**PPG - Patient Participation Group Meeting**

Friday 9th June 2017 - 1.00pm

**Parties Present**

Facilitator: René Mehta (RM) – Practice Manager, Sharon Castello (SC – Reception Manager)

**Patient Members**

Richard Lee (RL), Bernard Bain (BB), Peter Wright (PW), Gina Michel (GM), David Clark (DC)

**Apologies**

Joanne Darwish, Nicola Salmon, Kevin Kerwick, Michael Brady, Diesel Roberts, John Holt, Katie Kelly, Patrick Ironwuba

**2 Actions and Matters Arising from last meeting**

RM noted that there were no minutes from the previous meeting as the PPG was hoping to start with afresh

**3 Terms of Reference**

RM presented the draft Terms of Reference for the group based upon a template set out by Southwark CCG.

PW noted that the language could be improved upon to make it more patient friendly - **ACTION**

RL noted that the Chair of the meeting didn’t need to be a Patient. RM noted that other PPGs have taken ownership of the groups by chairing the meetings themselves with minimal input from practice staff.

The patients stated that they felt the group would benefit from having one of the partners of the practice attend more regularly, perhaps at least twice a year – **ACTION**

It was agreed that meetings should be held at least once every three months i.e.; 4 meetings/year.

It was noted that the meeting attendance might be increased by holding at least two of the four meetings in the evenings.

DC suggested that the meetings could also be held at another venue such as Pembroke House. PW noted that there was meeting room space at Bricklayers Arms which should be free to use as it was a community-related meeting.

The practice may be applying for an Improvement Grant in 2017-18 – most likely for vinyl flooring for the doctors consultation rooms. Practices must submit applications for funding by the end of September to NHS England. The funding is a 66% grant, meaning the practice must pay the remaining 34%. All applications must have the support of the CCG. The Department of Health will then review these applications and write back to practices requesting any further information or accepting/rejecting the application. Monies will be made available for works to be carried out between April 2017 and March 2018.

**4 CQC Inspection**

RM noted that the practice had passed its CQC Inspection in December 2016. The surgery was rated as Good overall and the report contained several findings; two “Must Do’s” and a further eight “Consider doing” actions.

RM explained the response document that he has submitted to the CQC outlining the practice’s response to those actions. The PPG was satisfied with the responses. It was noted that one of the actions was to discuss at a future PPG meeting a practice response to poor feedback about the practice nursing staff - **ACTION**

**5 New Telephone System**

RM noted that the practice was aware of difficulties that patients faced when phoning int to the surgery. The practice will be implementing a new phone system from August which will include several new features such as call queuing and call recording. It is hoped that this will improve telephone access and also help patients and practice staff alike.

RL asked if the practice will be implementing any standards such as telephone calls being answered within a set timeframe. RM noted that this was very difficult given that the surgery doesn’t have dedicated call staff. However RM would be happy to present feedback at the next meeting on the initial thoughts/successes or otherwise of the new system - **ACTION**

**6** **Patient Engagement / NAPP / FFT (Friends & Family Test)**

RM presented the May 2017 NAPP (National Association for Patient Participation) bulletin. It is National PPG Awareness Week from 19th-24th June.

RM explained that, as per the NHS regulations, the surgery routinely texted patients after every appointment about how likely they would be to recommend this surgery to their Friends & Family;

FFT responses in May – 95 received in total; 63 extremely likely to recommend, 24 likely, 3 neither, 3 unlikely and 2 extremely unlikely. The negative feedback tends to be about the difficulty in getting through on the phones. The practice is investigating how this can be improved with our telephony supplier. These numbers are fed back on a monthly basis to NHS England and then published on the NHS Choices website of each practice. Patients are also asked to add comments about their rating - **ACTION**

**7 Any other business**

The PPG had a general discussion about access and premises issues at East Street Surgery. GM expressed concern about how easy it would remain to get an appointment if the practice continued to accept new patients. RM noted that this issue has been noted at a previous PPG meeting and he has had discussions with NHS England in case the practice would need to cease accepting new patients. NHS England would not be in favour of allowing the practice to do this. The development of an Estates Strategy was discussed at the March 2017 North Southwark Locality Commissioning meeting (see Addendum). RM noted that the issue for the practice is that it is rapidly outgrowing its premises and that the Partners are willing to look at alternative solutions. RL asked if the premises issue could be raised with Southwark CCG (Clinical Commissioning Group) and the Council as it is one that affects every surgery – **ACTION.**

GM also noted that perhaps the surgery could look into carrying out online consultations via Skype etc… RM said the issue here is less about that technology but more about the lack of admin space to conduct such consultations. The practice has met with representatives from the library on the corner who may be able to offer some admin space in their proposed redevelopment although this may not be a long term solution.

DC noted that he had attended a recent Healthwatch meeting whereby appointment systems were being questioned. He fed back to Healthwatch that he was very happy with the access at East Street because of the daily morning Open Surgery. RM noted that Healthwatch will be visiting every practice in Southwark between now and the end of July to interview staff and patients about their experiences of getting/booking appointments. They would then produce a public report outlining their findings.

**Date of Next Meeting**

**Friday 8th September 2017 – 1pm**

**Actions**

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| --- | --- | --- | --- | --- | --- |
| Ref | Action | Lead | Date due | Comments | Status |
| 09062017-1 | Amend language in the Terms of Reference | RM/PW | 31/08/2017 | Make the language more patient friendly | Open |
| 09062017-2 | Partners asked to attend at least 2 PPG meetings/year | RM | 30/06/2017 | Partners agreed to trial that at least one Partner to attend PPG twice a year and other clinicians twice a year | Closed |
| 09062017-3 | Review Feedback concerning Nurses in latest GP Patient Survey | RM | 08/09/2017 | Link to Patient Survey <https://gp-patient.co.uk/practices/G85721> | Open |
| 09062017-4 | Feedback on new telephony system | RM | 08/09/2017 | Discuss at next meeting | Open |
| 09062017-5 | Review Unlikely/Extremely unlikely FFT comments | RM | 08/09/2017 | Discuss at next meeting | Open |
| 09062017-6 | RM to escalate premises concerns to CCG Estates Lead | RM | 30/06/2017 | RM has emailed Rebecca Scott (Programme Director at CCG) | Closed |

Addendum to the minutes

Excerpt from the Minutes of the March 2017 North Southwark Locality Commissioning Meeting

*4.2 Developing the CCG Estates Strategy*

*MH (Malcolm Hines – Chief Financial Officer Southwark CCG) introduced the item and noted that:*

*premises is an issue for many practices*

*the CCG has established a Southwark estates group including some practices and LMC representation*

*today’s discussion is from a commissioning perspective and not to talk about individual practice estate issues*

*the GP Forward View talks about many key principles which estates tie in with in order to be able to deliver care in the future outside the hospital*

*many practices have applied for and are getting improvement grants for existing premises with money that come through from NHS England*

*there are a number of big regeneration projects in Southwark (particularly in the north of the borough) and the CCG is looking at opportunities for future service provision in premises that are fit for purpose.*

*the model for developments in London is often having retail premises, including health centres, with housing on top*

*there is significant population growth which is about 2% across all Southwark but this is focussed in the north*

*MH referred members to slide 13 entitled community hub locations which outlines proposed community hub sites and population growth hotspots. He noted:*

*a proposed community hub covering Blackfriars and Elephant and Castle which has an estimated population growth of 17,000*

*Aylesbury and Mandela way which has an estimated population growth of 16,000. A new site has been agreed at an old youth centre site as will be a health centre, retail, nursery with flats on top*

*Canada Water has an estimated population growth of 16,000 which is more than previously estimated. The council has chosen developers for this development and the CCG has started discussions with them to ensure that health facilities for the proposed population growth are embedded in the plans.*

*Old Kent Road is looking at significant population growth of 32,000 and there will be lot of development going on in this area but the developers have not yet been chosen*

*a community hub would have a wider range of services with community services, primary care and basics diagnostics, a range of services for people with long term conditions including mental health and possibly children services depending on local demographics.*

*Support hubs would not have such the range of services.*

*there is less capital money available now and that the CCG needs to take advantage of the opportunities that regeneration offers in Southwark*

*the CCG has had discussions with a number of practices about future needs and development of business cases and we need to work together within opportunities to achieve services in the right place looking at population needs and density and think about good transport links.*

*that Mark Kewley will leading on future engagement with practices, patients and wider stakeholders as we go forward*

*In response to a query about primary care budgets, MH clarified that currently the GP primary care budget sits with NHS England and the GP element of this moves to the CCG form 1 April 2017 and is approximately £40m/year. The improvement grant is separate to this. Negotiations are on-going across London about whether sales receipts can be re-invested in the area where they are released. MH also noted that the section 106 monies are now called the community levy. The developer will pay a community levy to the council on each flat in a development and this is a different amount in different areas depending on what council can negotiate with developer. It is a one-off levy.*

*TW noted that we to be careful to ensure that as we set up community hubs we are adding to the whole of what primary care can offer and take an inclusive approach*.