

Patient Participation Meeting

30th May 2022

Present: Wayne Penegar (WP) Chair, Lynsey Buckles (LB)-Mins, AM, IP, WPr, RA, PA, SP

Apologies: GN

Discussion	Action
Matters Arising	
-Anti-virals-Wayne gave update from his unit.	
Today's Discussion	
<p>Complaints & Compliments A few compliments this month about the phone systems, but there have also been complaints. Lynsey read out one of the compliments we have received by email about the practice and receptionists.</p> <p>Lynsey mentioned that the recording of the calls on reception has been useful in 2 complaints so far.</p>	
<p>Staffing updates Dr Matt Davis has now left unfortunately and we are recruiting for another GP. We have been unsuccessful in our recruitment campaign in April unfortunately. We are mindful that we would ideally like a male GP but it will depend on who applies and the suitability of the candidates.</p> <p>Still recruiting for paramedics and pharmacists. We have a new paramedic starting in August called Lucy.</p> <p>Emma was successful at getting the Data and Quality assurance manager post, so we are now advertising for her current role.</p> <p>Nicolette-the new HCA has started.</p> <p>Antonietta, a new mental health practitioner will be starting with us for 2 days a week shortly.</p> <p>Hydea has replaced Sophie on a short term contract in the care coordination role.</p>	
<p>New phone system LB explained that the new phone system is not working as is expected. The lines keep dropping out and it is to do with bandwidth on the internet lines. We have not got 2 broadband connections and a 4G connections, just for the phones but the lines are still unstable. Where we are in Wimbledon does not have fibre broadband. The providers are looking at all options. It is disappointing to say the least and certain functions are not even enabled currently to try to preserve the bandwidth we do have. LB confirmed they are an approved NHS provider and she will check the contract- to ensure they are fulfilling their contractual obligations. There are regular meetings with the phone company.</p>	LB to check contracts to make sure they are fulfilling their obligations.
<p>Building and refurbishments LB confirmed that we were no further forward with the lease which was frustrating, it is sat with the District valuers and there's nothing we are able to do at this point. The impact of this though is that the works on the building are still outstanding (floors in GP rooms and sinks etc). The landlords have agreed to do one room in the very near future as the flooring was becoming hazardous so that is a good start.</p>	

<p>This does reduce our room capacity and waiting room capacity though whilst the works are being carried out so it does mean clinicians needing to work from home at times whilst these works are being carried out.</p>	
<p>Newsletter LB highlighted that the practice had not done a newsletter since before the pandemic, she asked the group whether they thought a newsletter was a good idea and what they thought should go in it. Lots of discussion about who it is aimed at, whether we needed one with all the information on the website now. Discussions about whether people ever read it, why they read it-was it because they were bored waiting?</p> <p>PPG felt it was not something to be prioritised at the moment and we should revisit it in the future</p>	
<p>Posters Discussion was raised by AM and WPr about the posters in the practice, advising that they came round before the pandemic and reviewed all the posters and felt it would be useful to do it again. LB explained we get so many posters sent to us to display. -AM & WPr suggested a 3 month expiry and rotate-which all others agreed with. -Agreed to do this in the Autumn to make room for Flu posters etc. All agreed that too much and out of date information is off-putting and confusing for patients</p>	<p>Anne and Wendy will continue their work in the autumn- sorting out the leaflets and information on display in the Waiting Area.</p>
<p>Cancer Letter LB said that the practice were designing a letter to go out to patients with a new cancer diagnosis, with information, advice and support services included. LB asked if the PPG members would be happy to review it and get their feedback before the letter is finalised. PPG were happy to offer their feedback.</p>	<p>LB to circulate the letter for comment</p>
<p>PPG general feedback/issues -PIP Applications/letter One of the PPG members emailed the practice asking for a letter for PIP and was told we do not do them. LB explained that PIP will request for the practice to complete a form if they feel evidence is required. The practice is trying to save the pt the fee of a TWIC letter which often are not required anyway as the form will be sent to the GP to complete.</p> <p>Urology referral -One of the members spoke about a recent experience that did not sit comfortably with them. A consultant in an NHS appointment said 'I can do it quicker if you go privately' and then gave the patient his card.</p> <p>Mobile MRI scanning -One of the members spoke about a recent experience having a chest/breast scan. It was a weekend appointment in a mobile van in the corner of the car park of the Wilson-which was deserted and didn't necessarily feel safe. The 'clinic' was being run by 2 men and there were no female staff present at all. The pt explained that due to the type of scan she was exposed and it didn't feel quite right. She was not offered a chaperone and there was no interaction really at all with the staff members and no one asked if she was ok with it all. The pt had put in feedback to the MRI provider about their experience.</p> <p>Question was raised by PA, asking How within the practice is there a learning culture? LB explained about the learning from complaints process as well as the learning events and significant events process, all of which the focus is very</p>	

<p>much about identifying how situations occurred and looking to see if there is anything that can be done to improve our processes to prevent further occurrences happening. LB also outlined another example of reviewing deaths and new cancer diagnoses to look at whether there is any learning.</p> <p>PPG members feel communications are now mainly digital and there are concerns that this could be discriminatory towards those patients who cannot use the internet or don't have a SMART phone or mobile. Patients with complex needs are overseen by the care coordination team. The PPG asked if this model could be used for others with difficulties using the online services? LB felt that there was definitely scope for this and wondered how many would already be in contact with the care coordination team due to have a long term condition or due to the medications they are taking. LB also explained that this is why the introductory message is longer than we would like as it is aimed at patients who don't have access to digital communications.</p> <p>AM suggested difficulties experienced by this group of patients with digital information might deter them from contacting the Practice with other urgent matters.</p> <p>RA stressed the need for any help to be pro-active rather than relying on the patient to raise the problems they are having in contact with the Practice. LB advised that certainly for those with Long Term conditions or high risk medications contact on these issues is proactive. The practice works with carers to try to support patients as well.</p>	
<p>AOB</p> <p>LN tendered his resignation from the PPG last month. We would like to thank him for his valuable contributions over the years.</p> <p>RA also advised that she will be moving back to her home country so will no longer be attending. The PPG thanks RA for her useful insights and perspectives on issues raised.</p> <p>Both will be missed.</p>	
<p>Date of Next meeting: 10th August 2022</p>	