

Patient Participation Enhanced Service 2014/15 Annex D: Standard Reporting Template

London Region South London Area Team

Complete and return to: nhs.cb.lon-sth-pcc@nhs.net by no later than 31 March 2015

Practice Name: Brockley Road Medical Centre

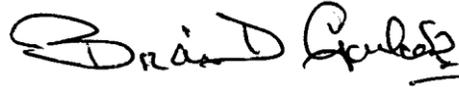
Practice Code: G85048

Signed on behalf of practice: Jacqueline Henty



Date: 26.3.2015

Signed on behalf of PPG: Mr Brian Garlick



Date: 26.3.2015

1. Prerequisite of Enhanced Service – Develop/Maintain a Patient Participation Group (PPG)

Does the Practice have a PPG? YES
Method(s) of engagement with PPG: Face to face, Email, Other (please specify) Face to Face meetings every 3-4 months, Also Virtual Group and from time to time opportunistic face to face
Number of members of PPG: We have 102 members in the PPG Face to Face group for hilly Fields Medical Centre and Brockley Road Medical Centre We also have a Virtual Group for both hilly Fields Medical centre and Brockley Road Medical Centre

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<p>Detail the gender mix of practice population and PPG:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;">%</th> <th style="width: 30%;">Male</th> <th style="width: 30%;">Female</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>8277</td> <td>8817</td> </tr> <tr> <td>PRG</td> <td>51</td> <td>51</td> </tr> </tbody> </table>	%	Male	Female	Practice	8277	8817	PRG	51	51	<p>Detail of age mix of practice population and PPG:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;">%</th> <th style="width: 10%;"><16</th> <th style="width: 10%;">17-24</th> <th style="width: 10%;">25-34</th> <th style="width: 10%;">35-44</th> <th style="width: 10%;">45-54</th> <th style="width: 10%;">55-64</th> <th style="width: 10%;">65-74</th> <th style="width: 10%;">> 75</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>3421</td> <td>1366</td> <td>3337</td> <td>3413</td> <td>2436</td> <td>1423</td> <td>921</td> <td>769</td> </tr> <tr> <td>PRG</td> <td>0</td> <td>1</td> <td>14</td> <td>14</td> <td>19</td> <td>27</td> <td>16</td> <td>11</td> </tr> </tbody> </table>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	3421	1366	3337	3413	2436	1423	921	769	PRG	0	1	14	14	19	27	16	11
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Detail the ethnic background of your practice population and PRG:								
	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	4454	308	2	2594	286	136	4	2779
PRG	57	1	-	10	-	-	-	-

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Ar a b	Any other
Practice	289	193	56	233	426	1390	2036	417	2	1488
PRG	1	-	1	-	2	9	16	5	-	-

Describe steps taken to ensure that the PPG is representative of the practice population in terms of gender, age and ethnic background and other members of the practice population:

At Hilly Fields Medical Centre and Brockley Road Medical centre we have advertised and promoted our practice reference group by advertising on the practice notice board and various places in the waiting room, on the display board, in our practice leaflet and newsletters, notices in the baby clinic room to encourage and invite young mums to join. Also we promote recruitment by word of mouth by the receptionists, doctors and nurses encouraging patients to join the PPG

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An added effort has been made by the practice by introducing an invitation to patients newly registering at the practice. This was added to the new patient questionnaire to be handed out to everyone taking the new registration form. We did this so we could inform and encourage new patients of all ages and genders and ethnicity to join our group.

Our practice website also advertised the PPG and recruitment to the group, Brockley Road Medical Centre have also been promoting the PPG through their website.

In addition at any stage when a patient has a complaint or suggestion about the practices and its services, they are offered the opportunity to join the group to further help with comments and suggestions to bring about changes and improvements in services.

Couple of years back practice had used the services of LINK. They in turn informed the patients of the opportunity to join the group.

Are there any specific characteristics of your practice population which means that other groups should be included in the PPG? e.g. a large student population, significant number of jobseekers, large numbers of nursing homes, or a LGBT community?

NO

If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:

N/A

2. Review of patient feedback

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Outline the sources of feedback that were reviewed during the year: Various sources of feedback reviewed are listed below

- Comments and Suggestions during the year on going by patients and member patients
- Complaints from patients and or PPG members
- GP patient survey - National
- FFT – Family and Friends Test since December 2015

How frequently were these reviewed with the PRG?

At meetings held on 30 June 2014; 16 October 2014 and 6 March 2015. We reviewed any comments, suggestions or complaints, except for the FFT started in December 2014 and GP patient survey which were reviewed at the March 2015 meeting

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3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area: <u>Raising awareness and setting up exercise/ walking groups</u> – this was through suggestions by the PPG members. This was raised at our meeting of 30 June 2014 – Promoting Active Travel - Minutes of these meeting are available on the website as well as a copy on request. See Appendix 1</p>
<p>What actions <u>were</u> taken to address the priority?</p> <p>Members of the PPG were encouraged to engage in this initiative and help enrol other patients who would be interested in joining the groups that could help promote and possibly run walking or cycling groups to promote healthy lifestyle</p> <p>Smita, Practice manager to raise awareness by putting up notices and posters, some flyers and magazines to promote the well being and exercise priority further, to facilitate co-ordination of groups that could meet up for walking/social/exercise, maybe cycling. To discuss and feedback on the progress in the next meeting ie October meeting. The October meeting was held on 16 October. For Minutes see Appendix 2 Smita, Practice manager informed the group that she had placed the notices, posters, flyers and magazines. Also advertised on the display board and website.</p> <p>Unfortunately there has been no active interest although people had picked up flyers from the practice and may have joined the walking groups already established by people outside of the practice, however no one had confirmed this.</p> <p>No one had come forward to help introduce walking or other groups. There were no enquiries from patients with an interest to join. It had been an issue of time constraints for the members. It was agreed we should continue pursuing this for some more months and maybe when the weather is better there might be more interest. It was agreed that it was worthwhile pursuing this for a longer period of time as an ongoing area of priority. To re visit this with an update in the March 2015 meeting</p>

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Result of actions and impact on patients and carers (including how publicised):

The results of the actions are an increased awareness and an interest in healthy lifestyle and exercise. This is apparent from patients asking for the leaflets. From the publication of walking groups and the benefits it is hoped the awareness has increased and patients have joined the walking groups in the locality, however as there hasn't been any direct feedback or information of the number of patients having joined the walking groups there is no impact to report or measure. This is still being pursued and it is hoped that there will be some development and impact to report in the coming months.

Review – PPG meeting in June 2015

Priority area 2

Description of priority area:

In house Physiotherapy sessions – it was discussed in the meeting of 30 June 2014 that it would be a good idea as an area of development to have an in house physiotherapy service, some patients remember it from some years back when we had in house physiotherapy service, it helped patients due to ease of access rather than the hospital. Also the waiting times were better. It was agreed we treat this as an area of priority during the year and see what can be done to facilitate this. **For minutes see Appendix 1**

What actions were taken to address the priority?

It was agreed that the practice manager Smita would get in touch with the physiotherapy department at UHL and discuss the matter further. It was agreed that we should aim to have this service in place and up and running by 2015

Smita to report on the findings and progress in the October meeting.

Smita reported in the meeting of 16 October 2014 **for minutes see Appendix 2** that she had contacted the physiotherapy department and spoken with Mr Duncan Stamp who said that they would be happy to arrange this and would be able to come to the surgery in the new year to meet the practice team to explore this further with the aim to have the service in place for early 2015.

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In the meeting of 6 March 2015 **for minutes see appendix 3** it was reported to the group that a meeting had taken place with Mr Stamp from UHL in February and it has been agreed that the service will start in April/May 2015 with sessions on Monday in the mornings and Tuesdays in the afternoon. Physiotherapy department are in the process of recruiting more Physiotherapists, the start date will be confirmed in early April

Result of actions and impact on patients and carers (including how publicised):

The results of the actions have been to achieve in house physiotherapy service.
The impact of this service on patients and carers will be only available to report in the June 2015 or the September/October 2015 meetings as there will not be any figures available until this time.

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Priority area 3

Description of priority area:

After the review of the GP patient survey at the meeting of 6 March 2015 the group agreed that for Hillyfields we should look at the telephone system one more time to be able to iron out any small problems as the telephone systems for both practices have recently been updated. It was agreed that we should collect feedback via the face to face contact with reception staff, the statistics that the system is able to produce now ie number of calls each day at different times of the day, how many answered and if there are any call drop outs etc. Also we can monitor the complaints/comments by patients, additionally we would undertake a very short survey nearer the time of the next meeting in June 2015 and analyse these results to show the impact and improvement. For Brockley road it was agreed that they would initially look at the issue of satisfaction with nurse appointments. For **Minutes** . It was also said by the Brockley road members that as there were time constraints and the meeting had run for some time they would like to discuss the GP patient survey again in June to a certain if there was any need to pursue another area of concern if there is any.

What actions were taken to address the priority?

The above priorities are currently ongoing at hilly fields Smita will monitor the phone system on a daily/weekly basis to pickup and irregularities as they occur and address them appropriately with the telephone company and discuss any changes if required. Also brief reception staff to try keep their calls to a minimum duration and to be very prompt in answering calls at all times. Towards the end of May the practice will undertake a short survey.

For Brockley Road Jacqui will discuss the nursing issue with the practice nurse and this will be monitored via comments/complaints and feedback from patients, also towards the end of May she will run a short survey to get feedback from patients who visit the nurse, this will be done after each consultation with the nurse for a short period. The results will be analysed to be discussed at the PPG meeting in June 2015

Result of actions and impact on patients and carers (including how publicised):

At the current time while preparing this report the priorities for both practices are still as ongoing and there is no information yet collated to measure any impact. This will be done at the meeting of June 2015.

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Progress on previous years

Is this the first year your practice has participated in this scheme?

NO, we have done this in previous years too.

If you have participated in this scheme for more than one year, outline progress made on issues raised in the previous year(s):

In previous years the priorities have been around improving access. The various items that were identified from in house patient survey were :-

1. Telephone system with a an improved queuing system
2. Patients being able to book appointments for preferred GP when in surgery
3. Awareness and use of nurse appointments to help towards managing increased need for doctor appointments.
4. Monitor DNAs
5. On line appointment availability

The above priorities were derived from patient satisfaction surveys and discussions at the meeting thereafter. Some priorities were followed through subsequent years to be able to monitor on going improvement and impact.

For the above priorities the telephone system has been changed to allow for better queuing , the greeting message has been more explanatory

The telephone system although improved it is still on going to monitor by a short survey to iron out any minor issues that seem to be still on going.

The appointment system was so changed to allow for all doctors to have equal numbers of book on the day and pre book appointments, this then allows for all doctors present on any given day to have an equal mix of appointments which made it easier for patients to book in any way with their preferred GP.

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Also a bigger proportion of appointments were made available on line to improve the online appointment service. It was also agreed that we would book up to 6 weeks in advance to help patients chose their preferred doctor on the days and times they prefer

It was felt by PPG members that maybe not everyone knew the various things one can see the nurse for. If the awareness was increased then maybe patients would find it useful and use nurse appointments as an alternative to GP appointments, thus freeing up doctors appointments.

This was achieved by putting up detailed notices outlining nurse duties and expertise, the advertising of this was done by putting notice in waiting room on the display board, on the website and in practice leaflet.

It was feared that booking up to 6 weeks in advance would increase DNA rates. The DNA rates were monitored by running monthly searches and the impact of the change was that there was no increase in the DNA rates so that the change in system was positive.

Improvement to the telephone system and queuing system along with DNA rate searches are continued as on going to allow for further improvement if necessary.

GP.

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4. PPG Sign Off

Report signed off by PPG:

YES

Date of sign off: 20.3.2015

How has the practice engaged with the PPG:

Both Hilly Fields and Brockley Road engage with the members of the PPG through face to face contact at regular PPG meetings. For which they are sent an invitation by post and /or email as appropriate

How has the practice made efforts to engage with seldom heard groups in the practice?

The practices have made efforts to engage the seldom heard groups by placing notices in the practice encouraging patients to join the group, by advertising on the website on the display board in the waiting room, by informing and inviting them to join at the time of registration with the practice via the new patient questionnaire, also patients are invited and encouraged by clinical staff at the point of contact and when patients have presented with complaints/comments/suggestions.

Neither of the practices' population comprises of specific special needs group. Both practices have a varied population which is not dominated by specific needs.

Has the practice received patient and carer feedback from a variety of sources?

Yes, Via word of mouth, the FFT and the PPG meetings

Was the PPG involved in the agreement of priority areas and the resulting action plan?

Yes, these were discussed and agreed at the PPG meetings that took place during th year.

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How has the service offered to patients and carers improved as a result of the implementation of the action plan?

1. Patients and carers have an increased awareness of the walking groups and exercise drive, this is also ongoing as there isn't a group set up by the members or any other patient, however patients have maybe joined the groups already up and running in the practice area.
2. The in house physiotherapy service has been put in place to commence from April 2015 and hence the impact has not been measured yet by either practices, to this effect this is an ongoing priority. The impact will be measured and discussed at the meeting of June 2015
3. The priority area from the GP patient survey has only been agreed in the March meeting and will be reported on in the June meeting.

Do you have any other comments about the PPG or practice in relation to this area of work?

No other comments. The PPG group is as engaging as possible and over the years there have been improvements and changes that have helped towards access issues. We are always promoting and advertising the group to recruit new members to have a wider mix of patient representation in the PPG group. This is to have more contributions and to be able to identify areas of interest and priority for our patient population.

Complete and return to: nhs.cb.lon-sth-pcc@nhs.net by no later than 31 March 2015

APPENDIX 1

**Hilly Fields & Brockley Road Medical Centre
Patient Participation Group Minutes
Monday 30 June 2014**

PRG Members: Mr Garlick, Mrs Applewhite, Mrs Amin, Mr Podd, Mr Stocker,
Mrs Amogbokpa, Mrs Sutton, Mr Sutton, Mr Seymour

Staff Members: Mrs Smita Malde – Practice Manager – Hilly Fields Medical Centre
Ann Burke – Administrator – Brockley Road Medical Centre

Apologies: Jacqui Henty – Practice Manager – Brockley Road Medical Centre
Mrs Etolue, Mr Fleming, Mr Ridyard, Mrs Mitchell, Mr Knightswood, Mr Feeney,
Mr Hall, Mr Locke

Minutes taken by: Nikki Ford – Senior Practice Secretary

The Minutes of this meeting have been typed as accurately as possible. If you feel, however, that there is incorrect information recorded please inform me by email, telephone or in writing and this will be acknowledge - Nikki Ford – Senior Practice Secretary

Introductions made

The minutes from the previous meetings were reviewed, points raised:

Charges for letters/results

Mr Garlick asked if there is a charge in place for copies of results, clinic letters and any correspondence. Smita and Diane confirmed that there is not a charge for test results and other letters, the charge of 40p is made for the whole of the medical records.

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Mr Podd said that he doesn't received copies of his outpatient letters from Lewisham Hospital but does from Guys and St Thomas'.

Mr Garlick – attends the Renal and Haemophiliac clinic

Mr Podd – attends Orthopaedics and Endocrinology

ACTION: Lewisham Hospital – to contact regarding copies of outpatient letters - Smita

Patient Access

There has been a change in the wording to do with identification which has made it a lot clearer.

Mrs Etolue queried making advance book appointments. She had found online booking confusing. Smita apologised and invited Mrs Etolue to come into the Practice when Mark, IT manager would be able to answer any queries and demonstrate the login process.

Patient Participation Forum

Mr Stocker said that he had posted a few things but had no replies. These posts were not brought to the meeting as Mr Clarke and Mrs Freeman had not attended.

ACTION: Contact Mr Clarkson and Mrs Freeman to see if they are still able to administer Patients Forum – Smita

1. Your GP Cares

Smita gave information regarding the pressures and demands on appointments and recruiting new Doctors. Paperwork has increased and workload for GPs. On the Hilly Fields and Brockley Road website there is information regarding a petition that patients can sign www.putpatientsfirst.rcgp.org.uk. Members were invited to look at the website to gain further information and advised that there are leaflets in Reception regarding this to.

2. Promoting active travel – area for development and priority for 2014-15

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In view of promotion of alternative therapy and support for people with obesity and people you are looking to get fit and take more control of their health Mr Stocker suggested the a local walking group to be set up. How can we promote this in the Practice.

Currently the Practice refers patients for healthy lifestyle training and advice, referred to health trainers. Smita said that other Practices have set up small groups to encourage people to exercise. Patients need to take the initiative and help set up something such as a walking or cycling group. May be this is something we could advertise or suggest on the website. Everyone agreed this was a very good idea but it was agreed that it needs patient input and taking charge of by patients.

Mr Stocker said that when he came to the surgery in November he had talked to the Doctor about possible promotions and things that were happening in Southwark. He thought that possibly Healthwatch Lewisham may be able to help as they provide all sorts of care in the community. He said that promotion of regular activity has an effect on diet and what you do. Mr Stocker said that there was a Health and Wellbeing board trying to get these issues on the agenda, he would be happy to send the reports. Mr Stocker suggested walking or cycling magazines could be put in Reception or Poster promoting exercise. Maybe giving patients a tear off slip to mention exercises as a starting point.

Mr Podd asked if there is an age limit. Mr Stocker said that there was no age limit.

Mr Seymour said there are lots of groups that he sees at Hilly Fields during the weekends with lots of people exercising. Mr Seymour advised the group that he is taking part in the Move it research at King's College Hospital, keeping a record of diet and how much exercise he takes, which he said was quite revealing.

Smita said from time to time the Practice are given leaflets and these are put on in the waiting area.

Mr Stocker said that the key thing about initiative is consistency so Health and Well Being service is stronger and to help coordinate groups and work things out for individual surgeries. Mr Stocker said he would be more than happy to go through what we can do and can arrange a meeting. Smita said that she is very happy with the idea and would like to help in any way, although she said it is something she would have to leave to the group members to organize and run.

Mrs Amogbokpa told the group that at Lewisham hospital on Thursday a walk takes place. Also – Crofton Park Time bank meet every Monday 3.30-6.30pm, who are trying to set something up.

Mrs Etolue – asked if there was anything that this group can do.

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Mr Stocker said that if patients are told part of getting better is to exercise and this should be an everyday activity and social too and excellent for wellbeing

Mrs Sutton – suggested that the Ackroyd Centre have classes and dancing

Mr Stocker – said he was quite happy to volunteer and gets some bikes and take people out.

ACTION: To communicate with PPG members who have made suggestions and see what can be set up and promote it
To place magazines and notices and flyers in the surgery.
Feed back to the group at next meeting (date of meeting TBC)
Also will communicate the same to Jacqui for both practices

Development of in house services – the group asked if it was possible to have any alternative therapy or even physiotherapy to be practice based, it would be easier for patients and may have shorter waiting times compared to being referred to UHL.

Mrs Applewhaite said we used to have this as an in house service in the past and thought it was a very good idea to be able to get this service back at the surgery.

Smita said that this is a good idea and asked the group if we should treat it as a priority development area. It was agreed by all.

Action: Smita said that she will explore the possibility with Physiotherapy department at UHL and report back to the group in the next meeting. (date of the meeting TBC)
Also will communicate the same to Jacqui for both practices.

3. Any Other Business

Mr Podd said that he had recently read an article in paper that somebody had stolen a buggy from a surgery but that the surgery wouldn't disclose who had done it. In these circumstances what would this Practice do

Smita said that this would be reported to the Police but not disclosed to the public because of patient confidentiality.

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Mr Podd – showed a leaflet ‘Pharmacy to you’ – where patients prescriptions are posted out to you but no guarantee of the prescriptions being posted.

Smita – said that patients should seek advice from Doctors regarding the prescription.

ACTION: Find out about Pharmacy to you and see what the Doctors think

DNA's

Mr Garlick said we had previously talked about patients not turning up for appointments and suggested that 3 strikes (non-attendance) and patients are removed. Smita said that it is impossible to do this. Mr Garlick said that he had read in the newspapers that people are being told to go. Smita said that patients are warned and written to but that it is their right to stay registered. She stated that there isn't a very high rate of non-attendances. The posters advertising DNA's is still used and a good idea.

Brockley Road - Doctor

Mr Garlick – asked about being down one Doctor at Brockley Road.

Smita said that there would be a new Doctor starting soon and the Doctor on maternity leave would be coming back soon. Smita advised the group that the practice is actively looking for more Doctors. Appointments have been easier since March.

Mr Garlick said that he hadn't had any problems and was just wondering.

Out of Area Patients

Mrs Sutton mentioned about patients who had moved out of the area and asked to change Doctors, this happening at the time when they are ill.

Smita said that if you are not within the catchment area you may be asked to register elsewhere, the Practice wouldn't refuse treatment but it makes it difficult for home visits. Health visitors have trouble with families who have moved out of area and this causes problems for other health professionals such as District Nurses because they have set areas that they cover.

Missing Cancer in patients

Mr Sutton said that he had recently read that Doctors are missing cancer in patients. Is this being looked at.

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Smita said that the Doctors had recently attended training sessions that had been set up by the local CCGs. There have been other diagnostic tools available to Doctors, for quicker and better diagnosis. Smita said that a lot information is emailed regarding this to Doctors and regular Clinical meetings are held so that cases can be discussed.

Meeting Concluded

APPENDIX 2

**Hilly Fields & Brockley Road Medical Centre
Patient Reference Group Minutes
Thursday 16 October 2014**

Attended: Mrs Doreen Sutton, Mr Richard Sutton, Robert Ridyard, Paul March, George Brown, Naran Gopal, Khaleda Amin, David Seymour

Staff Members: Smita Malde – Practice Manager, Jacqui Practice Manager BR, Diane Panter BR Admin, Santana - Secretary

Apologies: Mr Garlick

Minutes taken by: Wendy Cussens – Practice Secretary

The Minutes of this meeting have been recorded and typed as accurately as possible. If you feel, however, that any information is incorrect please inform me by email, telephone or in writing – Wendy Cussens wendycussens@nhs.net

- **Introductions made**

Minutes from June were reviewed.

Smita opened the meeting and thanked the members for attending.

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Mr Ridyard said he had heard that Nikki had given birth to a little boy and asked to send congratulations: and he welcomed myself and Santanna to the meeting (Santanna doing Maternity cover)

- **Patient's copy of clinic letter from out patient visit –**

Smita said she had contacted Lewisham Hospital regarding Outpatient letters being sent to patient as well as their GP. Lewisham Hospital say their policy is to copy patients into every communication they have with the GP. Patients should get them automatically and if patients do not wish to receive a copy they need to opt out. However, Mr Garlick has said he is not receiving his letters. We will need to let Lewisham have names etc. and they will investigate this.

As we have had no response from members regarding the Virtual Group and the administration of this, Mr Ridyard said can we assume that there is really no need to have a Virtual Group?

- **Action: Wendy will contact both Mr Clarkson and Mrs Freeman on their views.**

- **Pharmacy Plus**

Doctors have said that it is patient choice and they prefer not to use Pharmacy Plus then they should not be harassed by the Pharmacy Plus staff.

Mr Ridyard said his chemist cannot get hold of pneumonia jab. Smita said she will put a notice in waiting room regarding having Flu jab at the pharmacy. Also a notice will be placed in waiting area informing patients that they only need to have Pneumonia once in their lifetime. Mr Ridyard suggested a notice should be sent on line to the pharmacies as well.

- **2 Patient Representatives to attend meeting with CCG and report on**

Smita had a couple of new things to mention

1. We are now required to have 2 patient representatives to attend a wider PPG in Lewisham – all practices should comply with this. It was confirmed that from now until March 2015 they will meet just the once. The two members will feed back from the meeting. The practices are required to provide a minimum of 500 words Report - discuss important issues, how the CCG can promote any services that need to

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be commissioned for better care in the community. We need to identify lead and facilitator. Liaison person ie: Smita, Jacqui, myself or Diane BR surgery. Managers will need to provide the names of two patients who would be willing to do this, we don't know yet exactly where the meeting would be held but we would expect it to be locally and up to around a 2 hour meeting, can the two people either let us know by email or telephone. Neighbour wide not only in Lewisham.

Action - Smita will enquire where the meeting is likely to be held with dates and times

2. A & E Attendances

We are currently required to target the A & E Attendances; the majority of the time it is inappropriate use. As we are all aware we as a practice give good cover for patients to come to us for support and care. There are the walk in Clinics. The emphasis is on the core hours ie 8am-6.30pm which we are all contracted to cover. There should be no need for patients to attend A & E during those hrs. Obviously if a patient needs a GP out of the core time then there is the OOH - out of hours service which is available. A & E should not be the first point of call. Parent/Guardian of all under 16s have been informed of the service the practice provides and the what their options are during core hours. If we find a patient does attend A & E inappropriately we are sending out letters to them with a "Choose Well" leaflet giving them advice on where else they can go. This is because we are looking at costs involved and patients are being constantly told to use us first and only go to A & E if advised by a GP to do so. Mr Ridyard said can we have a notice displayed in the surgery to inform patients?

Action - Smita will look into this

Mr Seymour said he has had a condition which requires he uses A & E. However he thinks that maybe people do not always realize which service they should use.

Mr Gopal said A & E is overflowing with Mental Health patients - what is happening with this? He believes that there was to be someone who could assess these patients. People suffering with mental health issues do not think about the inappropriate use of A & E. They are just in need of help and go to the first place they can think of. There is a great need for sign posting of appropriate services for these patients if we wish for them not to attend the A&E department.

Smita said we can put a notice on the website to say with appropriate sign posting.

Mrs Sutton asked where the Walk in Centre was? Mrs Sutton and the group were informed it is the Waldron at New Cross which is open 8-8

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- **Notices**

Members asked if we can have notices in different languages? They feel that some important items may not be communicated to the more needy service users due to a language issue. Smita said it would be a good idea but the difficulty was the space to put these notice up. Smita suggested that maybe we could just chose a couple of important issues and a couple of very important languages for this purpose.

Mr Gopal said do female patients ever request only to see a female GP. He was told this does happen.

Mr Ridyard asked how we were doing with updating/acquiring Email addresses and mobile numbers? The group was informed that to date we have over 10,000 mobile numbers. We do a drop notice by emailing or text message re certain messages of importance ie: A & E. etc. we will put this in place also on the website. Mr R suggested we also put it on the TV monitor, Smita said she will get the A & E notice on and update all others as necessary. Smita said she will talk to partners regarding the size of the TV screen. Time is an issue in doing all these things but we will look at one for Brockley Road as well. Mr R said maybe the 5th year students can do this? This is a consideration.

- **Out of area patients**

Can we register out of area patients? Patients from out of area can be registered, however GP's cannot make home visits to these patients. BR have said yes to this, we are in the process of saying yes also. Mr Gopal said what about other services such as District Nurses? Smita said these will be limited. These will be picked up by local GPs who will sign up to providing part service. We are not registering patients outside the area at the moment. Patients are saying they are moving and want to stay here. It is at the GP's discretion that they are here and not in the catchment area. At the moment

we don't know how this will work out. Jacqui Henty said it is usually working people who want to be seen near their work place, so for this reason they would be registering out of area.

Friends and Family Test- Anonymous feedback regarding a patient's visit to the practice. This is a questionnaire with one tick box and one free text comment. It is asking the patient if he/she is happy with the services provided and would they recommend the practice to other family and friends. Practice will submit results once a month to NHS England. NHS England will publish these results as a rating for the practice. They will start to collect data from December 2014. – Notice in waiting room with outcome for patients to see.

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Smita read out the contents of the form which patients can fill in – Smita passed the form round to the group for all to look at. Smita said suggestions are welcome. Ethnicity needs to be added to the form. Hospitals are already doing this. Smita commented that all the things we are being asked to do are at a cost. They are related loss or gain to the practice. These are being added on as contractual requirement or tied to monetary incentive, this leaves us with very little choice.

Mr Ridyard said how are changes going overall? – We are complying as well as we can but the pressure is enormous. Flu targets were very difficult to achieve, Smita suggested promotional notices could be placed on buses for instance. We send out hundreds of letters and a phone call to patients re having the flu jab, the cost of postage and telephone calls are astronomical and in the end if the patient does not comply there is nothing a practice can do.

Every GP and nurse is offering patients a flu jab as eligible during their consultation, if they have not already had one. Jacqui had bad experience with her clinic – the Clinic ran late and patients unhappy. Smita said for next year maybe have another Clinician and extend the appointment time.

Mr Ridyard said do we know how services are being conducted in hospitals with Consultants performance? Smita said rather than successes and failures we will only get general feedback. Mr Gopal said the original agreement was to refresh themselves on their patient care. Now we cannot expect the perfect patient, often a form is given to waiver before they even go near you and most of the evaluation is done and we the public will not be aware of.

- **Feedback on two areas of development from the previous meeting –**

1. Walking/exercise group – Notices, flyers and magazines placed in the waiting room to inform and encourage patients to take up exercise of some sort and promote healthy lifestyle. Unable to engage with any members to help with forming a group – agreed with members today that we will review this again at a later stage to see if anything has come of it. – Smita / Jacqui
2. Smita informed the group that she has had a conversation with the physiotherapy department who have agreed to have a look into the matter and discuss this further with the practice team. Mr Duncan Stamp has agreed to attend a practice meeting in the new year to proceed with this matter further. They could not do anything earlier due to annual leave and constraints of their rota system. The members will be given further information at the next meeting in the new year. This seemed like a positive outcome to all and were happy that there was positive progress and something will be put in place for both practices.

- **Any other business**

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The members enquired - Do our nurses do home visits? No the nurses don't do home visits. The housebound patients are visited by DNs, Community matrons and GP's, and these are patients who are already identified. Mr Gopal said friend died recently as no one helped her. Smita said to let us know of the particularly person who we are talking about, we hold a monthly MDT meeting and these issues are discussed there.

Mr Brown asked - When was the waiting time for a prescription changed from 48 hours to 24 hours? In fact it has always been 48 hours. Mr Brown wanted his medication all brought in line and Smita went down to reception with him to get this arranged as he is ordering some of his drugs at different times and this is not convenient for anyone.

Mr Ridyard informed the group to remember that prescriptions can always be done through the pharmacy, if on repeat.

Meeting concluded 2:30pm

APPENDIX 3

**Hilly Fields / Brockley Road Medical Centre
Minutes of Patient Participation Group
5 March 2015**

Attended: Mr & Mrs Sutton, Sheila Mitchell, Ronald Podd, Claire Freeman, Janice Gushway, Naran Gopal, Renato Pisa, Brian Garlick, Khaleda Amin, Gladys Etolue, Stephen Owen, Jill Mitchell

Staff Members: Smita, Jacqui, Wendy, Diane

Apologies: Robert Ridyard

Minutes taken by: Wendy Cussens – Practice Secretary

The Minutes of this meeting have been recorded and typed as accurately as possible. If you feel, however, that any information is incorrect please inform me by email, telephone or in writing – Wendy Cussens wendycussens@nhs.net
Agenda

- **Introductions -**

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Smita opened the meeting and thanked the members for attending.

Minutes from October were reviewed

Smita introduced the meeting – working together in a Collaborative Meeting & The Neighborhood Meeting

Neighborhood meeting – 4 patients attended Mr Podd and Mr Sutton from Brockley Road and Mr Seymour and Monica Applewhaite from Hilly Fields, Smita thanked them all for giving up their time to attend this.

- **Action points from last time:**

Mrs Freeman & Mr Clarkson were going to report and feedback on activity from the virtual group. Mr Clarkson was not present. Smita asked Mrs Freeman if she had any feedback from the virtual group. Mrs Freeman said although our virtual group is very big, there seems to be nothing happening, there aren't any postings to discuss. It is a forum for and of patient group members so we have no control over it.

Smita asked if anyone has any ideas regarding further promotion of the virtual group.

Members asked if there are any posters displayed in Surgery? Smita replied that there are posters in the waiting room, however there are often many posters displayed in the Surgery which may make them a little obscure from time to time.

- Neighbourhood PPG Group Meeting held on 3 March 2015
Feedback from members –

Mr Sutton and Mr Podd reported on this:

The meeting was broken up into groups and each had a facilitator, (14 practices were represented) the groups discussed the issues around access in each practice ie telephone system, appointment system etc - Each practice talked about their system, members of our group (hilly fields and Brockley) informed the others that our telephone system worked very well, it gives the callers their position in the queue. They then have a choice to stay on the line or not. Others said they thought this was a good system, and many practices did not have this facility.

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Also the group discussed various other items –

- they were asked if they thought the PPG meetings are good thing,
- should there be a GP present at these meetings?
- Should GP's be available 24/7?
- All patients have a named GP, (which they do at Hillyfields & Brockley Road)

Mr Sutton informed the group that Honor Oak are shut on Saturday, but hold their PPG meetings on Saturdays and their GP's attend the meetings, can our GPs not do that?

Mr Gopal said he didn't think it was cost effective to have GP's attending these meetings. He said that the few staff who were in attendance were representing the practice. Also that GP time be better used in treating patients.

Miss Gushway said it made no sense for a GP to sit in this meeting, when his time is better spent with treating his patients.

Stephen Owen was in favour of having a GP attend the meeting. Smita said if you feel this will be useful then she will take the suggestions to the GPs

Also It was mentioned that the patients themselves chair this meeting, not staff, as this meeting is the patients' meeting and they could run the entire meeting and feedback to the practice manager with ideas and suggestions. Mr Gopal said if patients take this over then it will not happen.

Mr Sutton said once the report from the neighbourhood meeting has been received then we can discuss further

Mr Gopal said Health UK is falling to pieces, drawing more and more money out, not as productive as they could be and it will fall apart eventually. Hospitals will have cuts – the Mental Health services are so overloaded. Mr Podd said in Lewisham the Mental Health service have collapsed, Greenwich is better. Mr Gopal said quite soon we are going to be asked to go into health schemes as NHS is failing, Mr Gopal said CCG assess how services are used. Borough wide groups are responsible for handling fund, and are answerable to NHS England.

- Training of GPs as specialists

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GPs can train as a GP with a special interest, ie Rheumatology, Dermatology, etc. these GPs have special training as a GP with special interest. It would be great if in the wider neighborhood the patient could see this GP rather than wait for a hospital appointment. This was noted

Miss Gushway said it would be a good thing – similar things happen in the schools and she welcomes that.
Mrs Freeman said isn't it good to be able to see a GP who for example works well with children.

- DNA's

DNA's were discussed for Hillyfields Smita said they are not bad. The members enquired if there was any pattern ie age group that defaulted in particular. Smita said that this was not the case.

DNA's had not been good at Brockley Road at one time, but are much better now.

- Appointments:

Mr Owen asked if we publish the change of already booked appointments? Smita explained that this was not possible as the appointments are only changed or cancelled with short notice as it is usually only due to sickness or unavoidable circumstances. We always offer an alternative, if a GP calls in sick, so patients are still seen by another GP on that day and we may not have to cancel the appointments
Smita said if GP can't see a patient for whatever reason. We notify patients by phone, if we cannot contact then write to them and ask them to call to re-book.

- Waiting times on the day

We have a notice in reception to say if a GP is running late.

Mr Owen said nothing was displayed for the 7 appointments he had last June, and every one ran late? Smita said it is practice policy for a notice to be displayed and it is very unusual for it not to have been.

Mrs Freeman commented that sometimes she has been seen earlier than her time.

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Mr Owen said he has experienced a waiting time 40 minutes to see the GP, his children were bored and there were no toys provided. Toys are not provided in the practice as this is a health and safety issue. Mr Owen also asked about the practice providing a TV and more childrens books.

Mr Owen also said when he is called to go in to the doctor's room, and when he knocks on the door he is unable to hear the response. When this was mentioned to the doctor he was informed that this is because it is a fire door.

It was pointed out to Mr Owen that on the display in reception the patient's name comes up informing them that the doctor is ready for them and the room number is also displayed, and the GP wouldn't activate this message if he wasn't ready to see the next patient.

- Emergency Appointments some members wanted to understand what an emergency appointment meant -

Emergency Appointment means it is an "on the day emergency". If it is very busy patients may have to wait to be seen,

The question was asked If an emergency appointment is not available do we suggest patient goes to A & E? the response was - No we advise to wait, unless it is something like a chest pain, in which case A & E would be the place to go rather than wait

If a patient does not wish to wait at the practice to be seen by the duty doctor then the option given is to visit the walk-in centre

- Any other business

Mr Garlick raised the question of postage: and cost to send letters – can letters for couples not go out together? Smita said data protection fully dictates that No we cannot do this due to patient confidentiality.

Flu invites - can we not only send a text? Smita said no as we cannot get a reply on that, we have to send 1st and 2nd letters, and this is a requirement, governed by NHS England.

Smita informed the group that in the coming months all 50 year olds will be asked to have a bowel scope. This is an initiative for early diagnosis of bowel cancer. These letters are going to be sent out by NHS England in random order of surgeries at regular intervals. Practices will not be informed in advance of their patients letters going out.

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GP Patient Survey results with a view to identifying key area of priority

Hilly Fields & Brockley Road Patient Survey results discussed and on the whole we have done better than local average, however it is useful to keep an eye on and work on what may seem to be the lowest survey figures.

GP of choice scored lower than average - Miss Gushway said that sometimes it is difficult to see GP of choice – not always possible to have continuity and would prefer to have continuity

Smita said that a patient is able to book up to 6 weeks in advance with a GP. So this gives the patient the chance to see their preferred GP. Also the opportunity to have a telephone call from the GP of choice on the specified day to suit you can be arranged

Amongst the three items that were identified for both practices where the practice had performed below average, it was agreed by all that for hilly fields it would be good to look into the telephone access as it still seems to be an issue with some –

- The ease of getting through to the surgery by phone – Smita agreed that this is something that is worth looking into as there have been various changes made to the telephone system recently and the practice hopes it has tackled this ongoing issue of telephone access to the surgery.
- It was agreed that this will be monitored for 3 months ie upto the June meeting and then feedback provided to the members with the outcome. The practice would collect telephone access information via complaints/comments. Face to face feedback given to reception staff and FFT. Also at this stage in June we will undertake a short survey only for telephone access to measure any improvements and impact of the improvements made to the existing system.
- For Brockley road it was found that the area to prioritize was around the nursing care as it seemed that was the only area where the practice had scored below local average. Although it was a good score Jacqui thought it would be good to visit the issues and discuss with the nurse. A patient feedback can be obtained via complaints/ comments and also by the nurse providing a little 3 question slip to complete and return after their appointment. This would be done in advance of the meeting in June 2015.
- Patients from Brockley road also said that they would further explore the survey and suggest other items that they may want the practice to treat as priority, due to time constraint it was agreed to look at this the next meeting in June.

Feed back on areas identified as priority during previous meetings

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- **Walking / Exercise Group** - Smita gave a quick feedback on the Walking and exercise initiative that was identified as a priority item – patients have picked up leaflets and flyers and asked about the walking groups. There has been no feedback on anyone taking up the walking groups. However many have commented that it was a good idea.
- **In house Physiotherapy** – Smita informed the group that she had finally been able to arrange for Mr Duncan Stamp to come to the practice meeting in February to discuss the service with the team. After discussions at the meeting and looking at room availability an agreement has been reached.
The outcome has been that there will now be in house Physiotherapy clinics starting at Hilly Fields for both practices, with sessions on Monday mornings and Tuesday afternoons.

Meeting concluded @ 2:20