

## Minutes from Patient Participation Group (PPG)

**Date: 8.12.23 and 15.12.23**

**Attendees 8.12.23:** Leonor Mondata (Practice Manager), Emma Peacock Taylor (Practice Administrator – acting as minute taker), Martha Oppong (Receptionist), Dr Christine Furness (Partner and GP), Christine Ludolo (ANP), AB, LH, LT, IM, AM, CB, IP, HB, FS, AR, DE, NAR, NO

**Attendees 15.12.23:** Leonor Mondata (Practice Manager), Emma Peacock Taylor (Practice Administrator – acting as minute taker), YK, HB

Introduction	LM went over introductions. Explained that we had send out 5,162 invitations to restart the PPG and had received 127 replies of interest so had decided to split the meeting into 2 groups to make meeting more manageable. Also explained that Practice role is to facilitate and support the Patient Group Meeting which is run by patients to discuss and share ideas for improvement of the service. It is another route for patients to be updated with current service information.
Purpose of PPG	LM then explained the purpose of a PPG: <ul style="list-style-type: none"> <li>• They are a route for patients to advise and inform the practice on what matters most to patients and to help identify solutions to problems</li> <li>• The GP practice would like to know how we can improve our service to you</li> <li>• Its patients opportunity to hear more about the developments at the surgery and the local health service</li> <li>• The group aims to be representative of our patient demographic so members are always most welcome</li> <li>• They can also be used to raise funds for PPG led initiatives</li> <li>• Members skills can also be used to improve service – e.g. update of the practice website</li> </ul>
Previous PPG	IP briefly went over what the previous PPG had done. <ul style="list-style-type: none"> <li>• The previous group also produced a leaflet about the PPG, for display in the practice and to be sent to patients. This invited patients to sign up to join the PPG mailing list. The group ceased to meet because of the Covid Pandemic. This meeting is to relaunch a new East Street PPG.</li> <li>• Explained that they had created the Patient Participation Group Terms of reference and Ground rules (these are attached to the</li> </ul>

	<p>end of these minutes). These are the rules and regulations that the PPG agrees to adhere to.</p> <ul style="list-style-type: none"> <li>• LM explained that in the next meeting the PPG would need to agree to these Terms of Reference and Ground Rules and any suggestions/amendments would be most welcome.</li> <li>• LM also explained next meeting they would need to vote in a chair and secretary.</li> </ul>
Timing/frequency of meetings	<p>There was a brief discussion on what the group would prefer in terms of time of future meeting and the frequency of these meeting. Irene stated that the previous group agreed to meet every 3 months. The consensus was that the meetings would keep to this same frequency and that lunchtime meetings were preferred over evening meeting.</p>
Patient Survey	<p>LM then shared the data from the previous NHS England Patient Survey. It was explained that often NHS England sends out invites to patients asking them to complete a survey on their GP practice. Often this survey response is low and so is not a true reflection of the views of patients. Our Friends and Family Test results show 90% patient satisfaction which is not what the NHS patient survey suggests. LM then explained that the survey could be used by the PPG for ideas for development such as improving access to GP appointments. For more information on patient survey please see the link below.</p> <p><a href="http://gp-patient.co.uk">GP Patient Survey (gp-patient.co.uk)</a></p>
DNA's	<p>LM gave information on the 'did not attend' (DNA) rates for the practice (attached to the end of the minutes). Attendees were concerned with the high number of patients who do not attend their appointments at the GP practice as this directly impacts patient wait times for appointments and is a waste of GPs/Nurses time and resources. LM suggested that this might be something that the PPG would like to look into. Ideas were suggested such as sending those patients warning letters and possible removal from the practice for those that frequently and repeatedly do not attend their appointments. It was mentioned that in Scotland they have started to charge for missed appointments.</p> <p>Dr CF when she joined towards the end of the meeting also brought up how frustrating it is for her as a GP when patients do not attend as she knows that there are patients who really need these appointments.</p>
Digitalisation of the NHS	<p>LM explained that there is currently a big push in the NHS for digital transformation. This means increasing the practice use of technology in how it provides services to patients such as:</p> <ul style="list-style-type: none"> <li>• SMS messages to patients</li> <li>• Use of self-booking links for patients to book their own appointments via texts</li> </ul>

	<ul style="list-style-type: none"> <li>• Use of online booking services/Apps to book appointments/Online consultations</li> <li>• Promotion of NHS app to receive communication from the practice (this is free to us so increase use of the app would save money for the practice.</li> <li>• Patient Medical records accessible via NHS App including results, medical letters, consultations</li> </ul> <p>Concerns were raised over the safety of the Apps and the amount of apps that seems to be encouraged by the NHS. As a practice we encourage the use of the NHS app over others such as MyGP. Some patient also said that they could access some services on one app but not on others. MO encouraged any members who were experiencing issues to contact reception so we can make sure they have access to everything they need to.</p> <p>Concerns were also raised about the promotion of technology might disadvantage elderly patients and those with language barriers.</p> <p><a href="https://www.england.nhs.uk/digitaltechnology/">https://www.england.nhs.uk/digitaltechnology/</a></p> <p><a href="https://www.longtermplan.nhs.uk/">https://www.longtermplan.nhs.uk/</a></p>
Introduction to our clinical staff	<p>In the meeting on 8.12.23 Dr CF joined the meeting halfway through. Dr Simin Hussain, Dr Aqilah Vilcassim and Nurse Christine Ludolo also came and introduced themselves to the group.</p>
News	<p>Dr CF and LM gave the news that the practice will be moving premises to the new Harold Moody Health Centre. This move was supposed to happen in August 2022 but has repeatedly been delayed. We are hoping that this will happen late April/ early May but we will send out more information to all patients when we have a confirmed move date. Questions were asked as to why we are moving premises. CF explained it is to give the practice more space and better facilities for the patients.</p> <p><a href="https://www.301eaststreetsurgery.co.uk/News/239ba345-0b23-45eb-9055-671edc2d869c">https://www.301eaststreetsurgery.co.uk/News/239ba345-0b23-45eb-9055-671edc2d869c</a></p>

The next meeting will be March/April. Please could members suggest dates?

## Patient Participation Group Terms of Reference

### 1. Name of Group

The group shall be called 301 East Street Surgery Patient Participation Group (PPG), and shall be affiliated to the National Association of Patient Participation (NAPP).

### 2. Aims of the Group

To work in partnership with the practice and to strengthen the relationship between the practice and patients in order to:

- Provide a forum for patients to provide feedback and comments about the practice to continually improve services
- Act as a critical friend – provide a patients' perspective ensuring services, plans and activities respond to patient needs and priorities
- Identify opportunities to improve the patient experience
- Foster two way communications between the practice and patients, building strong relationships
- Provide peer support to other patients – promote healthy lifestyle choices, self-care and understanding of long term health conditions
- Support the production of patient facing information
- Provide a link between the practice PPG and locality PPGs so patients can have a say about wider health services and issues

### 3. Membership of the Group

The group is open to all patients registered at the practice and all practice staff

### 4. PPG Meetings

The group will meet at least four times a year. Meetings usually take place on a Friday afternoon at 1pm.

Notices of meetings and minutes will be displayed on the PPG notice board in the waiting room and on the website and members will be alerted via email and/or telephone call. Agendas are organised by a small working group made up of patients and practice staff.

### 5. Chair of Meetings

The chair of the PPG is a patient member, voted by other patients on a two yearly basis. The chair will be supported by the practice.

### 6. Training and Support

NHS Southwark Clinical Commissioning Group provides a patient information pack for all members of the PPGs and a series of free training sessions, open to all PPG members.

### 7. Ways of Working

The PG has a set of ground rules setting out expectations of how meetings are

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conducted.

**Ground Rules for Patients' Participation Group Meetings**

1. This meeting is not a forum for individual complaints and single issues as there will be other procedures for supporting patients with these concerns.
2. We advocate open and honest communication and discussions between individuals.
3. We will be flexible, listen, ask for help and support each other.
4. We will demonstrate a commitment to delivering results, as a Group.
5. Silence indicates agreement – speak up, but always go through the chair.
6. All views are valid and will be listened to - respect other's views and don't interrupt.
7. No phones or other disruptions.
8. We will start and finish on time and stick to the agenda.
9. The Practice will listen constructively to patients' views and proposals and will respond explaining what action the practice will take. If no action can be taken the Practice will explain why not.
10. Patients take some responsibilities within the group.
11. All communications issued by the PPG will first be agreed by the Group – no communications about the group will be issued by individual members.
12. The Chair/facilitator will keep the meeting focussed.
13. Brief notes (not detailed minutes) will be made recording key actions and decisions only. Notes will be available in the public domain and will not include confidential matters.
14. All PPG members will work together and support each other to meet the objectives of the group.
15. Confidential matters and discussions are not to be shared outside the meeti

To view the results from our GP Patient Survey, please visit:

<https://www.gp-patient.co.uk/report?w=1&practicecode=G85721>

**DNA rate:**

Nov 23 : 8.3% 153 appointments 25.5 hours clinician time  
Oct 23: 8.9% 171 appointments 28.5 hours clinician time  
Sept 23: 7.3% 134 appointments 22.3 hours clinician time  
Aug 23: 8.4% 149 appointments 24.8 hours clinician time  
Jul 23: 7.4% 135 appointments 22.5 hours clinician time  
Jun 23: 6.1% 113 appointments 18.8 hours clinician time  
May 23: 7% 108 appointment 18 hours clinician time  
Apr 23: 6.6% 99 appointments 16.5 hours clinician time  
Mar 23: 7% 117 appointments 19.5 hours clinician time  
Feb 23: 6.8% 106 appointments 17.6 hours clinician time  
Jan 23: 5.5% 98 appointments 16.3 hours clinician time

Year to date : 1383 appointments, 230.5 hours of clinician time