

South Norwood Hill Medical Centre

Minutes of PPG meeting held on Monday 19th February 2024

Members present

JC (Chair)

OM (Minutes)

GR

Dr J. Ojo

Dr I. Ojo (Practice Manager)

Apologies for absence

PS

Matters arising from previous meeting (4th December 2023):

There were no matters arising.

Minutes

Part A: Leadership and Management of Practice

CQC Update

- South West London Partnership — from 8th January '24 six practices within the PCN have been getting ready for inspection under the new arrangements. However, none of the practices have been notified of an imminent visit.
- Former CQC inspector has been contracted to undertake a mock visit just after Christmas 2023. This comprised a whole day, rigorous assessment, resulting in a full report, the findings and recommendations from which has informed the Practice Improvement Plan. If needed a return visit will be undertaken.
- Practice bulk pay for staff training package, which can potentiate professional development for up to 40 staff members across some 80 modules. These are designed to accommodate different levels and areas of expertise/responsibility. Core modules include:

Raising awareness around issues relating to sepsis

Basic life care

Safeguarding

Ask first systems of care.

Part B: Patient Specific Issues

PPG Recruitment

- Pauline Skervin had hoped to speak to this item. In her absence Olga Mathews shared some insights she had gained by a recent webinar attendance. Ultimately, the effectiveness of the PPG will rest on matters of capacity, and available resources (see Appendix:1). Previous discussions, including pros and cons highlighted in December '23 meeting were revisited. Dr J. Ojo noted that plans are in place for Garden Party in Summer '24.
- The Chair reported having attended a meeting where she spoke on the subject of diabetes. She had been presented with chocolates as a gesture of gratitude.

Staffing

- High staff turnover in reception— 2 members of staff are about to commence nursing training and can only fill gaps at present. Some 4 members of staff have gone on to become nurses in the last year. Interviews for three new part-time staff members are in the offing.
- HCAs are able to take on wound dressing and ECGs.
- Two phlebotomists are now fully trained, with diabetics and those with long-term conditions prioritised for monthly tests/monitoring.

Practice Primary Care Services

Dr I. Ojo reported that this engenders collaborative working across the PCN in conducting Patient Surveys. Aimed at collating monthly patient feedback, which functions as backup to data collection by individual practices.

Patient Access:

- Several routes to appropriate care are on offer: -
 - a. Telephone

Analysis of small sample of feedback on telephone access ratings indicated that 50% reported fairly easy, and 12% very easy access. There is recognition of room for improvement.
 - b. Walk – In
 - c. Sensely App (79% satisfaction rating)
 - d. NHS App

The practice website (mostly very easily —>fairly easily accessed) works quite well.

Operational Plans are in place to ensure continual improvement. New telephone arrangement will enable call back. Mondays and Tuesdays remain the heaviest call days. There is a noticeable peak in access activity, late on Friday afternoons at around

3-4 pm. Drs Ojo report a persistent problem with wasted appointments; partially explained by patients making emergency appointments or, forgetting that appointments had been scheduled.

Going forward, improving access will give particular attention to indicators of domestic violence — phase 1 domestic violence training has been developed and on offer to receptionists/clinical staff.

Appointments

- The practice is meeting government targets with respect to % of virtual consultations (telephone; video) afforded to patients. Cloud storage will help to solve some problems thrown up by the online booking system.
- Face to face appointments have returned to pre-Covid levels.
- Telephone consultations appear limited to certain groups; mostly those whose working patterns restrict their ability to access in-person appointments.

Communication

- Text messages reminding patients of appointments can be confusing for patients, but under the control of the NHS who have commissioned the company responsible for delivering the service.

Covid, Flu and other Respiratory Infections — WHO Update (see Appendix 2)

In light of WHO concerns/advice, what are implications for the practice of the increasing risk of infection during the colder months?

- Dr J Ojo reported that Covid is still circulating within the community. Approximately 16 tests are undertaken weekly, but numbers continue to fall. Covid vaccination centres are shrinking in response to low uptake. Online bookings are still available. Drs have observed a desensitisation to messages concerning the importance of the flu vaccination.
- Concerns expressed about the increasing number of children infected by measles, and the lack of awareness of the serious health consequences for young children. MMR drive across the PCN, inviting children for their 2nd MMR vaccination.

A.O.B

Effective strategies for improving and widening the reach of the PPG to be kept under review.

Date of next meeting:

Monday 22nd April 2024 @ 17:00pm.

Appendix: 1

<https://youtu.be/OBjK2c5563Y?feature=shared>

https://youtu.be/1tzoClDQX_0?feature=shared

<https://images.app.goo.gl/KyS6nkSVME6NKKaN9>

<https://images.app.goo.gl/KyS6nkSVME6NKKaN9>

<https://images.app.goo.gl/G2myosooUqZvN5UGA>

<https://images.app.goo.gl/G2myosooUqZvN5UGA>

<https://images.app.goo.gl/urDFbESP3EMi8wem9>

<https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2016/09/ppg-guidance.pdf>

<https://www.mysurgerywebsite.co.uk/website/B82088/files/draft%20ppg%20leaflet%20for%20website.pdf>

https://www.cropreddy-surgery.co.uk/website/K84056/files/LiNK%20PPG_Toolkit.pdf

<https://www.rcgp.org.uk/getmedia/8f234312-e784-4652-9d55-1302b73bc045/RCGPNI-Patient-Participation-Booklet.pdf>

Retrieved: 18th March 20224 on behalf of SNHMC Patient Participation Group.

Appendix: 2

Taken from HEADlines Issue 157| 23 January 2024

Catching COVID-19, or just another cold?

In its third year, the persistence of COVID-19 has manifested in a recent uptick of infections worldwide, coinciding with the prevalence of other respiratory illnesses during the flu season. [While some countries have reinstated measures employed during the pandemic such as mask-wearing in hospitals](#), the current waves of infection seem to evoke less apprehension than they did three years ago. This prompts a critical question: what changed?

Notably, the symptoms of COVID-19 in recent surges have significantly evolved since the pandemic. With multiple vaccinations and exposure through natural infections, [most people have a faster immune response and may see a less severe set of symptoms](#). Scientists even claim that the [virus is likely to have mutated to present symptoms that are clinically indistinguishable from the flu](#). Both factors may influence individuals to be less cautious when infected, thus potentially facilitating the spread of the virus.

However, even if COVID-19 appears less severe on an individual level, surges in infection rates impose a substantial burden on healthcare systems. [Clinics and telemedicine providers are grappling with manpower constraints](#), even with AI technology to predict spikes in patients. In response, the WHO has urged individuals to [prioritise vaccination as a means to reduce the likelihood of needing serious medical care](#).

Ultimately, even if COVID-19 presents itself as just another flu, its impact on the healthcare system and on immunocompromised individuals is significant. It remains imperative to exercise caution when infected and take preventative measures wherever possible, reinforcing the importance of individual responsibility in the ongoing battle against COVID-19.

Olga Mathews

19th March 2024

