

Glenlyn Patient Participation Group

Minutes of quarterly PPG Meeting held on 24th September 2018, Giggs Hill at 6.45 pm

Present: Dr A Kapoor, Dr R Strickland, Carole Tyrrell (GMG), Paul Thompson (Chair, PPG), Karen Young, Rosie Hodgkinson, John Hugall, Audrey Vail, Richard Vail, Catherine Hazel, Charlie Clark, Sue Hewitt, Jacque Thompson, Marie Hugall, Phil Plunkett, Alison Hollands, Catherine Hazell, Sue Dennis, Vicky Mitchell, Marion Todd.

Apologies: Joe Todd (GMG), Heather Leport.

Minutes of the Previous Meeting:

The minutes of the previous meeting were accepted with the following amendment:

- a) 'The following members have expressed an interest in taking up positions on the committee' to be substituted with:

'A new committee was appointed comprising the following members: Heather Leport, Karen Young, Malcolm Gosling, John Hugall, Rosie Hodgkinson and Paul Thompson'.

- b) Replacement of the word 'nominations' with the wording:

'The appointment of a chair and secretary will be discussed at the next PPG meeting'

Chairperson's Report:

Please see end of minutes.

Report from Practice:

Dr Kapoor spoke about key community services that are likely to change. Linked IT systems will make it easier for health delivery services to work together. Services such as the district nursing teams will work more closely with the practice in the delivery of their services.

Dr Kapoor advised that 'extended access services' had already commenced with 7 day access to GP services. The locality GPs were covering evenings and Saturday and Sunday surgeries (2 hours on Saturday and 2 hours on Sunday). This service includes nursing services and it was likely that phlebotomy services will be included in the future. These services are currently based at Giggs Hill Surgery and are all pre-bookable (as opposed to a walk in service).

Future services would include the Primary Care Homes Project which would improve the management and care of patients with complex needs, the elderly and patients who had just been discharged from hospital. This project proposed reducing/breaking down the barriers to care that currently exist and make it difficult for GPs in order to make the care flow more naturally. Again, this would involve linked IT communication. There are plans to link GP Practices, nursing teams and

Kingston Hospital. However, this will require thorough planning and implementation and there are still IT and Data Governance issues that need to be worked through.

Dr Strickland gave an update on recruitment at the Practice. The Practice has 2 new GPs: Dr Abi Ratnakumar and Dr Priya Bhargava. The Practice is still advertising for another full time GP.

There was discussion regarding the appointment system and Dr Strickland explained that it was very difficult to have an appointment system that suited absolutely every patient. Online booking is a very convenient system for booking appointments but this was not suited to everyone. Dr Strickland outlined that all appointments were made available online and these were the same as those available if you telephoned or came to the surgery. However, the nurses appointments were slightly different because they varied in length of time (depending on the procedure undertaken by the nurse). Therefore, these were not available online.

The new phone system will be introduced in October. There will be one number – 0208 979 3253. Gradually the Giggs Hill number will be phased out. There will be a mini call centre based at Glenlyn Medical Centre and the receptionist/administrative team were undergoing a new training programme. The telephonists will be directing, assisting and sign posting patients in a different way.

Dr Strickland stated that capacity is a national challenge and the locality are looking at ways to improve access to health services in the whole area. Challenges that faced Glenlyn a few years back are now being faced by many other GP Surgeries and smaller practices were struggling with resilience.

Dr Strickland advised that from 1 October Glenlyn will be working together with Capelfield surgery and 'pooling' the duty doctor/admin doctor/urgent care services. There will be no reduction in service but, instead, a pilot of the surgeries working together and pooling resources.

Paul Thompson reminded the meeting that the surgery had agreed to provide a 'how to access the Practice' guide. There had been previous discussion regarding this information to the website. The PPG also requested an update on the biography/photos of GPs on the wall/website proposal. ***CT to check with Joseph Todd.***

PPG Action Plan Update:

It was reported that the PPG Action plan had been done.

Questions received prior to the meeting:

The following questions were received by the PPG from patients. Joseph Todd, Practice Manager, has responded to each question:

1. Why are pre-bookable appointments released at the same time as urgent care ones? I have twice sat on the phone trying to get a non-urgent appointment for

my Daughter, only to be told after 15 minutes of waiting that no appointments are available. Wouldn't it be better to stagger the release times so that pre-bookable ones are released at a different time of day and therefore you are more able to get through on the phone line?

Answer: Many patients have asked us to make all appointments available at 8am and at 1pm. We used to have the 10am routine appointments time and then tried to stagger the release throughout the day. Patients were verbally abusive to staff on this matter. We won't please everyone but the person concerned would be well advised to join our online booking service and make use of the many opportunities to book their own appointments through Patient Access.

2. My wife's medical situation requires a regular dialogue between King's College Hospital (KCH) in London and Glenlyn. On Monday KCH needed to speak to Glenlyn and they emailed me to say it took them an hour to get through... Question: could there not be a "hotline" number for Hospitals, other medical professionals, insurance companies, Medicalert, etc., to call Glenlyn? Perhaps there is and we/KCH are not aware of it? Or perhaps all incoming calls come to the reception desk at Glenlyn, so a hotline wouldn't make any difference?

Answer: We pay for hotline number at both practices. However Glenlyn's system does not prioritise this number in the call queue. This is a clear oversight. The practice is going to deliver an enhanced telephone experience within the next 2 months and this will improve access to all callers, public and other health professionals.

Paul Thompson emphasised that the role of the PPG was not solely to forward complaints. Formal complaints should be made directly to the Practice. Paul Thompson stated that 'mud sticks' and whilst the Practice was not perfect, much is being done and has been done to make improves.

Dr Strickland and Dr Kapoor outlined that there were many reasons for appointments being more difficult to obtain and this issue of supply and demand was a national problem. The Practice is making efficiencies and changes to maximise the options available to patients.

Any Other Business:

It was highlighted that NHS Choices needed to be checked. The Practice was also showing the Electronic Prescribing was not available and this was not the case. **CT to discuss with Joseph Todd.**

There was a query as to whether additional appointments for NHS Health Checks could be made available. **AK agreed to feed this request back to Joseph Todd.**

The PPG and the Practice would be working together to increase the number of patients registered for online appointment booking. The Practice has an admin

team member on both sites who are 'Online Champions' and can assist patients who require help.

Registration for electronic prescriptions will also be encouraged (available for repeat prescriptions). Again, the PPG can assist with promoting the benefits of this service.

It was reported that the electronic check-in screen at Glenlyn was not displaying the waiting room information for patients. **CT to report back and check this.**

Dr Kapoor confirmed that the Lantern Surgery in Hinchley Wood had now become The Groves. Dr Kapoor advised that the Lantern had been part of the Groves in New Malden for some time. The Lantern, he confirmed, remained part of the local health federation.

Dr Kapoor explained that after 6.30 pm telephone calls for the extended access clinic are transferred to 111.

The PPG requested a Practice Newsletter before Christmas and Dr Kapoor agreed to this. The PPG requested that the newsletter contain a section regarding the PPG and encouraged patients to join the PPG. **CT to advise Joseph Todd.**

Date of Next PPG Meeting:

The next PPG meeting will be held on 14 January 2019 at 6.30 pm. Location to be confirmed.

PPG Chair's Report 24.09.18

Your Committee has met three times in the 4 and a bit months since the AGM on 8th May (that is, on 18th May, 14th August and 20th September).

One of our first tasks was to develop an action plan, based on the ideas outlined in the minutes of the AGM and expanded upon in our July newsletter. Most of the items that I am now going to report on really flow from that:

(1) One of the agreed actions was to help the Practice in holding some educational events for patients. The first of these was a Cardiology event held here on 28th July with Sally Wilson, lead Cardiology nurse at Kingston hospital. The next event of this type we hope can be arranged will concern diabetes and is likely to be early in the new year.

(2) Another agreed action was to produce an occasional newsletter and I hope all of you have seen our summer one, produced in July [show copy].

(3) We also agreed to conduct a PPG member survey which we did in July. Unfortunately, the number of response was quite low (10) but it did highlight some interesting points which we are considering further e.g. about how best to communicate with patients and possibly holding meetings at different times and at Glenlyn rather than just at Giggs Hill – A number of responses also focused on practice improvements which are matters we have fed through to the Practice: [e.g. more GPs, better appointment system, better prescription service).

(4) We also provided volunteers at the first of the year's Flu Clinics, held at Glenlyn

last Saturday. This helped free up surgery staff in getting patients registered and seen quickly and efficiently. We are hoping to repeat this for other flu clinics days, including the one to be held here in November.

In addition to those items, we have also been busy with other initiatives too. This has included:

- (5) Sorting out a Data Protection and Privacy Notice as is required for the PPG under the GDP Regulations – all members have now have been notified of this;
- (6) We also worked with the Practice to get the PPG webpage on the Practice website functioning properly;
- (7) And, additionally, we worked with the Practice to get the 'Contact the Practice' link on the website working properly as that was also malfunctioning.
- (8) Another thing we have been seeking to work with the Practice on is in the delivery of online access to medical records, something which remains very much a work in progress.
- (9) We were also able to send a representative to join the Practice Manager at the - (IDEEA - Integrated Dorking, Epsom and East Elmbridge Alliance) - Surrey Downs Clinical Commissioning Group's workshop in July on its intended implementation this October of what it calls its 'Primary Care Homes' (PCH) policy and in particular the provision of the 'adult community services' contract. This has been won by Epsom & St Helier hospitals with CSH Surrey (which describes itself as 'Surrey's largest and longest established community service provider') and three local GP federations (including our one). We are in one of six PCHs in Surrey Downs, ours being 'East Elmbridge' which comprises Glenlyn, Thorkhill, Esher Green, Capelfield, Vine Medical Centre, Lantern and Littleton Surgeries.
- (10) We also had the opportunity to send a representative to the South East Coast Ambulance Service annual members meeting and open day on 14th September - we did advertise this to PPG members but, as far as I am aware, none were able to attend.
- (11) Another initiative to mention, just last week, two members of your committee met up with the chair of the Thorkhill PPG to swap notes and through that contact are joining a Surrey Heath PPGs email forum . We hope to have a get-together too with representatives of the Vine PPG shortly.
- (12) Finally, I would just add that we have been seeking to liaise with the Practice on a variety of matters raised by PPG members and on developments at the Practice more generally, including the new appointments system, the soon to be rolled-out new telephone service and other matters [which I expect you will hear more about in a moment].

So, whilst we still have relatively few members and very few who have been able to find the time to get actively involved, we have been pretty busy and I believe are making a significant contribution in providing necessary feedback to the Practice from its patients and also the support which the Practice needs to improve the services which it offers.

But we do need more patients to join the PPG in order to ensure that we can reach out to all sections of the patient community and so that we are not as dependent as we now are on a very few. Please do therefore encourage those you know to join

the PPG, if only as passive members whom we can then send things to (if they are not PPG members, we cannot contact them). And, ideally of course, what we would like is further members who will attend some PPG events and maybe volunteer some help with these.

Going forward our action plan has essentially 6 elements:

- a. Seeking to boost PPG member numbers;
- b. Feeding back to members through these meetings, newsletters and other means;
- c. Liaising with the Practice on matters arising, providing constructive feedback and suggestions wherever we can;
- d. Helping the Practice in communicating and disseminating information and with events for patients;
- e. Supporting the Practice with initiatives to engage with patients' carers and with patients who are military veterans;
- f. Seeking to raise awareness of the PPG in general and how patients can best access the services which the Practice and the NHS provide.