

## PPG Meeting minutes – 17 Nov 17

**Attendees:** Alison Watson  
Robert Gurd  
Ann Smith  
Jill Morris  
Moirira Black  
David Jenkins  
Owen Grainger  
Jean Rowe

**Apologies:** Anne Copp  
Emma Hayter  
Brian Anderton  
Susan Gurney  
Roisin Holden  
Jane Denton  
Dean Austin

Sangeeta Kathuria (Manager and Chair of meeting) (SK)

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Thank you for all the members who were able to attend the meeting this evening.

We firstly discussed some on-going points from the previous PPG meeting to see the status of works

- **Bike stands** – This matter has been on-going for a while. There has been no progress on this. JM also mentioned that at the Southfield Ward meetings the Councillor didn't think it would be part of a project that would happen for the surgery owing to issues with 'private land'. The members rightfully talked about whether there really is a demand for this and a justified demand in that would it be worth it if the practice paid out of its own pockets for the bike stand to be put in place. Are there enough people who use their bikes to come in to warrant this? SK mentioned that there are rings on the fence in the surgery near the staff entrance that can be used and the members agreed that we should close this case and simply inform patients that they have the option to lock their bikes against the fence. SK to put up the appropriate notices to let patients now of this.
- **Skype consultations** – SK discussed how the surgery is going to start using Skype consultations in a very small way to begin with. The surgery is being funded for extra winter emergency clinics once a week which will be run by Dr Mendes on Thursday afternoons. In those clinics, we are going to reserve a minimum of 1 and maximum of 2 Skype consult slots as an option for patients to be skyped if they wish to. This is purely for pilot purposes and will be audited to see in the

next four months, how many patients are actually going to be using this and want to use this. For future, moving forward we will evaluate this pilot and see if it is something the surgery needs or wants and act accordingly

DJ felt that this was not the purpose that was originally discussed for Skype consultations. He felt that this was more meant to be for patients who cannot come in or didn't want to take time off work to come in and sit and wait when they could be seen remotely. However the other members and SK agreed that this needs to be a starting point and we will work toward what he thinks as we progress. It may not even work so we cannot decide more until we start it.

SK will be setting up the consent forms that patients will need to sign up to in order to use this service. The Web cam and speakers are in place already and we need to start collating the Skype addresses from patients.

- **APP** – On the suggestion of the PPG in the Feb 2017 meeting, SK has designed the surgery APP which is very popular amongst the patients as it gives real time information. It has clear signposted information on out of hours and staff details and live news too. Currently it is only available on the android and I Phone platforms. AS requested to see if it would be available on Windows however SK, on discussing this with the APP Company, was informed that we cannot do this until we next renew. The renewal is in April 2018 at which time SK will add the other platforms. It was not done this time mainly because we wanted to test the waters and check that it was useful as a tool for the patients. SK also requested the members to let her know of any changes or details on the APP that need to be changed or added and she will act on this.

It was suggested that on the contact us page, a reason should be given as to why that particular point of contact is being made. SK to look into enhancing that feature.

RG also mentioned that there was an issue with the name of the new receptionist on the APP. SK to look into this and change it.

## **We then discussed the new events / issues at the surgery.**

### **ONLINE PRESCRIBING**

OG requested this to be put on the agenda. He is having or has been having issues when requesting repeat medication online in that the time limit of 28 days doesn't always allow him to order medicines that are on a 56 quantity cycle. However this issue is not one that is causing problems with any other patient and OG was advised to email requests if the system cannot change; hence it was classified as a personal issue and to be addressed on that basis. Currently it appears to be working fine but if any issues crop up again, SK will deal with this.

### **RECORDED PHONE CALLS**

SK has suggested that the surgery needs to make the reception only incoming calls to be recorded for training purposes. This is to help reception in their training for customer services but also for patients who put in complaints about the reception team, to be aware that this can be looked into on request. SK will be speaking to the current phone provider to start putting this in place. RG requested that if and when this happens, to not have long laborious messages about this being a recorded call and keep it to the point.

### **PRESCRIBING WISELY**

SK talked about a prescribing initiative that is being rolled out across all the local CCGS i.e. Ealing, Hounslow, Hillingdon, Hammersmith etc. This new scheme is to help reduce the waste that is costing millions to the NHS in prescribing and medication.

The current scheme is going to look at two areas that the surgery will be adopting to save money and wastage as per below:

1. Reducing prescribing of medicines and products that can be purchased without a prescription
2. Reducing waste associated with repeat prescribing

We are going to throw as much information as possible to the patients to advise them of these two initiatives including putting up price lists in the surgery of the costs of over the counter medications which is cheaper than the cost of a prescription.

We are also going to be speaking to the local chemists and ask them to ensure that they ask their clients exactly what they need instead of ordering everything on their repeat list. This will save waste of medication that is not required.

We will be encouraging our patients to order their medication via email or online services and in this way they are responsible for what they order and will only order what they need.

The only exception of course would be disabled or housebound patients or those with carers.

SK has already put in posters and leaflets on this initiative in and around the surgery with more to come on the TV and the APP and website.

### **RECEPTIONIST ISSUES**

SK explained how the surgery is having a bout of bad luck in the recruiting of the receptionist post since Lorraine left, having had 4 people coming in and out of the post since her departure. Various issues have caused this however, SK talked about the latest staff member to join the team and hopes that Nadia will be the one to continue long term.

### **EMAIL CONSULTATIONS**

SK talked about the new system in place at the surgery to start keeping separate slots aside on a daily basis for the clinicians (both nurse and GPs) for email consultations. We have many queries coming in via email in recent times related to things like travel vaccines, referrals, results etc. and this all

has to be dealt with in a timely manner. We therefore now have set admin time put aside for the clinicians to deal with these emails.

Patients, who email in with a query which doesn't require them to physically come in or make a call, will wait up to a week before the GP or nurse responds to their request, which is usually sooner in most cases. This also means patients don't need to take time off to come in for something that can be dealt with as non-urgent via emails.

This is all further documented on their medical records too just as it would be done if it were a proper face to face consultation.

The members suggested that more people need to be made aware of this system as this will help reduce pressures of appointments in the surgery.

More advertising of the service which the members agreed is working very well and can prove to be popular, maybe more so than video consults.

SK will be talking about this on the APP and TV so inform patients of its uses and benefits.

### **FLU VACCINES BY CHEMIST**

SK looked to the members to give her advice on how to manage the situation on the chemists grabbing patients opportunistically and giving them a flu vaccine. The surgery pre orders their vaccines in advance and has a stock which if unused, goes to waste. There is no full sale or return on these items. SK asked the members if they had been vaccinated by the chemist and if so, why.

AS mentioned that she went in to Alisha Pharmacy and he offered it to her then and there. Hence more convenience.

AS mentioned that we had a very robust flu campaign this year and relayed the information as much as possible including the Saturday walk in clinic.

However the chemists are offering convenience to have the vaccine done then and there whilst at the surgery one has to wait for an appt.

RG suggested that we should speak to NHS England and tell them how this is affecting the ordering of the products and reductions in our ordering with the risk of running out.

The members also suggested an evening flu clinic and to advertise this more as many people will probably turn up.

Another suggestion was for GPs to proactively vaccinate the patients as they came in for their consultations and keep some on their desk for each session they have for the day.

SK will be looking at these options for the next year's flu campaign.

### **EALING STANDARD**

The Ealing CCG has developed a further project called the Ealing Standard. This project is going to help support practices to offer the right amount of appointments per practice list size, the right level of training to all staff so in turn, increase patient care and offer better allocation of primary care services. It is proposed to work until 2020 and some of the things listed below are part of the agenda to work toward:

**More resilient general practice**

- Increased investment into General Practice to strengthen staffing capacity and enable practices to be more resilient in order to meet rising demand
- Equality of opportunity to all GP practices to provide services, provided they are able to satisfy locally determined requirements
- Support for fairer distribution of funding at a locality level.

**Improved access for patients**

- By 2020, all practices will be open from 8am – 6.30 pm from Monday to Friday
- A minimum number of consultations available relative to the practice list size
- Responsive access for housebound patients
- Access to male and female clinicians

**Improved health outcomes**

- Early identification through screening and health checks
- Improved care co-ordination for patients with complex health needs

**Reduction in variability**

- Minimum standards across a range of therapy areas, including respiratory conditions, musculoskeletal conditions, cardiovascular disease and diabetes.
- Key performance indicators across all services

**Long term sustainability**

- More proactive care for patients to manage their own conditions
- Improved medicines optimisation
- Reduction in use of more expensive urgent and secondary care resources

**HEALTH AND WELL BEING CLINICS**

Dr Mendes da Costa is going to start her own personal initiative shortly in that she is going to hold set clinics once a week to see patients chosen by the GPs as frail with multiple chronic disease and offer them more in depth well - being consultations. These will involve more holistic approaches to their care including homeopathy and will be longer in length for up to 40 minutes. She feels there is that small portion of patients who need more time to address their issues but also to look at recurrent patterns of ill health and medication reviews etc. She is going to offer this free of charge in her own time and hopes to offer this as a model of care to the CCG if it works in the patient's favour over time.

**AOB**

MB talked of an issue she has with online medication requests in that even though she has had her asthma review, the box was not unticked and this blocked her from ordering her medication for asthma. SK will need to look into this as this is something the system should be doing and not the staff members.

**Next meeting has been set as Friday 23 Feb at 18.00 at the surgery.**