

Minutes of SMP PPG meeting 6th Oct 2021 from 3-5pm

1	Apologies: CL, LJ, KC
2	Items for AoB: see below
3	Minutes of last meeting were agreed. Matters arising were dealt with during the meeting.
4	<p>Meeting with Andrew at Healthwatch re survey</p> <p>NF - the survey was based on a relatively small sample and the responses were all well within the averages quoted for other practices. The comments had not been categorised and many related to matters outside the Practice's control.</p> <p>HS the survey was disappointing - could understand people were frustrated as a result of Covid but the info was really out of date by the time the survey came out so eg phone message had already been updated. It did not take into account staff illness at the Practice. She acknowledged that there was no online booking of appts and face to face was limited but it was the same for all practices.</p> <p>Change can be difficult for some people especially those without IT skills - the survey showed that older people 65+ were the main people who were unhappy whereas younger patients liked the new system.</p> <p>EM said there was an unrealistic expectation from public - no GPs now offer face-to-face as first option - everything now comes by phone first.</p> <p>AC triage on phone first isn't so easy for older people who might not raise the important issues on the phone owing to not realising what might be serious which wouldn't be visible on the phone</p> <p>AC suggested making Covid phone message shorter - HS says this has been done</p> <p>EM some data in survey was incorrect and taken out of context.</p> <p>Andrew admitted he had picked only negative things to report which SMP team felt unfair - this has been raised with him</p> <p>EM quite understands that negative comments need to be taken on board but not when they are either wrong or taken out of context.</p> <p>Some of the questions referred to points which applied to all practices.</p> <p>Phlebotomy not even under control of SMP.</p> <p>HS said there were positives - many people liked phone calls and being able to send in photos - some felt this was better and quicker and the timing was more helpful for people who are working.</p> <p>Actions from the survey:</p> <ul style="list-style-type: none"> - Change phone message - already done - Explain why triage necessary - if patients not willing to divulge information to a receptionist, they should decline politely - done (Receptionists have been asked by GPs to ask questions but are receiving a lot of abuse) - Timed appts within 2 hour slot - now available but some issues which HS will look into and bring to next meeting (Timed appts are shown online but are actually between the times of the session not the exact time booked.)

	<p>Social media</p> <p>There is huge concern about the level of terrible abuse being directed at Practice staff both clinical and administrative.</p> <p>All staff are working incredibly hard and this is very upsetting.</p> <p>People make inaccurate complaints on FaceBook which is distressing for staff and very difficult to counteract.</p> <p>LMC sent letter about the new ways of working and level of abuse with plans to involve MPs in finding solutions.</p> <p>It takes so much time for staff to deal with complaints, and there are concerns about retaining staff as it is all so stressful.</p> <p>There is a formal complaints procedure - there are more options for making complaints now, including online so there is no need to use social media.</p> <p>JG suggested and offered to draft letter from the PPG to local MP asking him to bear in mind the abuse being received and the pressure NHS staff are under when they hear from angry patients. The wording should be checked via HS before sending.</p> <p>EM reported that they have comparative stats for one week pre and post covid - they are now dealing with 300 more patient consultations per week than pre-covid. HS will provide these stats to PPG for inclusion in letter to MP.</p> <p>They are also dealing with 13 nursing/care homes which each need a multi-disciplinary call each week.</p> <p>NF suggested we should make it clear on website that the Practice is excellent.</p> <p>AC recommended training for staff in dealing with difficult patients plus having a mentor to turn to for support.</p> <p>PPG members felt that unwarranted abuse on social media was best ignored if possible. It is difficult to find enough staff as it is without adding new roles to deal with social media issues. Existing staff want to concentrate on doing their jobs and not on dealing with abuse and complaints.</p> <p>The PPG also wondered if a zero-tolerance policy towards abusive patients could be adopted.</p> <p>All present offered their full support to the Practice.</p>
5	<p>Update</p> <p>HS The Practice has decided to delegate flu and covid jabs to CCG so SMP can reintroduce the work on eg diabetes.</p> <p>Vaccines are ordered but no-one knows when they will turn up consequently difficult to inform patients when the sessions are running and sending texts is costly so can only be done when information is certain.</p> <p>Vaccination being done at Wallington Town Hall - original idea was to give Covid booster and flu jabs at the same time but Covid vaccine hasn't arrived.</p> <p>EM added that they need to promote Self Care. This can be targeted on website and SMP-PPG FaceBook site.</p>
6	<p>PPG members summarise any relevant patient experience</p> <p>NF reported having outstanding help and treatment and AC agreed.</p> <p>The Group thanked EM and HS for the excellent work of the Practice.</p>

7	<p>Pan PCN meeting feedback</p> <p>RB reported: 5 out of 8 practices attended.</p> <p>Larger practices were seen to be less approachable so patients of smaller practices felt they were getting better help.</p> <p>Dr Eleanor Barnard came and talked about preventative healthcare - ie the need to be more proactive rather than wait to treat conditions</p> <p>Manor Practice accepts emails to request prescriptions. EM/NF said emails would be too much work for clinical staff to read and HS reported that repeat prescriptions can be ordered online - again this could be more prominent on the website.</p> <p>There has been a problem with Boots saying they haven't received prescriptions when they have been sent or Boots has forgotten to re-order repeats.</p> <p>EM had suggested to PCN that there is a need to clarify new clinical roles - it was felt that many patients felt unsure about seeing advanced practitioners instead of GPs so HS/NF to add info on the new roles to the staff page on website.</p> <p>Next PanPCN meeting in February.</p> <p>AC offered to be reserve to attend future meeting of PanPCN</p>
8	<p>Online access form for non-urgent matters</p> <p>There was concern that this would create more work because people would probably ring as well. It was considered a good idea but that now was not the right time to try it when staff are so stretched.</p>
9	<p>Health Champion Report</p> <p>AC grateful for excellent work from Practice and EM thanked AC for her work</p> <p>Self Care can't be promoted in waiting rooms now.</p> <p>NF Jayex is good and AC suggested displaying Jayex at an outside window however HS said the screens are expensive.</p> <p>EM message on prescriptions - these are often not seen because the pharmacy tears off the page so he suggested after a consultation can send text message with advice about going to pharmacy.</p>
10	<p>Website</p> <p>EM would like website traffic figures so we can work to raise profile of key issues.</p> <p>New layout already implemented and HS/NF reviewing it</p> <p>NF said that SMP PPG has FB page maintained by CL - AC reported that it is very good and suggested we should link to it more prominently on the website.</p>
11	<p>PRG meeting feedback</p> <p>Presentations by: Clinical Research Network South London getting patients to take part in research projects eg dementia and bioresource; and</p> <p>National Institute for Health Research - looking for Clinical Research Champions.</p>
12	<p>Merger with social care - no news</p>
13	<p>WCWC event in September outcome</p> <p>A very good event attended by local MP and well done to CL.</p>
14	<p>Thoughts on CCG priorities</p> <p>List of options - agree that RB submit suggestions already received</p>
15	<p>AoB - HS will put NF in touch with social prescriber</p>
16/17	<p>Date of next two meetings - it was agreed to hold next meeting in January.</p> <p>HS will send suggested dates for that and the whole of 2022</p> <p>PPG members confirmed that their code of practice regarding the number of meetings required could be flexible in times of Covid. It was felt that background work on eg website meant that there was a good level of liaison with the Practice.</p>