

Minutes SMP PPG meeting 2 June 2021 from 3-5pm

#	Item
1	Attendance: CL, RB (chair), CB, JG, KC, LJ, NF, EA (SMP) Apologies: EM, AC
2	Additional Items for AoB LJ - NHS data sharing; CL - WCWC event in September
3	Minutes of last meeting agreed as OK and all matters arising are on agenda
4	<p>SMP Update</p> <p>EA no significant long-term change apart from currently being in the midst of change They are looking at processes and how they can move with the times.</p> <p>Dr Lings has retired.</p> <p>AC reported: patient said to AC that no notification that Dr Lings had left or of who the new named GP would be. EA said this is in hand and patients will be informed. There is no opportunity for patients to give a preference at this stage.</p> <p>Dr Sheridan was PT salaried and is now a FT partner. Dr EM is now senior partner. One new GP has already joined (Dr Yahanpath) and another, formerly a locum at SMP, will start in next month. Charlotte is replacement for Jenny as senior nurse</p> <p>Re access: online appt booking not open yet - it is planned - some practices are doing it but some have found it necessary to close again so want it to be permanent when they do it. There is increase in demand so waiting times are going up. - no significant change in work force so same hours available. EM working today in order to keep tackling waiting lists.</p>
5	<p>Patient Feedback</p> <p>We now revert back to only giving feedback to general themes of feedback rather than reporting over personal issues.</p> <p>EA explained that if feedback is reporting individual experience it is difficult to generalise as to whether widespread. Individual issues should still be raised as a complaint. General themes are fine.</p> <p>CL feels we are there to absorb negative comments and prevent complaints before they reach SMP. It is our role to report concerns.</p> <p>EA The Practice is aware of long wait times to get through and to make an appointment. We could submit report in advance to Practice Manager for discussion in clinical meeting however CL said we don't necessarily need a response as long as we can raise other patients concerns.</p> <p>KC - reporting on patient waiting 5 weeks because had to ring back a week later for the first two tries Practice doesn't release dates to book beyond three weeks so have to keep calling back. KC wondered if the Practice could release dates further ahead but EA said this could cause other problems. EA agrees there is a long wait and they aren't happy about it. It means phone calls take longer, receptionists stressed, ditto patients etc etc. Feel in part due to online access not being available.</p> <p>EA re appointment system - at next clinicians forum will be discussing other practices appointment systems because they recognise theirs isn't working well. Patients and clinical staff benefit if it works well!</p> <p>LJ was able to report excellent experience at SMP AC since last meeting has helped out on Covid vax clinics - well organised and patients happy with procedures</p>
6	<p>South London Listens</p> <p>CL – two local surveys – first is “South London Listens” - joint initiative between Citizens UK.org and South London NHS Trust - results show biggest focus on mental health. South London and Maudsley Summit for anyone who's interested eg PPG or PRG members if they have an interest in mental health issues – go to South London Listens website.</p> <p>Second survey run by Healthwatch - came up with concern re how few face-to-face appointments available for patients. Variability of access - some have online some not etc. CL still waiting for final info from this survey.</p>

	Advance results suggested a theory that GPs happy with status quo ie prefer to keep reduced face-to-face where possible for the time being.
7	<p>Online Access</p> <p>RB had sent EA a form suggested for non-urgent matters.</p> <p>EA reported that they liked the idea but there are some problems such as safety issues eg when something urgent comes through it needs not to be missed. Some practices report difficulties with it.</p> <p>EA currently reviewing processes. They are hoping to open up to online booking</p> <p>Need it to be part of wider review of processes and want it to happen and to move forward for appointments and access. So the idea is in hand.</p> <p>Website generally - NF suggested the website had understandably become a bit cluttered and unwieldy owing to the rush to get information online during pandemic. She has previously worked on the website and offered to help again if of any assistance</p>
8	<p>Brought forward items</p> <p>noticeboards N/A</p> <p>awareness raising RB said we are happy to be involved when relevant</p> <p>green/social prescribing – Elizabeth now involved in Critical Response Team (CRT) and Virtual Ward</p> <p>Expected to be in Practice in due course and then receptionists can refer directly to her</p> <p>Her role comes under Age UK - CL is involved with Age UK and CL reports other surgeries are interested in the role Age UK can play.</p> <p>NF informed the meeting about some of the excellent work done in the community by CL and her various charities.</p> <p>CL then reported on some of the things she does:</p> <p>The next Wallington Community Wellbeing Charity event at Holy Trinity Church is on September 10th, from 11-3</p> <p>Because of Covid it is capped at 40 exhibitors this time, 3 NHS organisations, eg GPs encouraging to have flu jabs. It's all free, including lunch</p> <p>CL working to help lonely older people to give them social , someone to chat to rather than going to Dr</p> <p>CL starting new calendar launched 10th September - some changes eg Chair Yoga is now online.</p> <p>All under one roof</p> <p>EA said she would give Dr Rodrigues CL's details.</p>
9	<p>PRG</p> <p>LJ - Cafe in Crisis to be established in Belmont for people to call in - expected to move to new location after trial</p> <p>Sutton vaccination programme going well. St Nicholas Vaccination centre open</p> <p>Antivax outreach groups run by Nadine Wyatt</p> <p>Noted that some PPGs have not met during pandemic so we are doing well</p> <p>CCG Consultation exercise – PRG members had been invited to submit ideas regardless of cost as to what should be happening in local NHS</p> <p>After discussion with RB - LJ's suggestion was to produce booklet of services available for social prescribing - practical help to patients and Practice - could avoid even seeing GP as could go there - carers, dementia support - rather than spend more money, let's make use of what's already available. Could be made available in other languages online. Put through letter boxes.</p> <p>NF pointed out that CL is already doing this in Wallington.</p> <p>CL has some of these links on her website - has had meetings with Ruth Dombey about how to replicate her programme elsewhere in Sutton - need two more people equivalent to CL for other areas.</p> <p>LJ said there were 50-60 suggestions and the PRG will decide what to put forward to CCG in July</p>
10	<p>AoB</p> <p>Recording of session to aid minute taker: NF had agreed to take minutes on understanding it was not deemed necessary to spend another two hours listening to the recording to check accuracy, therefore on this occasion no recording was made.</p>

	<p>Other staff to attend PPG meetings: EA thinks continuity of attendance at our meeting as continuity is useful and the meeting fully agreed on this point.</p> <p>She suggested staff could pop in for 10-20 mins to meet us, especially new staff. The PPG could find out what was of interest and explore ways in which they could assist.</p> <p>EA thought Dr Sheridan could be interested in attending in this way.</p> <p>And also suggested the Practice Manager could attend to answer questions about the annual complaints report</p> <p>NHS data sharing: in principle a good idea to share data within NHS but sharing with outside/interested parties (eg drug companies) could be a concern. EA doesn't have much info on this. Can opt out by 23rd June by filling in form to give to Practice - a limited amount of time to make the decision.</p> <p>Can still share within NHS but opt out of sharing. Data should be anonymous but not known how secure.</p> <p>RB has sent article to all include EA. Practice has not been informed of process or implications.</p> <p>JG queried what would happen in case of treatment etc being outsourced.</p> <p>CL said if you have online access you can share online access - get a four figure code in order to share with outsourced practitioner.</p> <p>Meeting with other PPGs at PCN level: EA Suggested perhaps once a year to make plans for Wallington</p> <p>LJ said need very clear agenda. NF suggested two reps per practice, clear agenda and agree SMP PPG view in advance.</p> <p>The purpose would be to meet PCN Clinical Directors</p> <p>Suggested date is Weds 18th August 3-5, 5-7 etc</p> <p>RB to come up with words for invitation and EA will send to practice managers</p> <p>Possible agenda items: Social Prescribing, (local) Population Health, Workforce</p> <p>Share views and visions and get thoughts</p> <p>Eg do clinicians go to PPGs - is it useful for us to meet locally – is there more we can do?</p> <p>It will be a smaller version of PPG and an opportunity for learning and sharing</p>
11	<p>Agree carry forward items</p> <p>Website, online access, noticeboards, awareness raising</p>
12	<p>Date of next two meetings: 15 Sept at 3pm and Dec 1st 3-5pm</p>