses

LG shared the results of the FFT which the Practice had been receiving via texts. He reported that since the introduction of the new Klinik system, the Practice had received 370 FFT responses. Feedback has been generally positive. Poor feedback is picked up and reviewed. It was noted that the service was anonymous which meant the Practice could not respond directly to the patient about their concern. Practice ensures that every request is auditable, however feedback about patients missing a GP phone call cannot be actioned as they are anonymous. DS pointed out that sometimes it is just difficult to work out what the problem is.

DS shared that the launch of Klinik had brought with it an increase in the number of call handlers. DS explained that there are a number of patients who have not reconnected with the Practice since the COVID-19 pandemic and explained that the practice is continuing to see some people presenting with issues that may have been delayed/ignored because of this. DS is hopeful that Klinik is improving the situation, and this is what we are beginning to see.

IB suggested that it was about pointing out to people the easiest way to access help from the Practice and that texts could tell patients the time they would be receiving a call from the Doctor.

LG pointed out that some people bypass the messages that sign post them in a bid to get through quicker. The group acknowledged the challenge of digital poverty and the importance of ensuring equity of access. This is mitigated by having processes in place to ensure that those who could not use the phone were supported by the reception staff. The help included training patients on how to use the apps or how to complete the referral forms, particularly for those with mobility problems. DS shared that reception staff were less stressed as they no longer booked appointments. The average phone waiting time was now 20 minutes.

It was recognised that people with the most urgent needs were now being seen. DS explained that people with Serious Mental Illness who had not attended their annual physical health check which is part of qof were contacted twice and in some cases 3 times. It was noted that the Practice only had a Mental Health Practitioner for one day a week. This meant that they did not have the capacity to take on more and could only support those most in need.

Other Practice Updates

DS shared that the salary doctor had started and that another doctor had recently been recruited. The Practice has also recruited 3 remote GPs who provide telephone or video consultation. All the patients

were triaged.

Practice is looking to recruit more receptionists and administrators. The Practice does not operate on the number of staff they need but rather the number of hours they need to cover.

LG shared that the Practice now has 'open tables' which started that morning (6th July).

5. Modality Bellingham PEG – Next Steps

The group acknowledged the very low uptake in PEG. PW suggested that the Practice use Open Table to engage local people. She also suggested that JD use the emails she received previously from people expressing interest to inform them of the new group that had been convened.

It was agreed that Polly Wicks (PW), would be interim chair and Stacy Dangare be minute taker until the group had more members willing to take up the roles. The current committee members are Polly Wicks, Committee (PW), Stacy Dangare, Committee (SD), Joan Lindsay, Committee (JL) Dawn Ellis, Committee (DE). At this time as the group is still not fully established it was agreed that both AC and IB continue to support the group until the Committee was in place.

The next PPG is on the 18th of July. Neither PW and SD are not able to attend. It was suggested that IB email both JL and DE to ask if they are able to attend the PPG meeting. Both AC and IB will be attending the meeting and would also support the Bellingham Practice.

The two issues that the PEG agreed should be escalated to the PPG from Bellingham were:

- * The lack of dashboard performance data requested to inform the PEG
- * The severe impact of losing the only nearby pharmacy (Lloyds at Sainsbury's in Bell Green)

Action: IB to email JL and DE to ascertain if they are able to attend the PPG meeting on the 18th July and brief them on the issues to be raised from Bellingham.

6. Date of Next Meetings

The following dates have been determined for the Modality PPG meetings (represented by the Chairs and Secretaries of the 3 PEG's)

PPG Tuesday 18 July (1pm-3pm)

PPG Tuesday 19 September (1pm-3pm)

PPG Tuesday 21 November (1pm-3pm)

It was therefore advised that PEG's should ideally be scheduled at least 1 week prior to these dates, to allow time for discussion and the raising of more 'strategic' issues from the PEG's to the PPG.

Action: DS to review his availability for PEG meetings prior to the PPG dates, and provide some options to the Committee members to determine the best compromise date and time.

Action: All to consider the preferred timing of future meetings to facilitate the optimum attendance at PEG meetings (in person or, potentially, online).

Actions Summary:

Action: JD & LG to provide a meaningful dashboard of performance ready (in advance) for the next

Modality Bellingham PEG meeting.

Action: DS to review his availability for PEG meetings prior to the PPG dates, and provide some options to the Committee members to determine the best compromise date and time.

Action: All to consider the preferred timing of future meetings to facilitate the optimum attendance at PEG meetings (in person or, potentially, online).

All previous actions remain open.