

# PATIENT PARTICIPATION GROUP

## Old Coulsdon Medical Practice

### Minutes of the Meeting held on Monday 18<sup>th</sup> March 2019 at Old Coulsdon Medical Practice

Present: Brenda Quelch-Brown (BQB), Dr Sam Randle (SR), Tom Harrison (TH), Richard Hoffman (RH), Derek Bird (DB), Maureen Levy (ML), Denise Fonseca (DF), Agah Hassan (AH), Geoff Bell (GB), Neil Singleton (NS)

Agenda Item	Details	Action
1.	<b>Apologies for absence:</b> Arif Ladha (AL), Anne Millar (AM), Karen Birbeck (KB), Jean Baguley (JB), Jenifer Hanan (JH),	
2.	<b>Minutes of meeting held on 19<sup>th</sup> February 2019</b>  Agreed – subject to the following questions raised  TH requested an update on online issues. TH stated that the two appointments issue – say if seeing a nurse and/or phlebotomist, a patient cannot book an appt for Doctor. SR confirmed that this was an OCMP issue. Concern at commencement of online system that patients might swamp the appointments. This has never happened, SR stated that he will now take steps to remove this restriction from system.  ML queried access to patient's records. SR confirmed that he often authorized patient access. ML stated that she only had access to prescriptions. SR stated that he would enquire in order to resolve.	SR  SR
3.	<b>Matters Arising not included as Agenda Items</b>  BQB & ML attended mayoress tea party. Mayoress Bernadette Khan was very hospitable.	

4.

**a) CPR Date to be agreed**

10 participants for course so far.

Awaiting reception area windows to be frosted as that is the only available area for the practical course. SR noted that otherwise passers-by might be alarmed!

RH suggested late April but BQB suggested it might be better to reschedule for May in order to ensure that the window refurb is complete.

**OCMP Interim Survey results**

Majority of respondents white/British.

108 responses to date (15,000+ patients at the practice).

Views on GP – majority come in on open surgery and majority want to do so. Speed of seeing own GP – majority same day, a few – 24/108 wait for longer than 5 days to see their own GP.

Online problems 17 – Yes; 52 – No; 39 left blank. Responses may reflect interpretation – patients never using online system never have any problems either.

SR advised that it should not be a simple choice between online booking and open surgery. Online booking might be more suitable for, say, a follow up appointment or an appointment that can wait (say discussing a future vasectomy or requesting info about specific medical conditions).

Conversely, an ill patient will not wait for the online appointment and will attend open surgery. Patient profile is also relevant, a busy commuter working long hours might want to schedule an appointment to discuss concerns at a convenient date in the future.

Given the above SR stated that he was more interested in the experience of using the surgery – looking beyond the numbers – such as evaluating the experience of booking.

DF noted that the survey indicated people would like to book online – assumption being therefore that they did not know about the facility – this is the type of information SR requires.

In respect of telephone appointments most respondents were aware of the facility but 35/108 were not aware.

DF also mentioned single telephone line issue. SR noted that an extra line + receptionist has been introduced to cope with increased demand – but the telephone service has been an issue during the refurbishment. TH raised the issue with the telephone pre-queue system, but this again may have been because of the refurbishment.

DF set out that 92 people recommended OCMP, 3 did not and 2 unsure. Query re those who said no (new patients or/and perhaps those used to Dr Khan's walk-in surgery). A few people stated that the practice was very busy which may be a negative for new/transferred patients used to a quieter practice.

The survey also raised PPG awareness. Half of the respondents did not know about PPG (again this may have included new patients from Dr Khan / Downland). NS stated that he did not know about PPG and that the survey highlighted failings of PPG communications. SR stated that PPG was not a prime issue for OCMP or its patients so that 50% knowledge was a positive reflection in respect of PPG.

#### **b) Online prescriptions**

BQB stated that AL had stated that a future presentation would be hosted by AL/OCMP Doctors. The host of this would state what OCMP offers – for example online prescriptions & online bookings etc. SR – set this out as “Getting the most from your practice” – preparing questions up front, self-referrals as well as online bookings & prescriptions etc.

SR outlined that EPS (electronic prescription service) allows prescribers to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff. 50% OCMP prescriptions are not printed anymore – they go straight to chemist. Repeat prescriptions sign up for EPS – patients need to ask pharmacist. SR noted that EPS now does more transactions than VISA and that although certain controlled drugs cannot be dealt with via EPS this is now being amended from 1/4/19 to include additional controlled drugs.

SR also stressed that there are two distinct prescription online systems – requesting and collecting prescriptions. Requesting repeat prescriptions is an online facility under OCMP control, available via the OCMP website, whereas collection under EPS is arranged via the pharmacist.

DF noted that the survey indicates a preference for collection of prescriptions from the practice, but this is because patients remain comfortable with hard copy printout.

BQB requested clarification for the process for repeat prescriptions. Request – either drop in slip to building or online request. Then speak to pharmacist for EPS – prescription goes to pharmacy – printed at pharmacist – and patients can collect paper copy from the pharmacy or simply collect via EPS.

AH stated that he had asked pharmacist about this facility but had been advised to obtain a code from OCMP for repeat prescriptions. SR noted that some pharmacies e.g. Boots will request prescriptions for their patients. NS suggested that at some point in the future there will be no paper prescriptions and SR agreed that will happen. SR also noted that online prescriptions and EPS was a robust system and an element of NHS computer systems that works well.

BQB – Survey will close mid-April.

**c) Advertising & educating patients re OCMP services**

In preparation for the fete, BQB suggested a pop-up poster or a photo frame to advertise various services. DF also suggested a banner that can be regularly changed. The aim was to highlight different services, e.g. online prescriptions that relieves pressure on reception attendees.

A discussion about the best way to achieve this followed.

SR noted that there was no intention to re-install the advertisement laden TV that had been in place pre refurbishment.

TH suggested that changing messages on posters etc requires manual intervention and simply would not happen. BQB suggested that this should be a job for reception personnel. SR agreed that changing the message is good but

	<p>not to having a photo frame on reception desk. Reception area should be clear and not cluttered. SR believes that an electronic screen behind reception area generates subliminal messaging that would impact on patients and educate.</p> <p>He also suggested that it would be preferable for reception staff to educate patients. BQB suggested that as receptionists were unable to assist with the survey, they probably would not assist educating patients but SR thought otherwise.</p>	
5.	<p><b>Summer fair Saturday 6<sup>th</sup> July</b></p> <p>BQB advised that we will have a stall for the Summer fete which will focus on awareness about the practice including its various services on offer. It will be an exhibition but there will be no sales this year.</p>	
6.	<p><b>Spring presentation – Dr Thanan</b></p> <p>Takes place Friday 5<sup>th</sup> April at Cameron Hall.</p> <p>Will be 7.00 – 8.30pm on peri menopause</p>	
7	<p><b>Update Social Prescribing projects</b></p> <p>BQB - Janine Bailey met in January. Social prescribing initiatives discussed. 5 initiatives agreed. Two are now established.</p> <p>Craft class began 1<sup>st</sup> March – eight people turned up for the first session. The group will have stall at the fete sharing funds between Church and lead person's charity (Freedom from Torture).</p> <p>Dog walker – we are still seeking a lead person. We had hoped to have one, but they decided not to proceed. Two responders to advert placed on Nextdoor community site anticipated this being a full-time job. An advert has now been placed in local vet practice.</p> <p>Gentleman's Games group. Initial meeting will be at 12.30pm Thursday 25<sup>th</sup> April in the Tudor Rose. Tables will be allocated to the group. Meal available at discounted cost.</p>	

	<p>Targeting patients who are perhaps lonely, bereaved and not really socializing. Aim is to bring them into community. Targeted leafleting. Lead for this group has suggested a title “Romeo” – Retired Old Men Eating Out. NS – reminded attendees of a previous Romeo group, however BQB and Jennine both felt that the wording ‘Retired Old Men’ may detract from men under retirement age being referred. Referrals are preferably by GP or other professional.</p> <p>BQB suggested that social prescribing is not working as efficiently as she would want – slow progress- lack of admin resources?</p> <p>Tea party – Held on 2<sup>nd</sup> March. Was a success. Attendees said they had enjoyed the event. Some attendees were directed to other services. The next tea party is scheduled for 13<sup>th</sup> April. BQB will suggest taking responsibility for food preparation.</p>	
8	<p><b>Practice Update - SR</b></p> <p>Building works will be complete in 3 weeks.</p> <p>New service – Telephone appointments. People who can have an appointment by telephone if no physical examination needed or have already been examined. Would be suitable e.g. for discussing test results etc. Time saving would be patient travel time (SR noted that a phone call likely to be similar time wise to a face to face).</p> <p>New GP contract – encouraging to work as networks. Discuss with nearby practices. OCMP will be part of a network by July. Outside of CCG. OCMP discussing with neighbouring practices. Social prescribing leads will be employed.</p> <p>CCGs will be changing. Covering larger areas – one CCG for say SW London. ML suggested that Croydon CCGs may be vulnerable to potential change. If all CCGs working together, Croydon will work with Lambeth, Sutton, Kingston etc. there is a question mark whether good CCGs raise standards or if poorly performing CCGs bring others down. SR suggested that change always generates concerns.</p>	

	<p>BQB asked whether the new GP contract will still state the requirement for a PPG and noted that although CCGs want to promote more active PPGs, one practice in Purley does not have one (may have a virtual group?). SR stated that having no PPG or an inactive one is likely to be symptomatic of a practice with other issues of concern (assessment via “traffic light” system would probably include this as one of a number of “red” issues). SR responded that it is a contractual obligation at present although the obligation may be met by having a virtual group, having invested all this time to encourage and promote PPGs, it would be a backward step to not require each practice to have an active PPG.</p> <p>NS queried measuring benefit of PPGs. SR responded that there is local accountability even though measuring the benefit of PPG is unlikely to be quantitative – it is a qualitative benefit.</p>	
<p>9</p>	<p><b>Hospital Discharge</b></p> <p>BQB noted that a number of patients and relatives were unhappy with the discharge procedure of CUH patients. 4 recent examples of there being no support organized pre discharge – this is a non-adherence to hospital policy. One patient with cannulas still in arm was sent home. DB noted a discharged patient 6 days after having part of their bowel removed. CUH need to be aware of issues and hospital managers brought to task. BQB noted excellent treatment from CUH on a personal basis but reflected that it is those patients who need a care package where much of these issues relate, and who are not given this care and attention on discharge often resulting in a delay in recovery.</p> <p>TH observed that the issue may be related to certain specific departments.</p> <p>BQB spoke of an issue where a young breast cancer patient was placed in a ward with patients living with dementia at varying stages, TH suggested that this may have been the only bed available but BQB maintained that a patient who had been admitted for elective surgery should have a bed organized in a suitable ward. Poor treatment and care can only delay recovery.</p>	

	<p>DB – Reminded attendees that AL had noted that the NHS has a number of issues and challenges. DB also stated that no amount of complaining will rectify and suggested that UK hospitals compare unfavourably to other European hospitals. DF suggested that this was not the case as issues of this nature were not an issue in certain other UK hospitals e.g. Guys or St Thomas’s, so it is an ethos and culture in certain hospitals that results in poor treatment. ML noted that it is the administrative function in hospitals such as CUH that is ignored and overlooked.</p> <p>SR accepted that BQB should raise CUH issues. Croydon GPs are encouraging patients to go to CUH and although these examples of care are disappointing CUH quality is improving and access to consultants is genuinely improved.</p>	
10	<p><b>Any Other Business</b></p> <p>GB – Tudor Rose car park is now charging. Customers are reimbursed but patients have to pay; AL was assessing parking area but per SR the CCG staff member assessing this issue is now leaving.</p> <p>TH – Raised departmental head issues at hospitals. SR advised that service managers run hospital departments, not consultants.</p> <p>BQB noted that in Kingston there is now a matron responsible for specific units. SR noted that matrons have been appointed at many hospitals. BQB has met a matron at Kingston and everything appears to run smoothly. BQB thinks CUH need to follow suit.</p>	
11	<p>Dates of next meeting:</p> <p>Date of next meeting: Tuesday 21st May</p> <p>Future Meeting Dates: Monday 17th June,  Tuesday 16th July;  Monday 16th September  Tuesday 15th October;  Monday 18th November</p>	