

Ko9PATIENT PARTICIPATION GROUP

Old Coulsdon Medical Practice

Minutes of the Meeting held on Monday 17th June 2019 at Old Coulsdon Medical Practice

Present: Brenda Quelch-Brown (BQB), Tom Harrison (TH), Richard Hoffman (RH), Derek Bird (DB), Karen Birbeck (KB), Jenifer Hanan (JH), Denise Fonseca (DF) Geoff Bell (GB), Anne Millar (AM), Dr Sam Randle (SR)

Agenda Item	Details	Action
1.	<p>Apologies for absence,</p> <p>Neil Singleton (NS) Arif Ladha (AL), Maureen Levy (ML) Agah Hassan (AH)</p>	
2.	<p>Minutes of meeting held on 14th May 2019</p> <p>Agreed</p>	
3.	<p>Matters Arising</p> <p>Prescriptions</p> <p>KB - Medicines requested for repeat prescriptions – automated by pharmacies. SR confirmed that local pharmacies are no longer ordering repeat prescriptions. Holmes pharmacy don't do it. Boots just stopped. Not liked by NHS as patient is not involved. Unspoken concern is that pharmacies overorder. Inhalers & sprays etc tend to be overordered</p> <p>BQB – noted an unnamed GP Practice where patients coming in with prescriptions not ordered – PPG had to intervene to stop.</p> <p>This differs to the offering from e.g Pharmacy2U that Boots are now also offering.</p> <p>Online Booking</p> <p>TH – requested an update on the required amendments to computer booking system for appts. SR – can now book in 3 appts simultaneously. Appts need to be more available – update still required but booking more than one appointment is derestricted. 25% of appts need to be available online and that is the aim - but not there yet.</p>	

	<p>CPR course</p> <p>12 people to attend 26/06. RH will run a single course in the waiting room and attempt to bring along enough dummies (known as Annies).</p>	RH
4.	<p>Summer Fair (Sat.6th July)</p> <p>Sub-committee meeting last Thursday 13th June. The stall will be promoting BMI; online appointments & screening. Use of large white board, flipchart & scales will be made available.</p> <p>DB noted that when we are at the fair promoting the practice, attendees could be given a form for completion to be new patients. SR explained that registering as a new patient requires a significant amount of paperwork, so not practical to provide forms for fair attendees. He recommended instead asking them to attend the practice and bringing in ID – photo ID + proof of address (if they want online access). SR noted that patients can register with no ID (homeless people etc) but ID is required for online access.</p> <p>BQB asked SR for assistance to move equipment to Cameron Hall on Thursday beforehand (agreed although he would be unable) and DB confirmed that equipment will be returned to Cameron Hall.</p>	BQB/DF/DB/AH/JH
5.	<p>Carers Event</p> <p>Dr Thanan event – Monday 15th July. 11 – 15.00. Purley Baptist Church. Purley Cross Centre will be working in conjunction with us – it is a PPG event - but Social Prescribing are responsible for the cost. Invitees will be from across the network.</p> <p>Four speakers as follows – i) Carers support Croydon; ii) Cancer support Purley, iii) Purley Cross Centre iv) an Expert Carer.</p>	BQB
6.	<p>Update Social Prescribing projects</p> <p>BQB – reported as follows -</p> <p>Craft group is working well and have a stall at Summer fair.</p> <p>Dancing at Methodist Church Brighton Road</p> <p>Tea Party continuing from Sep-Nov</p>	

	<p>Men's group started properly last Thursday. Light lunch 12.30-2.30. DF – some of her neighbour's are gentlemen on their own and the men's group might well be a solution.</p> <p>BQB summarised that the above initiatives were proceeding but that there is still some way to go.</p> <p>JH queried whether Social Prescribing should be generated via GP referral. Although BQB stated that this was the ideal by the Soc.Pres. team, however, SR suggested otherwise. In his view this initiative is not supposed to be from GPs. Should be organic and community based. SR stated that whilst the GP practice is about disease management, residents can be made far healthier and have an improved wellbeing by meeting and socializing that should not necessarily require GP involvement.</p> <p>KB raised query re dog walking – BQB spoke to Jennine Bailey (JB). All new initiatives are on hold.</p> <p>BQB suggested that the Primary Care Networks might lead to the demise of Social Prescribing.</p> <p>Social prescribing document for practices was unintelligible. SR & BQB agreed. Not been set out properly (venues/dates/times not set out properly).</p> <p>BQB also commented on the feedback form. Craft class feedback – some questions not relevant – e.g. age/personal details etc. Also asked for names & addresses of patients which was deemed unnecessary.</p> <p>BQB referred to an email received from JB requesting a DBS check. BQB queried whether this is required. SR – process around social prescribing governance is unclear. Craft & music clubs etc wouldn't have DBS but if there is a referral from practices – begins to require a DBS check. In North of borough – more young people involved in various groups which then increases need for DBS checks.</p>	
7	<p>Survey Results</p> <p>DF – approx 250 responses (last time over 300). DB questioned how this compared to the previous survey two years ago. The view was that results were similar, but no detailed analysis had taken place. Feedback included -</p> <p>Patients like open surgery, although they cannot always get an appointment with preferred GP. DF mentioned the speed of seeing their own or any GP. Whilst seeing any GP same day is straightforward, there is often a wait > 5 days to see own GPs.</p>	

Patients are able to see a Doctor quickly, but not necessarily their preferred Doctor. BQB commented that within the PPG network others often found it difficult to see Doctor. OCMP has the benefit of open surgery and therefore straightforward to see the Doctor on the day of illness. Other practices are moving this way although SR note that different practices have different ways of managing their surgery. BQB queried whether the open surgery was abused? SR stated that it didn't used to be and is there for acute problems, but patients might attend with non- urgent issues for convenience. Clearly if patients are ill they make their own judgment about attending open surgery but for predictable & planned visits (medication review etc) the hope is that patients will book an appointment away from open surgery if possible. It is always possible to book an appointment with a doctor in next fortnight, but for extended hours appointments it is attempted to keep them for patients who can only do late nights etc. Patient choices and preferences can be interesting SR noted a reluctance to attend appointments at the hub – gave an example of a patient who could not make a daily appt but wouldn't make an evening appt at Purely hub either. All about patient preferences. Questionnaire never that clear as it might depend upon patient preferences etc. DB commented that different intensity of pain/illness determines preference. SR concluded that we do well compared to our peers. Principle is to tweak our booking system where necessary rather than completely revolutionizing.

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Feedback NAPP Conference

From BQB -

Not as good as previous year – fewer speakers & workshops. Theme was celebrating GP practices.

Large practices – patient feedback not always good.

As examples OCMP – 15,000 +. Keston & Parchmore & East Croydon & Woodcote bigger. 4 or 5 larger Croydon practices per SR.

Our PCN – 5 practices > 50,078. North of borough – PCNs to 70,000.

Conference also noted the following –

- Implementation of technology – can isolate people.
- PPGs being appreciated

Zephan Trent is Assistant Director of Strategic Finance at NHS Improvement. He discussed integration of services and mentioned a number of interesting statistics, including

- the significant increase of over 75s needing health care
- a patient over 80 who spends 10 days in hospital ages 10 years due to muscle wastage.
- Every £10 the NHS spends £7 is spent on long term care
- 1 in 3 people have admissions to hospital who have more than 5 health conditions.

Patron of NAPP Sir Denis Pereira Gray raised other issues –

- i) Practice newsletters – times GP are on duty. SR noted that it is on website. BQB/SR agreed to put timetable on newsletter.
- ii) GP validation – 5 year process. 2,500 British GPs. Annual appraisals, CPD, feedback etc. GPs need to be more pro-active in attaining feedback. Feedback from 40-45 patients. Some attendees suggested a cynical use of selecting patients for feedback. SR – GMC are a professional regulator. Why would they want feedback? We already have Rate my GP; GP survey; PPG surveys; NHS. Why have another body seeking feedback?

There was a soapbox for attendees to raise issues but there was no technically expert panel to respond to questions.

Corkhill award - £500 for winning practice. BQB has applied for this but noted that wherever the conference takes place, the winner is in that locality. Two winners this year both local to the conference.

One had introduced a “listening table” – a PPG member in a waiting room sat at table. Patient could discuss issue with PPG then refer to practice manager. Issue arising was patients collecting prescriptions where items not ordered. SR agreed that this was an interesting idea as it raises verbal discursive issues, rather than survey replies.

A discussion ensued -

JH – when handing out surveys some chats arise – supports SR view. SR – a particular unhappiness becomes a regular theme (e.g. drugs out of stock).

DB – find more complaints on exit from people who are displeased with service. Need someone to catch patients on way out because that generates feedback from the service they have just experienced.

SR/BQB

	<p>DB queried whether this is fair – giving GPs complaints to deal with. BQB – complaints would be referred to the Practice Manager.</p> <p>However, NAPP liked the idea of listening table and SR also liked the idea although he suggested that it may be better to chat to patients about their issues in a consulting room, rather than a debate in public. Rather than ‘listening table’ suggested ‘patient experience’.</p> <p>The other Corkhill award winner – also rural area – set up monthly events for people living with dementia, musical entertainment organized.</p> <p>BQB noted also</p> <p>In Lancashire they voted for a</p> <ul style="list-style-type: none"> • PPG of the year, • Most Engaged GP Practice • Best Community practice • Volunteer of the Year <p>BQB intended to approach Croydon CCG to consider this for Croydon.</p>	<p>BQB</p>
<p>9</p>	<p>Practice Update – SR</p> <p>PCN – SPC health (Selsdon/Purley/Coulsdon) now in place. Patients should notice no difference. All Croydon practices are now in a PCN. NHS England approved all. Historical fallings out came to the surface but now resolved per SR.</p> <p>Registrar close to completing training but about to go on Mat Leave. Dr Besim Peci & Dr Hyams completing training in July. 3 new registrars in August – first time as GPs. Recruitment to GP training – best year for some time. But less GPs per head than ever. Per SR – lucky to have so many; recognised as a good practice? Many trainees want to be in London but often the commute to Coulsdon is a negative.</p> <p>Dr Thanan – now has carers mantle. List of carers now generated. Identify carers via self- checking screen on entering the practice.</p> <p>SR asked about user experience of the self-checking screen? Can ask additional questions. Self-checking screen can differentiate between patients of same gender and birthdate – GB confirmed that this had been his experience.</p>	

	<p>Building work – fire safety acceptable doors + fire alarms etc. Snagging jobs. Windows frosted, blinds ordered. TH – patient toilets water seepage adjustment.</p> <p>WiFi and TV in the first floor waiting area will be available in the practice shortly.</p> <p>Blue button referrals. From 1/7/19 – Croydon Health Services manage all specialties to all hospitals. 95% will have to be booked in this manner and if not sent in this way GPs have to complete forms to justify. 95% is too high a target for a new system as direct booking to a specific hospital might make more sense.</p> <p>If people could speak to CUH and determine waiting times more people would use it. E.g. say there is a neurology issue, referral will go to Croydon even if you want to go to East Surrey. SR – will dissatisfy patients.</p> <p>TH queried if CUH has enough business and that this is driving this requirement? SR noted that hospitals fear closure. One hospital too many in South London. All concerned about losing services. St Georges imploded administratively – have asked CUH to assist. Unfair perception re CUH – highest satisfaction with women having babies, but people don't want to go there.</p>	
10	<p>Any Other Business</p> <p>Dementia</p> <p>DB – Dementia growing as a problem. Needs to be a talk. Good subject to recognize. Presentation by a consultant. It was the very first talk organized by BQB some years ago. Age UK, Carers information, Alzheimer's Society etc + Expert Carer. SR noted the difficulties associated with husband & wife leaning on each other and then something gives. Support etc becomes a major issue and there is pressure on practice to support Carers. Carers Needs assessment from the council – council have no funds so it becomes a battle there also.</p> <p>BQB – couples together for 60+ years – mutual support continues when one becomes ill. Begins with denial. SR raised issue of care homes and society attitude of this being a failure. BQB noted that with funds a care home can be fine but without funds care is less good. BQB noted the experience of a 97 year old acquaintance that is typical of below standard care.</p> <p>BQB – letter to CUH. Complaint about discharging patients without support package in place. CUH have responded > they are doing some targeted work on discharge including the use of integrated and complex discharge teams to embed due process</p>	

	<p>and to start thinking about discharge from the point of admission rather than waiting for the day before. They are also beginning to scrutinize and report on these processes more as part of their integrated quality and performance report.</p> <p>BQB – leaflet setting out certain conditions recommended for pharmacy/A&E to be compiled. SR agreed.</p> <p>Out of area registration policy – use 111. Cannot keep doing this. Protocol re booking with a local GP.</p> <p>Connect Health – BQB, ML had mentioned to her that she had to go to Keston and wondered why she couldn't attend here. Gym moved from Keston to Waddon. DB – physio per AL is based here, every week 2 days pw. Connect Health – Triage & Referrals. Queries need to go back to them. AL had advised ML to raise question to Connect Health at previous PPG meeting.</p>	
11	<p>Dates of next meeting:</p> <p>Future meeting dates</p> <p>Tuesday 16th July; TH & AM apologised in advance for their absence.</p> <p>Monday 16th September Tuesday 15th October; Monday 18th November</p>	