

MINUTES OF SOUTH LEWISHAM PPG MEETING

Thursday 21st September 2017 2 pm at South Lewisham Group Practice

1. **PRESENT:-** AC (Chair), CB (Secretary), GG (Committee), EA-R (Committee), DC (Committee), JG (Committee), DF (Committee), RML (Member), EW (Member), PJ (Member), Dr RK (GP), Dr SP(GP)

APOLOGIES: - DB (SLGP Customer Liaison), DL (Practice Manager), EW (Committee), MD-R (Member), SH (Member)

The meeting was opened by AC Chair;

2. **UPDATES ON ACTION POINTS FROM MEETING 13TH JULY 2017 AS PER MINUTES**

In DB's absence Dr RK provided updates.

a. CLINICAL PHARMACIST - Dr. RK said consent for a Clinical Pharmacist obtained and interviews are now to take place. The Clinical Pharmacist will be seeing patients as a part of the GP practice team and have access to patient records. Duties will include looking medication issues, extra help to manage long term conditions, advice on medications and will they will liaise with GPs regarding any changes which may be advised.

b. WALK-IN CLINIC/EXTENDED GP ACCESS SERVICE –

He explained that the contract at the Walk In Centre at New Cross is coming to an end in December and that there are public consultations going on currently before renewing. AC said she had been informed that, if it closes, the current GP Extended Access service at Lewisham Hospital will be extended to have more appointments available, but NHS to look at options. Dr RK said that when GP practices closed appointments could be made via the 111 service and SELDOC for the extended access service. General discussion took place and a concern was travel to the Hospital and parking.

Dr RK said that the surgery is trialling a same day service and this is based in the nurse's old area by Chiroprody. Patients unable to get an appointment but feel need to be seen urgently will be Triaged, and if needed, offered the same day service with whichever 2 GPs on duty in the surgery at that time. May be a wait of half an hour or so.

c. d. k. & I. WEBSITE – Dr RK was unsure what was happening with current website changes but understood either GP photos or specialities to be put on website. No new website planned currently but may be for future. AC said again that some of the items on the waiting room screen could not be read as print too small. Dr RK to put to PM (Assistant Practice Manager) as she is IT person. AC to take both points forward to next meeting.

e. ADDITIONAL PCs - Dr RK said staff PCs sorted and PC in waiting room being returned soon and with more help for patients.

f. NON ATTENDING COMMITTEE MEMBER – AC said letter sent out, after committee approval of wording, giving until 4th August to respond or assumption made has resigned from Committee. As no response, all agreed we assume resignation, and AC to write to member to confirm still being kept on as a member with ability to take part in meetings if required. AC said this now leaves another space for a Committee member making 2 vacancies. It was suggested that 2 members attending the meeting may want to join the Committee. AC explained what involved and RML and AT proposed and seconded. AC welcomed them to the Committee and said would email full details on role to new member.

g. STALLHOLDER TABLE – DB (Patient Liaison Officer) to deal with this but is away due to sickness. AC put for update at next meeting.

h. i. & m. PATIENT SERVICE DESK - Dr RK said as far as aware still plans for desk in waiting area for such things as new registrations, copy documents etc. as this will reduce queues for appointments, but will incorporate new plans too. Currently if a hold up in queue another receptionist should be called to assist. Problem with appointments on line believed resolved.

i. **NCDP MEETING (Neighbourhood Community Development Partnership)**. AC gave an overview of the event which was looking at what is available in the area for various health and social problems. Some funding available from Public Health so decision needed as to where best to utilise any funding obtained. She said she had informed the attendees of the event about the surgery stalls initiative as a way of getting health and wellbeing information out to people. Offered paperwork for perusal if attendees required.

As Dr RK had to leave to start surgery asap AC changed agenda order until Dr SP joined meeting but minute numbering kept same for ease of reading.

3. **MCMILLAN COFFEE MORNING.**

AC told members that surgery want to do a coffee morning on Monday 2nd October to raise funds for **Macmillan Cancer Support** and asked if anyone could assist by making cakes or manning the stall. Several agreed to help on the day or make cakes for the day. Ac to help surgery with organisation liaise with helpers providing more details for the day.

4. **SAME DAY SERVICE**

See b. walk-in clinic/extended GP access service action point update

5. **WAITING AREA**

Dr SP he is taking forward a plan to redesign the waiting areas to try and break down barriers and design a patient led space which welcomes patients in. It will no longer be called a waiting area as this creates a negative vibe, nor a reception area as this makes it the surgeries', but will be called a patient centre. In the north of England some surgeries have roving 'hubs' and connections, however at SLGP the plan is to develop dedicated hub areas in the space available. The plan for SLGP current waiting area is: - a Clinical hub which will be the current Surgery Pod. An IT hub with Wi-Fi access and plug in areas for smart phones, and a PC for patients without internet access where they can book appointments, access notes, and order repeat medication. A PPG hub, with information and displays about local events, information/advice. Also an integrated care hub which would be used by the local authority and public health, and can be used for leaflet displays, health promotions such as cancer screening, no smoking etc. This will allow public health and the local authority direct access at a GP surgery when needed. He suggested a PPG subcommittee could liaise with him on progress and report back to Chair and CB, DC and JG agreed and were voted in. **AC asked they chase Dr SP end October for update and report.**

Dr SP also explained that during the next year **Lewisham Primary Care Academy** looking at being rolled in and, working with several other Lewisham practices, the hope is to look at how we deliver - focusing on demand, resilience and new models of care. He said this is an exciting piece of work that will provide a framework to shape our practice, working closely with our practice Colleagues, our patients and the PPG and the wider community. He will **provide reports on progress.**

6. **SIGNAGE PROBLEMS**

GG said that he found patients had a problem finding where to go in the surgery because of poor signage although this seemed to have changed recently. AC said as far as aware **new signs ordered and awaiting delivery** which should solve problems.

7. **CCG AGM**

AC gave brief overview of the CCG AGM offering literature for perusal if required, and stating further information on the CCG website www.lewishamccg.nhs.uk. Brief outline given to attendees. Said passed details of the PPG stall initiative to a several stallholders at the AGM.

8. **AOB**

AC reminded people that she would be doing the next edition of the patient newsletter and asked for articles, items of interest etc. etc.

ACTION POINTS from this meeting

- a. **CLINICAL PHARMACIST – DB/DL to provide update following interviews.**
- b. **SAME DAY SERVICE TRIAL – DB/DL to provide update.**
- c. **WEBSITE CHANGES – DB/DL to provide update re putting photos and GP specialisms.**
- d. **WAITING AREA SCREEN – DB to provide amend to ensure legible screen items.**
- e. **NON ATTENDEE COMMITTEE MEMBER – AC to write to member to confirm removal from committee but still retaining PPG membership.**
- f. **COMMITTEE MEMBER ROLE – AC to email role of Committee to new committee members.**
- g. **STALLHOLDER TABLE – DB to set up stallholder table ready for use by visiting stallholder on day.**
- h. **PATIENT SERVICE DESK – DB/DL to update re installation of patient service desk.**
- i. **MACMILLAN COFFEE MORNING - AC to help organise and liaise with helpers and surgery.**
- j. **WAITING AREA REDESIGN – Subcommittee members CB, DC and JG to liaise with Dr SP end October for progress reporting back to AC.**
- k. **LEWISHAM PRIMARY CARE ACADEMY – Dr SP to provide reports on progress either direct to Ac or via DB.**
- l. **NEW SIGNAGE – DB/DL to update re installation.**
- m. **NEWSLETTER – All to look for items of interest, possibly article etc. etc.**