modality
Patient Engagement Group
M Bellingham

MB Patient Engagement Group – Notes & Actions

Thursday 15 June 2023 14.00-16.00

Attendees:

Alex Camies, Interim Chair (AC)
Ian Baker, Interim Secretary (IB)
Polly Wicks, Committee (PW)
Joan Lindsay, Committee (JL)
Stacy Dangare, Committee (SD)
Dawn Ellis, Committee (DE)
Dr. David Sharpe, GP Partner (DS)
Lawrence Grace, PSM Bellingham (LG)
Ben Price, SPSA Bellingham (BP)
Jo Daniels, Modality Operations Manager (JD) – part meeting

Apologies:

Reanna Smith-Richards, Patient Liaison (RSR)

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 both Alex Camies (Chair) and Ian Baker (Secretary) 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. Role & Responsibilities of Patient Participation Group (PPG) and PEG

AC outlined 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.

AC noted the importance of the PEG to provide a strong two-way channel of information and forum in relation to the Modality Bellingham practice, providing direct patient feedback on service issues and accomplishments, as well as monitoring service delivery and ensuring plans and changes optimised patient's needs. AC relayed that a key function of the PEG would be its role in helping to communicate effectively to the patient group served by the Bellingham practice. AC emphasised that the relationship between the PEG and Modality Bellingham should be mutually constructive and supportive, and was not a place for individual grievance.

AC then summarised the 'Organisation Representation Document' developed for the PPG/PEG's by the existing members of the PEG at Modality Lewisham, which was distributed at the meeting (which it is hoped will be made available online when Modality are able to create appropriate web pages/arrangements for the PPG/PEG's – although it is attached with these notes for those able to attend the meeting).

AC also briefly reviewed the Code of Conduct and Committee Roles that had been developed for use across the Modality PEG's/PPG.

3. Structure & Organisation of PPG & PEG's

This item was largely covered by AC in item 2 (above).

IB, noted that the Bellingham PEG would retain a great deal of autonomy about how it organised itself, but there was clearly a need to engage as many patients/carers as possible into the PEG, although this was only likely to be accomplished over time. Likewise, there was no imminent requirement to nominate or elect a Chair or Secretary for the PEG (as AC & IB were prepared to cover these roles for a short time), as there might be some advantage in seeing if more local patients were able to get involved and practically support the PEG.

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

There was no performance data made available prior to the meeting, however JD provided a brief verbal overview of the improvement in call waiting times at a Divisional Level, with call queues down from a high of 2 hours, to a more reasonable 30 minutes. This appears to be as a result of the changes brought about through the introduction of the new multi-channel Klinik system, allowing for a much better capture of patient needs and priorities and more effective triage and outcomes. JD recognised that much further analysis and work was required to understand the peak-load pressures on the service (principally phone calls) and how these could be best managed with finite resources. A meeting with PSM's has been arranged for Monday (19 June) to explore staffing options to best analyse and respond to telephone peak-load pressures.

The introduction of Klinik has meant that Modality was already now providing some of the best measured 'contact' and 'outcomes' of practices in the area.

IB made a 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.

5. Practice Update

KLINIK

LG and DS quickly explained the background to the introduction of the new Klinik system, which is in effect a multi-channel (phone, online, reception) tool, sometimes referred to as a digital 'front door.' Having been proven in other large and small practices elsewhere, it was designed to be a much fairer and more

efficient way to capture and prioritise needs, and also triage more quickly. This does provide a means to better 'signpost' or refer to other more appropriate services, and also mean that some patients may have to wait before being contacted or seen, but allows for genuinely more urgent cases to be seen on the same day. It now also facilitates 15 minute GP slots to allow time for proper consultations and diagnosis.

DS noted that, learning from the experience of GP services using Klinik in Croydon, putting in place ancillary services (e.g. in-house physiotherapy and mental health practitioners) was also an important way to improve patient outcomes and provide the most appropriate responses to need. These were already being put in place for Modality.

DS also recognised the importance and time required for genuine culture change, as staff and patients both had to experience and get used to the new processes. Culture change always takes time, and the experience elsewhere suggests that it takes around 18 months to 2 years to refine the new ways of working and for patients to be comfortable with them. Part of this 'learning curve' is about designing smarter information capture forms and helping patients provide the best information to allow for optimised triage. Modality recognises it is still in the quite early stages of this journey.

However, both LG and BP indicated that the initial signs were good. Data indicates that telephone response times have improved massively, as patients are able to use online and automated telephone request routes, rather than rely entirely on phone contact. This improvement in responsiveness has also meant that Reception queues and waiting times have also considerably improved.

6. PEG Activity Update

In view of the embryonic nature of this first Bellingham PEG meeting, the update was largely focused on getting the PEG properly underway.

AC explained that the PPG/PEG's has no charitable status, and no budget, so is reliant on support from the practice and its own members. RSR has been identified as an important support link to the PEG at Bellingham.

AC then explained the approach and documentation she had used to help build the South Lewisham membership of the PPG/PEG over time. She is happy to make this available to the PEG, but recognises that Bellingham may wish to use their own variants of this to meet the local patient population needs and grow the local PEG.

AC identified email communication has been a key route for information sharing with most members, although clearly this is not suitable for all (digitally excluded). The creation of a 'Patient Noticeboard' in the Reception area, accompanied by information leaflets may work for many who do not have online capabilities, and should be considered by the PEG & Practice.

AC then noted that the Modality Lewisham PEG facilitated many events to promote the PEG as well as to raise awareness of key health and welfare issues. Regular monthly coffee mornings (targeted at Golden Age patients and local residents) recruited speakers, on a wide range of health and financial matters, to attend and chat with attendees in a helpful and informal manner; these were very popular and appear to be useful and effective. Specific events, such as a promotion by the British Heart Foundation, were also adopted to raise awareness, as well as funds for the Charity. The organisation of a weekly 'advice table' also provided an informal means for patients to obtain good advice from various expert groups. Finally, the production of a regular newsletter was another means of raising awareness of the PEG as well as

providing useful information.

Lastly, AC provided hard copy documents explaining the Roles of the PEG Chair and Secretaries, for the information of those present, and for the potential adaption and use in recruiting these permanent positions for the Bellingham PEG.

7. Any Other Business

Modality Bellingham PEG – Next Steps

It was agreed that Polly Wicks (PW), Joan Lindsay (JL), Stacy Dangare (SD) and Dawn Ellis (DE), would form the base of the new Modality Bellingham PEG Committee.

At this time there was no decision taken about the appointment of a Chair and Secretary for the PEG, and AC and IB agreed to continue in their interim roles until the Committee was ready to make a decision on this, perhaps when the PEG membership could be grown.

8. 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).