

**Minutes of SMP PPG meeting 11 March 2020**

#	Item
1	<b>Apologies:</b> LJ, EA, CC, JG
2	<b>Elections</b> No further nominations were received and NF, CL, JG were elected as Chair, Vice Chair and Minutes Secretary respectively for 2020
3	<b>Items for AoB:</b> RB re WCRF magazine, EM re leaflet containers
4	<b>Minutes of last meeting and matters arising</b> <b>Jayex</b> HS reported that the new system was much better and that new material was available in the correct format. There is a lot of information available on the system for Covid-19 and it was necessary to find the right balance between this and regular items. It was still difficult to find material containing BSL signing. <b>Noticeboards and Leaflets</b> It was agreed to carry forward to the next meeting as this could not sensibly be actioned during the virus crisis. <b>Website</b> HS reported that DoctorLink would be available from 20 <sup>th</sup> April. NF had tested and reported it was similar to 111 but without speaking to a human. EM asked if we could have photos and brief summary of specialisms for each GP. NF said this was a feature we could activate. There was general concern that the website is still too cluttered. <b>Actions:</b> All to have a good look and make suggestions for improvements. Also all to request a friend do the same to give an outside perspective. Feedback to be sent to NF who will collate and present to next meeting. She will also look at activating staff page.
5	<b>Infection control</b> HS has supplied extra pens to waiting area. Clear additional instructions added to phone message by HS. No guidance from NHS on further steps to be taken. Other measures are out of SMP control. Common areas are responsibility of building management. There are three different cleaning contractors – one for each practice and one for the rest of the building. HS reported that dispensers and gel were currently unavailable in any case. Concern was expressed about the lack of co-ordinated response in the building to Covid-19. AC reported that protective clothing packs for GPs were available. EM said there was a possibility that they may be required to cover for staff in WFP if they were affected by the virus.
6	<b>PCN developments</b> Implementation delayed because new contracts due in April were unacceptable. If/when implemented, SMP due to be in network with Wallington Family Practice, Park Road Practice, Beeches Surgery and Wallington Medical Centre.
7	<b>Social prescribing</b> EM reported it was likely that only one day per week would be available to the Practice. They had looked at using an admin person for social prescribing but there was no funding for it. EM asked if we could organise talks on eg Headaches, or Diabetes. He suggested using patients who were experts on their conditions and who would be willing to speak to fellow sufferers as he felt the audience would be less likely to divert the session to other ailments if led by non-medical person. AC expressed concern about using non-medical person for information giving, AC also explained that owing to pressure of other work, she was unable to take on any extra role. CL is working with Sutton Housing Partnership who may have a room available and would investigate. It would not be able to proceed until after Covid-19 in any case. She would also research existing self-help groups. NF reported on a meeting she had attended where the manager of HealthWatch had said that all activities would need to be vetted and volunteer leaders expected to be involved in advance with potential new joiners as well as reporting on attendance. NF felt volunteer leaders would not be prepared to do this. NF had also been in touch with the social prescriber in a practice in Camden. She has started eg “Crafternoon” (knitting etc) sessions at quiet times in the waiting area which have proved popular. Her role is to find volunteers who will lead the sessions. It is all very informal. HS reported that both practices would be happy for this to take place. When Covid-19 had passed, it was felt this could be a model worth trying.
8	<b>Wallington Neighbourhood Wellbeing</b> CL reported that Wallington Wellbeing Charity has obtained lottery funding including cover for her two information days, local walks and exercise after stroke classes. <b>WallyWalks</b> NF reported on progress with ParkWalks – a new walk on Wednesday mornings, starting on 29 <sup>th</sup> April. For more information go to parkwalks.uk.
9	<b>Survey follow up: You said – we did</b> The next survey will take place in September NF was concerned about doing survey in waiting area because of potential for catching or passing on bugs

	<p>through shared pens etc. It was agreed that if the current situation prevailed in September that this would be an issue. If not some members of the Group were happy to do waiting area surveys – namely AC, KC, RB, CC Name badges for PPG members – it was agreed that HS would obtain one badge for each member displaying first name only and saying “Patient Volunteer” as “PPG” was not understood and to make it clear we are not staff.</p> <p>NF also felt that access to the online survey should be encouraged. Perhaps by sms to patients already receiving a message, with a link to the survey.</p> <p>It will be essential to keep the survey very simple.</p> <p>Surveys should be given to GPs to hand to patients.</p> <p>EM/HS reported that we had been advised by the CCG to ask a question about the areas where the Practice underperformed compared with other practices in Sutton in the GP Patient Survey.</p> <p>NF felt that as this would only be repeating the same question that this should be left to the GP Patient Survey.</p> <p>If the Practice took action to improve eg phone response times, this would be evaluated by the next GP Patient Survey.</p> <p>If anything, our role would be to investigate reasons either through our own survey or through further PPG discussion around the topics.</p> <p><b>Survey actions:</b></p> <p>Awareness raising – see item 12</p> <p>Promote local walking activities – see item 8</p> <p>Noticeboards and leaflets – see item 4</p> <p>Website – see item 4</p> <p>Encourage online access – see item 10</p>
10	<p><b>Improve online access</b></p> <p>Website actions agreed in item 4 to make site more inviting</p> <p>Discussed sending sms link to eg Patient Access App if patients rang for test results</p> <p>Messages via prescriptions – RB reported that he receives copy of electronic prescription inside the bag but others said they never saw the prescription or any messages on them.</p> <p>HS reported that the new NHS app allows online verification rather than having to attend surgery with photo ID.</p> <p>Ways of accessing the Practice and online consultations were discussed:</p> <p>Video call eg Skype – difficult to set up but could be valuable as in some cases it is necessary to see the patient eg for a rash</p> <p>Email – EM strongly opposed to this as people can write such long emails and the meeting agreed</p> <p>Telephone – works well at present after triage and could be extended</p> <p>DoctorLink (see item 4) – will be available soon and offers an online diagnostic and action tool</p> <p>HS reported there is old stock of cards with online access info.</p> <p><b>Action:</b> HS to review old cards to see if still relevant in which case these could be used first then to look at getting new cards</p>
11	<p><b>New hospital consultation report</b></p> <p>NF thanked RB for his excellent report which had been circulated prior to the meeting.</p> <p>RB outlined some of the concerns raised including those relating to transport links.</p>
12	<p><b>Health Champion report and awareness raising</b></p> <p>AC had been keeping the leaflet table tidy (see AoB) but in light of the virus was not planning any awareness-raising events for the time being.</p>
13	<p><b>PRG feedback</b></p> <p>KC referred to LJ’s excellent report. The main concern was the extra level of administration being added by the restructuring. Also issues around DoctorLink.</p>
14	<p><b>AoB</b></p> <p>RB recommended magazine from World Cancer Research Fund called Healthy You</p> <p>He supplied a copy and said further copies for the Practice could be obtained from WCRF</p> <p>The magazines contain healthy recipes which could be of use in raising awareness of healthy eating</p> <p>EM commented on the way leaflets got in disarray on table and suggested a stack of containers.</p> <p>CL is still willing to donate stands for leaflets.</p>
15	<p><b>Items for next agenda</b></p> <p>Annual complaints report</p> <p>DNAs</p> <p>Website</p> <p>New survey</p> <p>Underperforming areas in GP Patient Survey</p> <p>Noticeboards and leaflets</p>
16	<p><b>Date of next two meetings</b> – all TBC in light of Covid19</p> <p>If not feasible to meet, we might be able to hold a video call using eg Skype or respond to agenda by email for NF to collate.</p> <p>Next meeting agreed provisionally for 10 June</p> <p>Following meeting date was not discussed but 9<sup>th</sup> September is proposed.</p>