

South Norwood Hill Medical Centre

Minutes of meeting of PPG held on Monday 17th October 2022

Present:

JC (Chair)

Dr. I Ojo

Dr. J Ojo

And other members of the PPG

Apologies for absence:

- There were no apologies for absence
- The Chair informed the meeting that one member of the group had resigned from the PPG as they were no longer able to offer the time commitment required.

Welcome and Introductions:

The Chair cordially welcomed members of the PPG to the first in person meeting since the March '20 lockdown due to the Covid pandemic. Brief introductions were made.

Matters arising from previous meeting:

- Dr J. Ojo thanked the PPG for its contributions to the response submitted to the Survey concerning Extended Hours - timings and availability of appointments outside the core offer. Other practices within the PCN appear to have no active PPG.
- ***It is proposed that other practices seek to convene or reactivate their own PPGs. The Chair and other members of PPG serving SNHMC are willing to offer their support in this.***
- The arrangements for extended hours set in place since 1st October'22 means that Parchmore and Upper Norwood surgeries, linked electronically to each Primary Care Network (PCN) member, now augment urgent appointments: 10 slots daily, and on Saturdays. The allocation of appointments is centrally managed by the South West London GP Collaborative.
- Given the size of the patient population (and the complex healthcare demands of communities under extreme level of socio-economic pressure) the meeting was not convinced that this will necessarily prove adequate.
- SNHMC continues to offer urgent appointments to patients registered at the practice, with doctors topping and tailing their appointment lists with those requiring urgent care; on an average day this can represent well over 55 additional patients. The offer of 6:30pm – 8:00pm on Thursday evenings has ceased.
- Two appointment slots are routinely held open until relatively late, making it possible that urgent attention to elderly patients and their carers, and young children can be given priority.
- In addition, the effective training of healthcare assistants in conducting home visits assists the early detection of problems minimising development into more serious complications. This has resulted, reportedly, in the least frequent use of paramedics across the 6 members of the PCN.

Part A: Leadership and Management of Practice

CQC Action Plan:

- The Action Plan has not yet been made available to PPG. Dr J. Ojo informed the group that although an Action Plan had been submitted to the South West London Integrated Health Service (SWLIHS) - the CCG as was, no response had been received. However in Dr Ojo's estimation 60% of tasks referred to in the letter from the then CCG had been undertaken.
- An infection control inspection carried out in February '22 scored very highly (95% efficacy). NHS England has recommended a change in furniture/fittings. As an example, cabinets in the consulting rooms are required to meet a certain specifications.
- *It is expected that this work will be carried out imminently*

Staffing:

- There has been no recent change to staffing and arrangements remain stable.
- Young staff are open to training and have reported positively on the impact of such professional development on their overall confidence and professionalism. Forms of training available include Effective Management of Prescriptions as a Safeguarding matter.
- Ensuring that sickness absence is covered continues to be a priority as staff are exposed to the same coughs and sniffles circulating within the wider population at this time of year.
- Ongoing development of several other roles include:
 - Pharmacy technician
 - Health and well-being coach (diabetic prevention and care; financial concerns; mental health).

Appointments:

- More patients are feeling sufficiently confident to attend face to face appointments.
- An increasing number of patients are able to gain an appointment at their preferred time.
- As a result of better administrative processes Dr J. Ojo has gained an increased amount of time to carry out telephone reviews with various patients. This has the effect of freeing-up booking as well as telephone time since these patients' concerns are dealt with during the review procedure.

Patient Feedback:

- Mandatory, the patient feedback survey data is used for quarterly submissions to NHS England. Feedback is automatically sought following an appointment, via text messages sent to randomly selected patients. [each of the PCN partners can monitor their own performance at nhs.gov.uk]
- Patients appear to demonstrate a preference for paper-based versions of feedback.

Practice website:

- Recently there has been agreement for some upgrade of the website.
- *Drs Ojo asked to take up suggestions put forward by the PPG in July '22 at the next PCN meeting.*

Repeat prescriptions:

- As reported in minutes of PPG meeting held 28/07/22

Part B: Patient Specific Issues

Missing referral letters:

- An electronic referral system enables referrals to be tracked and followed up upon
- The practice is connected to Croydon University Hospital, Purley Hospital and St. George's Hospital. Daily efforts are made to address emergent issues: workflow is picked up by administrative staff and where necessary letters and so on are re-uploaded.
- NHS regulations will mean that from 1st November patients will have full access to all personal medical data held. Unless consent has been given only limited sharing of patients' data is permitted - e.g. allergies, medication. There may be some implications for referrals. Exceptions may occur in the case of abused, at risk or vulnerable individuals.

Blood tests conducted at the surgery:

Blood tests completed early in the day- before the start of surgery- continues, with some 10-15 patients seen daily. It offers doctors the opportunity to monitor repeat prescriptions where appropriate. A number of patients continue to give cause for concern as they persistently fail blood test appointments.

Some non-compliant patients may have complex medical needs and a risk assessment must be carried out as a consequence.

- Medication can be reviewed over the telephone, although some types of medicines prescribed may require closer monitoring and this arrangement may not be wholly adequate.
- Some categories of patients qualify for home visits where such monitoring is concerned: those aged 75+ or the housebound.
- A PCN pharmacist visits surgery on a weekly basis, but there are limitations to their involvement in activities such as blood tests.
- Discharge summaries following a hospital stay will also give an indication of the level of monitoring of medication required.
- While some patients may find hospital appointments for the purpose of blood tests more convenient than visiting the surgery, there can be long waits despite having booked appointments. Dr J. Ojo noted one or two instances of false results/fewer than requested tests carried out on blood samples: this is put down to a delay in getting samples to the laboratory in good time.

PPG Publicity:

- A suggestion of employing the waiting room monitor to draw attention to the PPG was well aired. The providers of the monitor tend to dictate content, and there is the possibility of an additional cost to be met.
- ***Dr J. Ojo will explore the possibilities with providers and feedback to PPG.***
- The idea of producing a poster continues to be viewed favourably; although, nothing concrete at this stage.
- ***It was thought that this could be created solely for display at SNHMC or could be pursued***

as a joint project with other PCN members.

Any Additional Items:

Hospital appointments:

- There is an issue of delays in getting appointments following referrals to hospital. Clearly there is an impact on the surgery as patients in distress continually return to doctors.
- Drs Ojo explained that patients may believe erroneously that an appointment date will be offered two weeks following their referral; however, that two week period includes triage, and realistically the offer of an appointment may take up to 6 weeks.
- *A proposal was put forward that the PPG considers some way in which the practice may provide feedback concerning this issue.*

Diabetes:

- The question of the extent to which diabetes is genetically determined was raised. Dr J. Ojo gave a brief exposition, highlighting the significance of life-style choices/environmental factors in the expression of genes. Age might also be factored into the equation.

Dementia:

- While information concerning dementia care appears to be fairly easily accessed, there is less information on those factors that offer protection from (or at least delay) the onset of a condition not solely restricted to old age. Recent research carried out at UCL suggests that Black women are at an increased risk of developing the condition. While the figures appear low for those from the South Asian community, the stigma attached to the condition may result in under-reporting. One concern expressed by academics is that the available NHS data is not effectively disaggregated by ethnicity.
- Dr Ojo outlined aspects of dementia care provided by the surgery:
 - Patients are coded according to the level of care require
 - Support is offered to carers as needed
 - Patients are encouraged to report concerns as early as possible. Annual checks and referrals to the memory clinic are seen as effective interventions.
- There is an awareness of the health inequality data within PCNs, and some preliminary work has been completed.