

# Meeting of South Lewisham Patient Participation Group

at 2pm Thursday 13th July 2017, South Lewisham Group Practice

Present: AC (Chair). CB (Secretary). GG (Committee). EW (Committee). MR. JG (Committee). SLGP (Patient Liaison Officer). TJ. DB.

Apologies: DC. DF. EA-R. Dr RJ . DL.

Absent: RL

1. **WELCOME AND APOLOGIES** - presented by the Chair. Also apologies for the change of room due to ongoing decorating in meeting room with the result that no wifi/internet available for this meeting if needed. AC said Dr RJ unable to attend on time to a previous commitment but would try to pop in sometime during the meeting.
2. **UPDATES ON ACTION POINTS** - from meeting 23.03.17 as shown on minutes
  - a. **UPDATE ON POSSIBLE CLINICAL PHARMACIST AT SURGERY** – DB said probably happening. Two people are yet to be interviewed and finalised. Concerns were expressed about changes with medications and prescriptions needing to be checked first with those concerned. **DB to put forward concerns to GPs.**
  - b. **UPDATE ON WINLATON SURGERY TRANSFER** – DB said the Winlinton Road surgery transfer was effective as from 18th July (officially starting 4/8/2017). Two male GPs from Winlinton surgery are to join SLGP - Dr. Akii and Dr. Nish (these are shortened versions of their full names) along with their staff. DB confirmed letters have been sent out to all patients regarding the transfer.
  - c. **UPDATE RE WALK IN CLINIC** – DB said there is to be a **Walk-in Clinic** believed to be starting on 4<sup>th</sup> August '17 with hours to be arranged although may be mornings only as a trial. This generated a discussion with how this would fit in with GP Extended Access Service at Lewisham Hospital and how and with what criteria the services could be accessed. DB explained that patients would be able to attend SLGP as a walk in patient but would need to be prepared to wait and would have to see the GP on duty at the clinic. **Lewisham Hospital GP service** could be offered if no appointments available at the practice and if the service would be right for you. The hospital would have access to patient's medical records on being given permission to view by the patients. GPs from various surgeries in the borough serve the hospital so patients do not have a choice in who they see.
  - d. **UPDATE ON NEW SURGERY WEBSITE** – DB explained that now will now take longer to deal with because of the merger with Winlinton Road surgery.
  - e. **UPDATE RE PHOTOS IN WAITING AREA AND ON WEBSITE** - DB said still under discussion as some staff did not want their photos on the website. A question was asked about the **GP specialities being put on website** and DB said that these can be found on the website. AC pointed out that only their qualifications were on the surgery website but not their specialisms and asked if they could also be included. DB to look into this.
  - f. **UPDATE ON RECEPTION PC USAGE** – DB said had to be removed as with merger a shortage of pc's for staff. When in place it has some misuse as an internet café by 1 or 2 patients so careful monitoring needed. It was generally agreed that perhaps there was a need for **more pc's for general use and for staff** in view of the Winlinton merger.
  - g. **COMMITTEE MEMBERS NON-ATTENDANCE AT MEETINGS** – AC said drafted letter and will get **committee approval** before sending through post as emails not being answered.
  - h. **EMISS** – DB said all problems now resolved.
  - i. **HEALTH WATCH EVENT** – AC visited the Health Watch annual meeting for reports on what has happened in last year. She said she gained some interesting information being:-
    - The NHS has Advocacy services all over the country and this service is for any service provided by the NHS. In Lewisham borough NHS complaints must be put through Lewisham Advocacy Service (LAS) which is managed by Healthwatch. Criteria for complaints is that people **MUST** live in Lewisham. The question people making complaint must ask themselves is 'what are you trying to achieve by bringing the complaint?' Following the complaint LAS write to the Trust who then carry out an investigation. This can take a long time to sort so replies regarding the

complaint can take ages to come back. There may be a meeting with the Trust. After receiving the response the client must decide if happy or wants to push the complaint further. If still not happy the client has the option to take the matter to the Ombudsman which can take a long time again.

- Free condoms are being offered for young people under the confidential Come Correct, or CCard scheme. There is an online registration for 16yrs and over at <http://www.comecorrect.org.uk> . Available in participating chemist and also in many different venue including youth centres. App available to download. Other sexual services also available.

**j. INFORMATION STALLS** – AC said had a meeting with Practice Manager regarding the information stalls and was informed that the surgery plan was to have a Patient Services desk by the reception in the waiting area with a pc and printer, which initially would be manned in the morning. This was to cut down on queuing at the reception desk for those patients needing such things as presenting items to be photocopied or needing help, or information. Stallholders would also use this desk to avoid queuing with patients. DB said delays on this due to the Winlation surgery merger. AC said she was informed by Ageing Well that at their last visit the queue was lengthy so did not wait and found a small table and set up themselves. AC said then she visited on that day and found they had set up by the entrance to the door to the nurses area and this was not an ideal position. A suggestion was made that DB set up the stallholders table prior to their visit and label it accordingly to allow stallholders to be able to set up quicker. DB to arrange.

**k. OPEN CLINICS** -DB said no open 'clinics' at the surgery now. AC said she was advertising the weekly bookable No Smoking clinic through PPG.

**l. CENTRAL HUB FOR NETWORKING.** AC said Community Connections are helping to co-ordinate Neighborhood Community Development Partnership (NCDP) in the borough. Their Trevor Pybus invited AC as PPG Chair to become part of his Neighbourhood group. Any community groups, voluntary organisations and statutory agencies operating at a community level within the geographical areas of Catford South, Downham, Grove Park and Whitefoot wards can participate in the NCDP, with the exception of political parties. AC attended the initial meeting which outlined the plans and aims. Main aims of NCDP important to us as a PPG are:- Inform neighbourhood development plans to promote health and wellbeing: to reduce social isolation: Provide an opportunity for shared learning and networking. Next NCDP meeting 24/7/2017.

**m. SIGNAGE** - DB said new signs for the interior of the surgery now arranged with some already in place.

**3. FROM A MEMBER** :- *"everyone I meet complains of the unavailability's when trying to make an appointment"*. DB said 70% of the appointments were now available on line for GPs only. The Winlation Road merger now means their staff and 2 more GPs will now be at South Lewisham. Along with hopefully having a Clinical Pharmacist to ease the GP load and a Walk in Clinic a lot more appointments should be available. AC pointed out that patients could also be referred to the Lewisham Hospital Extended GP Access service if need be.

**4. WAITING ROOM** – See action point 2 j also. DB said the items on the TV screen which AC had said were too small to read in 1 or 2 instances could not be changed unfortunately but thanked AC for pointing this out.

**5. STAFF PHOTOS** – see also 2e. DB said more still to be taken, including the Winlation staff, but some do not want their photos on display. It was asked for the GP 'specialisms' to be displayed on the website as currently only the GP qualifications included. DB to put request forward.

**6. AOB** – It was suggested that to avoid queue waiting times another member of staff be called to reception to deal with such things as holiday documents, injections completing documents, photocopying etc. DB said this should already happen but report comments. AC said this was one of the plans to use the Patient Services desk for with DB overseeing.

The meeting was closed at 3.55 pm and the Chair thanked everyone for attending and to GG for making tea and clearing up. It was noted that Dr J was not able to attend due to prior commitments.

The next meeting to be arranged for September/October.

### **ACTION POINTS FOR NEXT MEETING**

- a. DB/DL/Dr RJ to update on Clinical Pharmacist and put forward concerns to GPs about changes with medications and prescriptions needing to be checked first with those concerned.
- b. DB/DL/Dr RJ to update on Walk-in Clinic usage and patients use of Lewisham Hospital GP Extended Access Service.
- c. DB to update on new surgery website.

- d.** DB to arrange for GP specialisms to be added to surgery website.
- e.** DB/DL to update on provision of additional pc's for staff and patient use.
- f.** AC to send letter re non attending members to Committee for approval before sending.
- g.** DB to arrange for stallholders table to be set up prior to their visit and labelled it accordingly.
- h.** DB/DL to update re Patient Services desk installation.
- i.** AC to report on next NCDP meeting.
- j.** DB/DL to update on unavailability's of appointments problems.
- k.** DB/DL to update re photos
- l.** DB to update re GP 'specialisms' to be displayed on the website.
- m.** DB/DL to update re another member of staff being called to reception re patient with documents etc.