

WELLS PARK PRACTICE

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Partners: Dr Tony Adegoke-Dr Ranti Bolarinwa-Dr Prachi Gupta-

Associates: Dr Katherine Ward -Dr Elizabeth Paul – Dr Sumudu Dahanayake -Dr Omoesiri Emedo

Practice Nurses: Rosie Dada-Gill Jenkins-Saido Ali-Dunmininu Smith

Practice Manager: Antonia Makinde

Agenda : Patient Participation Group Meeting - 17 March 2017

	Item
18:00	Apologies and Welcome
18:05	Update from Practice Half Day
18:10	Practice Staff Update <ul style="list-style-type: none">• Waiting room being cleared• Funding for premises cosmetic work• Dr Sum leaving end of March• Appointment of New GP• Ongoing GP recruitment issues• New Nurses
18:20	To agree dates for Emis Access information day
18:30	Neighbourhood 4 PPG Meeting – Minimum 2 members to attend
18:45	Agree Meeting Dates and objectives for 2017/2018
18:55	Close

Patient Participation Group Meeting

Minutes of Meeting – 17 March 2017

Present: Antonia Makinde (AM), Jane Feldman (JF), JM, SG, SP, MD
Apologies: MW, FR, RT

Chair: Mel Deakin (MD) Deputy Chair – Satish Patel (SP)

- 1) Jane Feldman (JF), New practice coordinator introduced. PPG members noted that Jane will now be the link between the PPG and the Practice.
- 2) Update from Practice Staff Half Day
PPG members received update from the Practice staff half day which took place on Thursday 8 December 2016. PPG members were represented by MD and SP
PPG members noted as follows:
 - Mission statement has been adopted. This has been emailed to the CQC
 - A series of drop in sessions had taken place, specifically, Asthma, COPD and Diabetes.
 - Telephone prompt has been updated

This was welcomed by the PPG. They suggested that the Practice continue with the drop in sessions with particular emphasis on Mental Health and Depression. This was agreed. PPG members noted that the Practice had been sending a series of texts lately to invite patients for clinics and drop in sessions. It was feedback that some of the texts did not include the name of the Practice and some patients will not necessarily be aware that they had been sent from the Practice. They also suggested that the Practice be aware of issues around confidentiality and check that patients had agreed to be sent texts.

AM to change message on website to reflect comments.

- 3) Practice Staff Update
Minutes from the Practice half day session held on 8 December 2016 attached.
Waiting Room – JF reported that the waiting room is being cleared with old posters being replaced
PPG members suggested the following:
 - Staff photos to be displayed on a board
 - Information available re mental health – consider putting up in reception
 - Information on Carers Lewisham to be put up in waiting room- already actioned
 - PPG needs to have a board of their own in waiting room

It was noted that the building is dated and requires some decorative work. AM reported that the Practice had applied to the CCG for funding.

Staff News:

Dr Sumudu Dahanayake will be leaving the Practice at the end of March and will be relocating. Dr Matthias has been appointed. His application to be included in the local performers' list is in progress. PPG members noted ongoing difficulties with GP recruitment. 2 Recently appointed nurses have settled in nicely.

- 4) EMIS Access Information Day
Discussed at length. Agreed for this to go ahead on Saturday 8 April between 10.00am and 12.00noon. Patients to be informed via Newsletter. To be run by Satish Patel and SG.
Patients will be asked to bring their phones with them –

5) Neighbourhood 4 PPG Meeting

Members noted that the meeting this year will take place on Tuesday 28 March from 12.30 to 3.00pm. SP and SG agreed to attend. JF will also join them. The agenda for this meeting is attached.

6) PPG Objectives

This matter was introduced by MD. There were also concerns that the practice population is not represented. Questions were also raised as to what the objectives of the PPG were. Agreed that this should be the main agenda item at the next meeting

7) Dates for future meetings:

Agreed to meet quarterly but next meeting to take place on Thursday 1 June 2017 at 6.00pm, and after that:

7 September 2017 at 6.00pm

7 December 2017 at 6.00pm

Email communication to take place between meetings.

PRACTICE HALF DAY MEETING – THURSDAY 8th DECEMBER 2016

Present:

PPG: Mel Deakin, Satish Patel

GPs: Tony Adegoke, Ranti Bolarinwa, Prachi Gupta, Sumudu Dahanayake, Elisabeth Paul, Esiri Emedo, Bnar Raheem,

Nurses: Gill Jenkins, Rosie Dada, Dunmininu Smith,

Non Clinical Staff: Ben Brown, Jo Chipping, Tawa Gbadebo, Noreen Judd, Viv Thomas, Christine Jones, Jane Feldman, Kieron Haughton, Bev Purcell, Sally Anne Morgan, Victor Diamente

Apologies: Colleta Reynolds, Donna Moses, Yvonne Saphir, Maureen Pearce, Saida Ali, Katie Ward & Junia Francis

Facilitator: Antonia Makinde

1. Presentation by TA and AM. Provided background to Wells Park Practice; current challenges and priorities, including who our customers are and who we are accountable to
2. Team were split in groups of 4/5 around 5 tables to discuss and make suggestions to improve how services are provided.

Groupwork No 1

Ice Breaker - Game/Quiz – Team members shared information about themselves that others may not be aware of

Group Work No 2:

Utilising information received from presentation, suggest and agree for mission statement

MISSION STATEMENT

It was discussed and agreed by all that this was to be a bit of fun but also a 'competition' between colleagues to find the definitive Mission Statement for Wells Park Practice.

Suggestions as follows:

- A. A friendly and welcoming practice, working in partnership with our patients to deliver high quality patient-centred care.
- B. We are a practice that provides holistic patient care with empathy and compassion.
- C. Wells Park Practice – who are we? We are a diverse and caring workforce (team?) who believe in working collaboratively to provide a variety of services for the patients we care so much about. We aim to provide reassurance, and a listening ear, as we strive to encourage and empower our patients to more effectively self-manage their conditions.
- D. We are a committed team who endeavour to deliver a holistic quality of care focussed on patient need with empathy and patients dignity at the forefront of our community.

E. We aim to provide a service that encompasses dignity, holistic care, clear communication, equality with mutual respect.

After a representative from each team read their chosen statement to the room, it was agreed that the two members of the PPG would judge and make the final decision on which Mission Statement had the winning formula.

Mel and Satish both agreed on TEAM C's Mission Statement as their favourite. The following was agreed as the Practice's mission statement:

Wells Park Practice – who are we? We are a diverse and caring workforce (team?) who believe in working collaboratively to provide a variety of services for the patients we care so much about. We aim to provide reassurance, and a listening ear, as we strive to encourage and empower our patients to more effectively self-manage their conditions

Team suggested that the statement be tweaked to include holistic and mutual respect. The following was suggested and agreed:

“We are a diverse and caring team who believe in working collaboratively to provide a variety of services for the patients we care so much about. We aim to provide a service that involves dignity, holistic care, clear communication, and equality with mutual respect as we endeavour to encourage and empower our patients to effectively self-manage their conditions”.

Actions Agreed Groupwork no 2:

Mission statement to be included in Practice Leaflet, website and waiting room.

Lead: AM

Group Work No 3 :

2.15pm: Utilising information from presentation, suggest ways we can manage our chronic disease registers and other clinical areas

Think about what we do well, areas not so well and how to make things better.

Current Areas:

- Diabetes
- Hypertension/BP
- COPD
- Mental Health
- Asthma
- Older People - >65
- Housebound patients
- Families
- Children and Young People
- Vulnerable patients eg Learning Disability, Mental health, Dementia
- Carers
- Chronic Disease management
- Hard to reach/Difficult to Engage patients
- Safeguarding Children and Adult

WHAT WE DO WELL CLINICALLY

- Safeguarding
- Good communication with MDT
- Adequate clinical meetings to give room for discussion (safeguarding)
- Over 65s – dementia screen
- Children and Young people – close communication with Health Visitors
- Vulnerable patients – how to cater for them
- Training all staff for safeguarding – clinical and non-clinical

ISSUES RAISED

- Housebound patients heavily dependent on LWAT – what happens if LWAT cease to exist?
- Encouraging patients to book review appointments to discuss meds/ Medication review dates
- Blood Results:
 - Need to be able to look at results early enough
 - Need to take initiative to let patients know ‘abnormal’ results.
 - Need to look at our processes, how we document results, so it does not become a problem for us.
 - Blood results do not necessarily mean that the patient needs an appointment.
 - Proactive Home Visits for the elderly/hard to reach patients - ?Nurses
 - Drop-in sessions for Diabetes and other chronic diseases - for example? Multidisciplinary / coffee morning style.

More practice Nurse Appointments for clinical specialist conditions such as COPD / Asthma. The Practice would benefit from improved information telling patients what is available at the surgery eg. Satish did not know he could continue to have his COPD review at the Surgery (now that Nurse Lesley has gone. She used to do home visits).

Actions Agreed Groupwork No 3:

- **Regular drop in sessions for chronic disease management**
- **Structured Proactive Home visits – Nurses**
- **Clear instructions for Reception staff for disseminating test results**

Lead: AM/CJ/JF

Group Work No 4 :

Suggestions for our processes.

Think about what we do well, areas not so well and how to make things better.

- Admin and Reception
- Telephones
- Reception Desk
- Prescriptions
- Significant Event/Complaints

What we do well:

- Currently good process in place with discussions at meeting and learning for Significant Events and Complaints.
- Clinical meetings are good
- Team work
- Good spirits amongst all staff
- Most clinicians are approachable
- Clinicians are enthusiastic to change.
- Receptionists deal admirably despite the difficult role

Issues Raised:

ADMIN/RECEPTION

- Patient Education. Direct them to the appropriate services. Patients do not always need to see a GP – (Pharmacy First Scheme, Walk In clinics)
- Alerts in Reception.
- LWAT – We need better communication with the Winter Assessment Team. A meeting would be good. They can't just call us up and ask for medication etc. Need better procedure in place for this.
- More training on how to process repeat prescriptions is needed. Make sure EPS scripts are signed off in time (not just sitting there waiting). All queries must be given to the pharmacists. Call patients back if any problems/delays with their scripts.
- Make sure we record everything on EMIS
- More structure / More patient focussed
- Prioritising / Sign-posting
- One person at the Reception desk at all times, desk should not be seen to be unmanned.
- Work together as a team and try and learn as much as possible from each other. Make sure we swap positions with our colleagues (desk/phones).
- Reception is a stressful environment; seek help when you need it.
- Better structures, job roles, who to report to.
- Division of labour. Actioning of duty list, Duty Receptionist.
- Glass barriers for safety of reception – privacy for patients at reception.
- Unclear processes on how to deal with documents. Reception looks cluttered. Better shelving / labelling / trays etc.
- Lack of appointments
- Short staffed
- Coding
- Summarising
- Relieving admin from clinicians
- We need better communication between clinicians and Reception
- There are too many locums
- Prescriptions continue to go missing

HOW CAN WE CHANGE THINGS?

- Training all staff on how to deal with alerts at Reception
- Clinicians not doing admin stuff which admin can do eg. Filling rooms, filling trolleys, locum pack,
- More admin staff needed.
- Quicker phone answering... how?
- Managing patient expectation – being consistent, ensure info is disseminated.
- Encourage self-help (Satish will find a relevant leaflet that he has at home)
- Perhaps a minor ailments course for Receptionists? (we can apply for funding for this)
- Useful websites – sharing our resources with colleagues.
- Clear boundaries in terms of roles and responsibilities
- Everybody should have a 'go-to' person. More training sessions and better communication.
- Implement changes and processes to prevent the same thing happening again post significant event and complaints meeting

TELEPHONES:

- All admin to answer phone for first hour of the day if we are understaffed in Reception

- Automated message on telephone – a dedicated time (or phonenumber) to call back for results. Possibly number options. An option to cancel appointments. Reminder text messages. Add chasing referral information.
- Patient confidentiality

PRESCRIPTIONS:

- Calling patient to let them know if script has been rejected. Sorting prescription queries. They should all go through Noreen.
- Too many people are doing them, if we can simplify the process there is less room for error.

Actions Agreed from Groupwork No 4:

- Increased patient education – Messages on telephones, waiting room and website
- Feedback issues with LWAT to CCG/?Meeting with LWAT
- Staff Training – Repeat Prescriptions/EPS
- Tweak duty doctor list with - ?Separate list for receptionists for follow up action?
- Update organisational structure showing clearly defined roles and responsibilities
- Arrange shelving for reception, with clear labels
- Update policies and share with staff post significant event/complaints meetings
- Review telephone prompts

Lead: AM/CJ/JF/BB

Group Work No 5 :

Utilising information from presentation

Think about what we do well, areas not so well and how to make things better.

- Staff Training/Motivation
- GP Recruitment
- Staff Socials

Staff Training & Motivation:

- In-house training / face to face and mandatory
- Dedicated training time for staff groups
- Practical / hands-on
- Blocked time, Nurse supervision
- Food at meetings / Practice could sponsor lunch on a Wednesday.

GP Recruitment:

- offer higher salaries / pay indemnity
- even if a locum – offer regular sessions

Staff Socials:

- Summer BBQ / Away Day
- Staff could bring food into practice meetings
- Close surgery doors at lunchtime? eg. Baring Road Surgery closes every day at 1pm for an hour
- Stopping for lunch – perhaps send a message round to let colleagues know to join you?
- Walking group
- Coffee time

Actions Agreed from Groupwork No 5:

- **Dedicated training sessions for all staff - In house face to face training preferred option**
- **Blocked time for Nurse Supervision**
- **Consider reintroducing providing food at meetings/staff could bring food into practice meetings**
- **Consider higher salary/paid indemnity**
- **Summer BBQ**
- **Walking group**
- **Stopping for lunch – Staff to facilitate this**

Lead: Partners/AM

Group Work No 6:

4.00pm - Having discussed the above, what do you see as Barriers and Blockages to achieving our Goals? Suggest ways these can be overcome

Communication – contacting patients / surveys

Lack of motivation can lead to sickness and stress. Offer protected breaks.

Capacity – appointments simply not being available – know where to redirect patients. More clinicians.

Training staff to acquire necessary info where required, working differently.

Update technology

Accommodating cultural and religious beliefs.

Thinking 'outside the box'

Un-met needs/demands versus patient expectations

External forces eg. CCG, NHS England, CQC

Time constraints – more staff / better time management.

Manpower – cover / TOIL / overtime

Low income – QoF, ES

Staff shortages and lack of capacity – recruitment, external partnerships, alternative resources.

Newsletter very useful / Patient information leaflets.

Sending out: blood forms / stickers on samples bottles / leaflets for procedures

Funding – earmarking funds for specific training.

Staff attitudes / culture – be open to new ideas.

IT Training for elderly / less IT savvy patients – perhaps through the PPG?

Group Work No 7:

EVALUATION

WHAT WENT WELL

- Useful to have other people's opinions
- Good team working. Proper introduction to my new work colleagues.
- Brainstorming brings about good ideas and suggestions.
- Enjoyed knowing my colleagues have many of the same ideas and thoughts that I do.
- Interactive and relaxed.
- Good team participation
- Good mix of different staff groups at each table.
- Opportunity to get perspective of all staff groups.
- Good idea to have PPG members present
- Improve communication
- I enjoyed the togetherness.
- Very useful and many ideas put forward to improve the practice overall.
- I would like to do this procedure again - once a month on a Wednesday or Tuesday.

- Brief respite for staff to discuss day's activities amongst themselves .
- Good for Staff morale
- Working together to improve services provided
- Would like to meet again in 6 months.
- Constant improvement to reception staff attitudes.
- Good to have PPG present and more patient involvement.
- Good to all communicate and openly discuss issues.
- Good to hear from the team – their views and constraints
- Should do this quarterly.
- Chocolate and interaction/team building.

CRITIQUE

More time for discussion / less topics for discussion

Moving suggestions forward

Would like a bigger screen for presentation and better sound quality and better gifts (!)

Greater involvement of PPG members in improvement of CQC requirements.

Most issues stem from lack of appointments.

Systems that we put in place need to be reviewed regularly.

Space a little cramped and could've been slightly shorter.

Narratives:

"I did enjoy it. We went through lots of important topics. I would suggest that we do it more often, always bringing up new ideas".

"I feel today has been productive. We have a great deal to consider. We need to review points that were raised today on a regular basis. The barriers and blockages one of paramount importance. Our overall attitude is also paramount – must have a 'can do' attitude. System needs reviewing".

"What went well: mixed disciplinary teams, getting together , food provided, clear tasks, everyone listening to each other. Please do it again – perhaps yearly".

"Very good afternoon, bonding well. Definitely do it again. Needs to be done on a regular basis, every 6 months".

"Enjoyed it! Good to have the whole practice together in one place and interact together. Could have been shorter (3-4 hours). Definitely be good to do it regularly – every 6 months or so".

"The meeting was well led and pertinent to the needs of the practice. Little or no interruptions. We reached achievable outcomes – good mission statement. PPG on board. Lunch provided. What could be improved? Tap into skills of various staff by empowering staff. Need more strategic meetings".

"Enjoyed staff feedback about going forward. Good idea diverting calls to the appropriate staff. Asking for help".

"Should do every 6 months. Good meeting, listening to others and learning from them. Good feedback".

“Team building / open discussion. Important to have this meeting, ideally every 6 months. A good way to share ideas and innovate. 3 hours rather than 5 hours would be an improvement”.

“Could be more specific, check what has been implemented. Should do it every 6 months and it would be better to be shorter, felt a bit too long”.

YOUR NEIGHBOURHOOD PPG

Neighbourhood 4

28th March 2017

Forest Hill Methodist Church

12:30-15:00



AGENDA : IMPROVING ACCESS TO GENERAL PRACTICE

IN LEWISHAM

12:30	Arrival Light lunch / Tea and Coffee Network – Opportunity to meet other PPG Members
13:00	Welcome and Introduction
13:10	GP Extended Access: More appointments available in Lewisham 8am to 8pm, 7 days a week <ul style="list-style-type: none">• Information about this new service• Your views
14:00	IT and Innovation <ul style="list-style-type: none">• How can we use IT to give patients better access to GP services?• What innovative ideas would you like to see in Lewisham?
14:30	Increasing Access to a Range of Clinicians <ul style="list-style-type: none">• Clinical Pharmacists in General Practice
14:50	Summary and Evaluation Next Steps