

MINUTES

PPG MEETING THURSDAY 23rd MARCH AT 2pm at SURGERY.

Present. AC/CB/GG/EW/RML/RJ (GP)/ DB/DC / JG

Apologies. DF/DL/EA-R/

Absent RL

1. **Welcome, apologies and introduction –**

AC introduced Ian Ross the new Lewisham CCG Director of Primary Care Development.

In view of IR and Dr RJs need to leave early the agenda order was changed with attendees consent.

IR explained that he was new to his role providing some background on it and informed us that Lewisham CCG will be overseeing Lewisham Primary Care. He informed us that the current primary care in force is not sufficient and the plan is to have an extension of the normal GP service, run by GP's, at Lewisham Hospital opening on 3rd April 2017 with extended hours to include weekends. If a patient is unable to get an appointment with their GP then, if urgent, they will be able to see a GP at the new unit and there also will be an on line consultation room where a patient may be able to speak to another GP when sited elsewhere. The unit will be in the former café unit opposite the ambulance entrance and more information on the unit and how to be run is to be published asap. A general discussion then took place.

AC asked as the Clinical Pharmacists are now going to be made more use of to help GPs would Vantage Pharmacy, next to the surgery, be used and the answer was no as the Pharmacists being used were part of the NHS and not independents. Dr RJ said that it was hoped that they could have a Clinical Pharmacist in the surgery to do such things as medication reviews etc...

IR left the meeting and AC thanked him for coming, providing the information and answering our questions.

2. **Walk round to new rooms at surgery/signage**

Dr RJ took members to view the new Nurses consultation rooms situated in the old nursery area next to the Training Room and asked that they give ideas on signage. Ac pointed out that a clear sign should be placed in the surgery waiting room showing the way to the new consulting rooms, and the Training Room sign was far too high so could easily get missed stating signs needed to be at eye level. She asked for a plan of the area to enable her to pass on more signage ideas. One of the new rooms is equipped for minor surgery carried out by Dr RJ. Consulting rooms of good size bright and airy and there is a small waiting area outside the rooms and a good size storage cupboard for the rooms. Members looked all around and passed their comments. Dr RJ explained that the old nurse's rooms are now to be refurbished for new consulting rooms.

Members all went back into the meeting room to continue with the agenda...

3. **Winlaton Road Surgery**

Dr RJ asked for member opinion as Dr. Sivagnanasundaram (Dr Siva) from Winlaton Road surgery is retiring soon then his practice will close. This will mean that the patients at his surgery would need to be cared for. SLGP are looking taking on his patients of which there are approximately 1900, and this would make SLGP one of the largest, if not the largest, surgeries in Lewisham. Their patient list does not have many older patients as SLGP have so would sit nicely with ours. If SLGP do take it over the increased amount of patients will mean more bargaining power re services etc. Dr S's son already works as a GP 2 days per week at Winlaton Road and would come over to SLGP those 2 days, meaning extra doctor at SLGP. The staff there would also transfer over to SLGP who would be looking for extra funding for telephones. A general discussion took place and the

general opinion was that it seemed a good move to make and should make the services more efficient for the extra patients being taken on.

4. Walk in clinic

Dr RJ said that the surgery is looking again at having a 'walk in' clinic. Currently appointments are booked on the day up to a month prior. The plan will be to refurbish the old nurses rooms as consultation rooms and the staff transferring from Winlaton Road surgery will man a reception desk in the area to book patients in. There would be 2 GP's sharing duty in the clinic but patients will not have a choice of GP.

CB asked if there should there be a counsellor on site or a specialist with responsibility for mental health in view of the borough cuts on same. Dr RJ said this was currently unknown and question to be deferred for a later date.

AC quickly ran through the next items for Dr RJ who had no further comments and left to start his surgery after being thanked for all his input...

5. Updates on action points from meeting 02.02.17

In DLs absence DB had been provided with her updates.

- a. **VAL MEMBERSHIP** – DB said VAL Membership now paid for five years so their facilities will be available to our PPG.
- b. **SURGERY WEBSITE, AND SOCIAL MEDIA POSSIBILITIES** – DB said A new website has been agreed and which will be more under SLGP control. Changes in hand and updates to be advised. GPs will comment on the system when installed. No plans to set up any social media currently as would be hard to monitor.
- c. **PHOTOS IN WAITING AREA AND ON WEBSITE** - DB said that not everyone wanted their photo up so being reviewed next month.
- d. **UPDATES ON WAITING ROOM SCREEN CONTENT** – DB screen up and running and still looking at items to put up including possibly "educational shorts".
- e. **ON LINE PPG APPLICATIONS** - DB said new website will have accessible joining forms
- f. **RECEPTION PC USAGE** - DB said still being misused by on occasion with people taking over pc to search the web, and tends to be the same culprits patients who have been spoken informing them only for online patient access to book appointments etc. Looking into blocking some of the usage.
- g. **PPG TRAINING DAY PRESENTATION** - AC emailed Committee.
- h. **FLY TIPPING IN PASSAGEWAY AT SIDE OF SLGP** - DB not sure who's responsibility the side passageway is. Ac said believed the building management company would be responsible in which case the surgery should write asking them to deal with it. A general discussion took place and it was suggestions included writing to local residents and putting up signs warning of legal action re fly tipping.
- i. **BUILDING WORKS AND PROBLEMS** – SEE ITEMS 2 & 4 .
- j. **ABSENTEE COMMITTEE MEMBER** - AC to send a nice friendly letter re non-attendance of meetings giving the chance to return when health is better. All agreed on Constitution word change on committee member non-attendance and AC/CB to re word.
- k. **NEWSLETTER** - All members to watch for interesting items for newsletter or provide a contribution. DB said to be put on line in due course when new web site in place.

6. EMIS problems

AC said had had an email from member LE to complain not yet fixed and asked if we could complain. DB said Emis are still working on the problem which seems to be more difficult to resolve than initially thought and are being felt borough-wide. General discussion arose as to whether SLGP should take the matter further as a service they pay for but not getting full use of. DB to put to surgery Managers.

7. Neighbourhood PPG meeting

AC informed group what they had been told about the new extended GP access service at Lewisham Hospital and also the Clinical Pharmacist plans as outlined earlier by Ian Ross. AC said will send out a copy of the Clinical Pharmacist handout given out.

8. Mini market place at surgery

AC said that she was really struggling to get groups and organisations to come along now. Many are having great problems with funding and so have reduced resources. She is to visit the Health watch event on 29th April where hope to meet more prospective participants. She read out an email from the new organisation SAIL giving feedback from their visit and said there had been similar comments in the past from others. The comments from SAIL were very negative, stating that they felt a rather uncomfortable where and how they were placed in the waiting area, and suggested changes as felt the initiative had great potential. General discussion took place AC to liaise with DL/Dr RJ to see if changes can be made.

9. Patient/Public Reference update

AC attended a consultation with the CCG on proposed changes to the way Palliative Care managed. Proposals were to have it managed by someone such as Macmillan who would oversee what was needed in each case. She urged people to get involved in the Public Reference events as this is out healthcare and we need to have more of a voice in how it is managed and run.

10. AOB

AC asked if a list of 'clinics' at the surgery (ie Stop Smoking) could be provided that she can add onto the networking poster and which are open to local residents as the Health Trainers were. AC said that she has been invited by Community Connections/Bellingham Project/VAL regarding the setting up of a central hub to facilitate easier networking with other groups as they were impressed by what we do already on networking. There was brain storming regarding how this could be organised and another meeting is to be set up in a few weeks.

Meeting finished at 4pm - date for next one TBA in June- the Chair thanked everyone for attending.

ACTION POINTS FOR NEXT MEETING

- a. Dr RJ/DB to update on possible Clinical Pharmacist at surgery
- b. Dr RJ/DB to provide update on possible Winlaton Surgery transfer
- c. Dr RJ/DB to provide update re walk in clinic
- d. DB to provide update on new surgery website
- e. DB to update re photos in waiting area and on website
- f. DB to update on reception pc usage and blocking of some of the usage.
- g. AC to send letter to Committee members re non-attendance of meetings
- h. DB to update on EMISS problems and suggested complaint
- i. AC to visit the Health watch event on 29th April and provide update
- j. AC to liaise with DL/Dr RJ to see if changes can be made re information stalls
- k. DB to provide AC with a list of open 'clinics' at the surgery
- l. AC to update on setting up of central hub for networking
- m. DB to provide AC with surgery plan if available for signage suggestions