

# Woolstone Medical Centre

## Patient Participation Group (PPG) Meeting - Minutes

25 January 2023 12:30 – 14:00

### Agenda

- 1) Welcoming and Introduction
- 2) Staff Changes
- 3) Covid Pandemic and how that has affected the services we offer
- 4) SMS/Email/Letter - Messaging to Patients – methods available and updating information
- 5) Apps Available – what should we prioritise? NHS App, Patient Access, AskFirst - Pros and Cons
- 6) Patient Survey 2023 – What questions would you like in this year's survey?
- 7) Clinic with Practice Manager

### Attendees:

#### Woolstone Medical Centre staff

- Dr Ramesh Babu – Senior Partner
- Stuart Hall – Practice Manager

#### Woolstone Medical Centre patients

- Duncan H
- Peter H
- David F
- Juliana W
- Glenis W

Stuart started the meeting by thanking those that were able to attend and introduced himself. Previously, meetings were held every quarter but Covid interrupted this. This is the first realistic opportunity to get the PPG restarted.

### Staff

#### Doctors

- Dr Alexie Zimmermann remains as full time partner. Working Monday, Tuesday, Thursday & Friday
- Dr Ramesh Babu remains as full time partner. Working Monday, Wednesday, Thursday & Friday
- Dr Para Patel returned from Maternity Leave in September 2021. Working Monday, Tuesday & Thursday
- Dr Mary Smith joined November 2021. Currently on Maternity leave and will return October 2022
- Dr Harpreet Malhi joined in June 2022. Currently working Monday, Tuesday and Wednesday.
- Dr Lara Jones joined in September 2022 as Maternity cover for Dr Smith. Currently working Wednesday and Thursday.

#### Junior Doctors

- Dr Angus McCance
- Dr Amy Packham-Smith

#### Nurses

- Sue Andrews – Lead nurse, specialising in Diabetes
- Mandy Frost – Specialising in COPD/Asthma

- Ellie Hoad – Joined in July 2022. New to General Practice but comes from Guys Hospital with over 20 years' experience in heart failure clinics
- Natrica Green – Health Care Assistant

#### Administration/Reception

- Sandra Younsi left as Practice Manager in November 2021.
- Stuart joined as Practice Manager in November 2021. 26 years' experience working with previous GP surgery rising from Receptionist to Assistant Practice Manager.
- Alpa Patel joined the administration team in February 2022.
- Claire Kilbane left as receptionist in April 2022
- Lisa Szalkowski joined in April 2022
- Brenda Hannigan left as receptionist in September 2022
- Emma Bird joined in January 2023

We are still actively trying to recruit another GP but finding it very difficult. Lots of doctors are leaving the profession due to burn out or career change and general negativity towards GP surgeries.

We are now back to full strength in reception/admin after a prolonged search for a replacement for Brenda.

#### **Covid Pandemic**

During the height of the pandemic, we like all other GP surgeries followed the Government guidance to shut our doors and move to a telephone based first service. This meant a rapid alteration of how we managed clinics and brought in rapid changes by way of video consultations and different means of communication.

Throughout the lock-down, we continued to prioritise:

- Chronic Disease patients and their management
- Mental Health patients
- Primary Vaccinations for children
- Cytology screening
- Cancer care
- Urgent referrals

As a GP practice, we are set targets for patients under the Quality Outcomes Framework (QOF) and while some areas were relaxed for the duration of the lockdown, we still saw patients at risk.

Throughout the lock-down, GPs still saw patients most at risk after evaluation over the telephone.

Duncan H asked "Are we concerned that any patients have fallen through the cracks". Stuart responded that we developed searches to look for any patients that were vulnerable. Example given was that for patients over the age of 65, we created a search that would identify anyone that had not been seen or had medication issued for a period of time. If they fell outside the time-frame window then they would be contacted to make sure that they were OK and to bring in to see a GP or nurse if needed.

Glenis asked what we were doing for vulnerable patients? Dr Babu responded that alerts were put on patient records so that if they called they would be directed to a clinician as a priority.

During the Covid lockdown, we were also developing our Primary Care Network (PCN), Aplos PCN, which enabled us to offer new services including:

- Health and Wellbeing Coach
- Mental Health Practitioner
- Mental Health and Wellbeing Coach

- Physiotherapist

Glenis asked about telephone appointments and that she had never known it to be as long a wait to get an appointment as it is now. Stuart responded that this is unfortunately not only applicable to our practice but that demand has exploded post-Covid lockdown. Previously, patients would come to us with maybe 1-2 problems, but now we and all surgeries (at least in the Lewisham area) are having patients coming in with 4-5 problems. This creates more demand as not all problems are able to be dealt with in just one appointment with the doctor so repeat appointments are needed. Dr Babu also said that as Hospital appointments were cancelled or delayed this also causes more demand back to the doctors.

We were one of the first practices to switch from a mostly telephone based service post-lockdown to majority face-to-face (f2f) appointments. We did this because we were seeing a trend that patients would have a telephone appointment that was then rebooked as a f2f appointment. This was creating a double demand on appointments.

We have not returned to a full f2f appointment structure as it found that a broad section of the patient population preferred to have a telephone appointment as it suited their own life demands and still enabled them contact with their GP.

We are always trying to match demand and are still looking to increase capacity by employing another doctor. Adverts have been out since September 2022 but as stated above, recruitment is very difficult.

### **SMS/Email/Letters**

Stuart discussed how we are aiming to get a greater number of different contact information for patients. This allows us to vary (depending on the information to be given) how we deliver messages to patients. Example given was that for child immunisations, we will send an email to parents advising them of what vaccinations we have outstanding on our clinical system. We also provide the parents with the opportunity to send us a copy of the child's vaccination record if we do not have the correct up to date information.

Glenis asked how this could happen and Stuart responded that sometimes, children may have had the vaccinations at a previous practice that was not entered using the correct procedures (this can also be caused by different clinical systems being used – Stuart). Allowing the parents to send a copy of the pages means that they do not have to bring their child's Red Vaccination Book in to the surgery. Overall, this new initiative has helped us to increase the numbers of children vaccinated to approximately 92% and quite a few parents have remarked that they appreciate the reminders.

Glenis remarked that not all patients have access to emails, nor want access, so how do we take that into consideration. Stuart responded that we have the ability to mark a patient record as not wanting to receive SMS or email communications (or they do not give us their email address). Stuart did say that having an email address for a patient did help in one particular situation as a patient needed to be contacted but the mobile number we had on record was incorrect. An email was sent to the patient responded to that and was able to get treatment. For those patients without mobile phones or access to emails, we do still contact them by letter or telephone.

The other advantages of SMS/Email communication is also the speed of delivery. We found that this year with our Flu campaign, patients were contacting the practice minutes after messages were sent. (Not mentioned in the meeting but for information, we are rolling out the ability to patients to be able to self-book appointments with the nurses for certain things such as Cervical Screening, Health Checks and Medication reviews. More information will be updated onto our website in the coming weeks – Stuart)

## Smart Apps

Stuart discussed the rise of “Smart Apps” now available to patients. These currently consist of:

- NHS App
- Patient Access
- Ask First
- GP Buddy

While each has its own usefulness, trying to get patients to install and use all of these can be quite difficult to support. A new initiative is currently rolling out to bring all of these under one umbrella by use of the NHS App. This allows patients to just have the one App installed on their smart phone which will allow access to all of them. This is an ongoing process and more functionality will be added over time. Once more information is available, we will add to our website and put posters up in the waiting room.

Duncan asked if these are available as a web page as he does not want to install on his phone. Stuart responded that yes, this is available and would give details. They are:

- NHS App - <https://www.nhsapp.service.nhs.uk/login>
- Patient Access - <https://www.patientaccess.com/>
- Ask First - <https://sensely.com/askfirst/>
- GP Buddy – no web browser alternative available at this time

Going forwards, Stuart will add this information to our website for other patients to be aware of and put up information in the waiting room.

## Patient Survey 2023

Stuart informed the group that the latest GP Patient Survey for 2023 has now been released and questionnaires will be sent to residents of Lewisham. The survey is managed by Ipsos and runs until the end of March 2023 and is used by GP surgeries to see how they are meeting the needs of patients.

Stuart asked members of the group to think about questions for our own patient survey to be published to patients around June/July 2023. We do not want to publish too soon after the GP Patient survey as we would like as many patients to contribute as possible.

Glenis suggested two questions for inclusion:

- How long did you wait until you were seen?
- Did you see the doctor you wanted to see?

It was agreed to table these into the next meeting.

## Clinic with Practice Manager

Dr Babu informed the group that Stuart runs a clinic on a weekly basis whereby patients can make an appointment to see him to discuss any issues with their experience at the surgery. This has been very helpful in sorting out any potential patient problems before they can escalate into complaints. It also gives the patients a chance to see or speak to Stuart for a discussion close to the event and has been quite successful.

David asked whether numbers are recorded to determine the effectiveness and Stuart responded that they are. This is then used for discussion points at practice meetings to determine whether procedures need to be amended to better serve the practice and patients. No system is ever perfect and if we can learn from these then it makes our practice the better for it.

## **AOB**

Glenis remarked how warm it was in the room and that we should consider offering a warm space. Juliana informed the group that there are quite a few spaces available in Lewisham and that she would bring in a leaflet for us to add to our website and information boards.

Glenis asked if we were going to resume with a Food Bank box in reception as was held previous to Covid. Stuart responded that it was already up and running and the box was back in the waiting room.

Glenis asked if we would be resuming talks that previously were given in the practice as these were previously very useful and educational, specifically mentioning Prostate and moles.

Dr Babu agreed that these were helpful and that he will look into this with our PCN network for future events across the whole area so that more patients could benefit. Future subject for discussion could include:

- Prostate
- Moles
- Diabetes
- Sickle-Cell

David is a good advocate for Prostate and with his permission, his email address will be shared with the clinician in the PCN network who would be heading up these talks, Jennifer McGeown.

As a final order of the meeting, Glenis wanted to especially thank Ramesh and Lorraine for their dedication to patients. This was echoed by other members of the group with David commenting that he feels that Woolstone Medical Centre is in his opinion the best surgery.

Next meeting: Although not discussed, plan is to hold PPG meetings on a quarterly basis. Information will be sent out in due course to arrange for end of April, early May 2023.

Meeting drawn to a close and everyone thanked for their attendance and participation.