

# MINUTES OF PPG MEETING

## 2pm 8<sup>TH</sup> FEBRUARY 2018 AT SOUTH LEWISHAM GROUP PRACTICE

### 1. WELCOME AND APOLOGIES.

Present: Alexandra Camies (PPG Chair)(AC), Rae Milton Lee (Committee)(RL), Denis Costello (Committee)(DC), Ann Talbot (Committee)(AT), Doreen Fellingham (Committee)(DF), Patricia Jones(PJ), Dawn Lait (Practice Manager)(DL), Dr Simon Parton(Dr SP), Dr Akneeswaran Jeganathapillai(Dr AJ)

Apologies: Elizabeth Atere-Roberts, George Gard, Carolynne Batley, Jacky Gulczynski

Committee Members absent: Elizabeth Wellington

*NB: Due to late comers to the meeting the agenda order was changed as appropriate therefore minutes are as discussed and NOT in agenda order. Areas highlighted are for action points only.*

### 2. MINUTES FROM PREVIOUS MEETING

Confirmed read and accepted. Updates below on action points 2a – 2m from meeting Thursday 21<sup>st</sup> September 2017 as shown on minutes of that meeting but in mixed order.

- 2a. CLINICAL PHARMACIST** - DL explained new GP Dr Akneeswaran Jeganathapillai, at the surgery on cover for 1 year, was to come into the meeting for brief introductions.

DL informed us that Newly Qualified Clinical Pharmacist Emma Whale started last month and is to compliment the GP by monitoring long term conditions. Pharmacist are more qualified with regards medications than GPs. She will be at the surgery 5 days a week and will carry out medication reviews which should reduce what the surgery spend on medication and as on a smaller salary will be a budget advantage. There is now a change to prescriptions given in Lewisham whereby prescriptions are no longer to be given for minor illnesses and patients are encouraged to manage and self-medicate at home.

RL asked if there would be direct access to the Clinical Pharmacist and DL said the GPs would refer to begin with. AC asked if any changes to the annual medication reviews. DL said patients tend to make appointments independently although some need may need reminding. Often flagged up on the repeat prescriptions or on GP screen at patient appointment. DF joined the meeting at this time. AC asked about the annual Thyroid blood testing and DL said 2-3 specialities would be dealt by the Clinical Pharmacist to start with and then will expand on them.

- 2b. SAME DAY SERVICE TRIAL** – AC asked for an update on the Same Day Service (SDS) as understood that some patients, particularly those with young children had apparently had to wait around 2 hours. DL said there was a struggle with demand for GP appointments as we were now such a large surgery and they had to decide on the outcomes i.e. patient education, urgent care and possibly free prescriptions. Patients are given 5 minutes slot for the SDS but this is a first come first served, sit and wait service. 2 GPs are in duty for SDS from 8am and see 40 patients each day. There is no Triage element to the SDS from non-clinical staff (receptionists) but young children or vulnerable patients will be fast tracked. The system is constantly under review as newly in place and some 'tweaking' may be necessary to the way the service is run. Please note that the SDS is different from the same day appointment system which has been in place for a long time now. The SDS can be booked on line, by telephone or in person.

Dr SP entered at this point.

Dr SP said it is a challenge to enable patients to see a doctor on the same day as no infinite appointments so patients need to plan care. If no appointments are available the Extended GP Access Service is at Lewisham Hospital where there are also nurses appointments but can be difficult to get as there is an incorrect use amongst some GP practices. Appointments for the extended access are released in blocks throughout the day to help this.

AC said she understood the New Cross Walk-In Centre was to close next month and asked if that was still the case. Dr SP said the contract is up on 31<sup>st</sup> March and had been appealed so far without success. He said that other options were Beckenham Beacons walk in which was actually under Bromley area so they may be reviewing the Lewisham access or Lewisham A & E Urgent Care Unit. DL said some evidence that once New Cross closes there will not be the demand feared so needs review.

- 2. h/j/l. PATIENT SERVICE DESK / WAITING AREA REDESIGN / NEW SIGNAGE** - Dr SP said that they have applied and awaiting agreement to portable laptops which a roving receptionist can use in the waiting area. The receptionist/Care Navigator will then

be able to signpost waiting patients or deal with the requirement such as forms etc. but not to determine blood result. This will be rather like the 'greeter' person the banks now use in their main halls. DL said that a level of training will be needed. Dr SP said that he has a meeting arranged with Fiona Kirkman from Lewisham Council and Trevor Pybus from Lewisham's Community Connections regarding the waiting area hubs. He said that moving chairs in the waiting area has been tried, but they get moved around more by patients and also cleaners. New ideas will be trialled and looking at using tables with information books on for patients to peruse whilst waiting, but need to do risk assessments and suggested PPG create the books which AC agreed could be done.

DL asked that any ideas for the redesign of the waiting area be forwarded i.e. pictures etc.

Dr SP said the surgery has been successful in a bid for money to train staff in group consultations for such conditions as diabetes etc. AC said that would fit in with other groups at the surgery.

Dr SP said looking to do some disability training for staff so can more help for patients who are blind/partly sighted, deaf etc. and needed to find a course DF said try local authority and AC asked to enquire from PPG network.

**2k. LEWISHAM PRIMARY CARE ACADEMY** – Dr SP explained that a Primary Care Academy has been set up

Dr Akneeswaran (Akee) Jjeganathapillai joined the meeting at this point and Dr SP introduced him asking AC to explain a little about the group. AC briefly outlined group activities and said would add him to PPG mailing list. Dr SP explained that change to the SDS on appointment has been clinician led but is now to try co-production to create a system that works.

DL said the surgery building is not owned by SLGP and it is looked after by a management company. Finally after 2 years of having no heating and constantly chasing the management a quote has finally been done to complete the heating replacement at the surgery which is proposed to start Spring/Summer and should last around 16 weeks. The work will be carried out mainly in the evenings and weekend between 7pm and 4am, so little or no disruption to staff or patients. During this work however the car park will be 1/3 smaller

Dr SP said SLGP are now part of the Lewisham Dementia Pathway and they are to meet community health teams to talk through patient needs with the relevant bodies which are Mindcare, Dementia Friends and Lewisham council.

**4. PATIENT LIAISON OFFICER** - DL explained that in recent month the surgery has lost 5 members of staff including our Patient Liaison Officer (PLO) Deepti Bhalla who worked with the PPG. She said that as soon as new staff trained a new PLO will be appointed.

SP said that it is hoped that the appointment of the clinical pharmacist will help to improve such things as Hypertension (blood pressure) rates. A general discussion then took place on alternative therapies such as Mindfulness and Meditation and how they can help.

**2c/3. WEBSITE CHANGES/ OUTDATED SURGERY WEBSITE DETAILS** - AC asked about Surgery website updating. DL said admin staff did not want photos on site or in surgery and now the PLO has left it is all up to the Assistant Practice Manager to take on the task of updating the website to which is the only one with access, and TV screen but she has a heavy workload and is struggling. All agreed perhaps now time to change. AC said had a computer specialist for her own work who is also a friend and could ask him if can help and provide quote. DL suggested we contact Conisborough College asking if the 6<sup>th</sup> form pupils may be interested in taking on the website updates etc. as part of IT school work with the school agreement in return for allowing them to display artwork in the surgery and acknowledgement that the surgery support the college. DL to send AC email with detail.

**2d. WAITING AREA SCREEN** – AC asked that items placed on the waiting room screen be checked as often hard to see clearly. DL said thinking of piping music in the waiting are so patients at reception have more privacy. AT said modern technology in music can provide a sound curtain which will play music in a specific area of the room and is to research for more information.

**2f. COMMITTEE MEMBER ROLE** – AC said she had written to the non-attending committee member RL who has now been informed and will remain as a general PPG member. She explained the other committee member non attending at the time was written to as agreed but has again failed to attend and sent no apology. General decision was to write again to ask if wants to remain on committee.

**2g. STALLHOLDER TABLE** – DL said has 2 new folding tables for stallholders to use in the waiting area and now awaiting delivery. AC said has informed stallholders coming to the surgery to booking at reception asking for Practice Manager, Assistant Practice Manager or Reception Manager and DL confirmed correct and one of them would assist stallholder set up.

**2i. MACMILLAN COFFEE MORNING** - AC said £200 raised for the Macmillan Coffee morning and thanks all who helped. Also asked for newsletter items, articles etc.

**2m. NEWSLETTER** – AC asked all to look for items of interest, possibly article etc. as will be preparing for next issue soon.

**5. QUESTION FROM DC COMMITTEE MEMBER** - DC said hospitals are now very keen for patients and visitors to use the soap dispensers outside wards. He asked has a time come for similar soaps to be in place in clinics/GP practices to stop the spread of viruses?

DC asked if sanitary hand cleansers should be provided at the surgery and DL said they were already in place. Some said they had not seen them so perhaps need to be more prominent. DL explained that the some of the building was not part of the surgery so the surgery don't pay for sanitary cleansers their areas as too expensive.

## **6. PPG NOTICE BOARD UPDATING.**

AC asked for help to keep the PPG notice board by reception up to date now Deepti has left. DC and RL agreed to do it. DL said would put a folder on reception with items for the board if DC and RL then would regularly ask at reception for replacement items.

## **7. AOB – none put forward**

Meeting ended 4pm

Next meeting TBA March/April

## **ACTION POINTS FOR NEXT MEETING**

- a. **Clinical Pharmacist update - DL/Dr SP**
- b. **Same day service trial update - DL/Dr SP**
- c. **Patient service desk / waiting area redesign - DL/Dr SP**
- d. **Waiting area hubs - DL/Dr SP**
- e. **Information books on for patients to peruse whilst waiting – AC/DL/PPG COMMITTEE**
- f. **Ideas for the redesign of the waiting area – all meeting attendees**
- g. **Disability training for staff – AC to research for DL**
- h. **Lewisham primary care academy update - Dr SP**
- i. **Heating replacement at the surgery - DL**
- j. **Lewisham Dementia Pathway update - Dr SP**
- k. **Patient Liaison Officer update – DL**
- l. **Surgery website update – DL/AC**
- m. **Waiting area Screen update – DL**
- n. **Music in waiting area research update – AT (Committee)**
- o. **Non attending committee member – AC**
- p. **Newsletter items – all to look for items of interest**
- q. **PPG notice board by reception regular updating – DC/RL**