

Benhill and Belmont GP Centre

Meeting:	Patient Participation Group meeting
Meeting Date:	09/09/2021
Meeting Time:	12:30-14.30
Venue:	Online – Microsoft Teams
Chair:	Dawn Dennis (DDA)
Scribe:	Jillian Slade-Thornett (JST)
Attendees:	PPG: Sheila Cullum (SC), Pam Goodwin (PG), Angela Maskell (AMAs), Alan Murray (AMu), Stephenie Shvern (SS), Evelyn Varrow (EV), Marian Wingrove (MW) BBGPC: Dr Jeff Croucher (JJC), Dawn Dennis (DDA), Practice Manager, Dr Adnan Malik (AM)
Guest:	Andrew McDonald (AMc) Healthwatch Sutton, Health Engagement and Projects Officer

Minutes

1. **South Sutton Medical Centre (SSMC)** (Item prioritised)

Dr Croucher gave an update on the progress of the building works at the South Sutton Medical Centre site. DDA also shared some photos on screen:

- The steel frame of the building is now in position and work ongoing on construction of 'beam and block' ground floor and the lift shaft.
- Completion estimated by May 2022 with handover beginning of June after checks.
- A 'golden brick' event was held on site on Friday 3rd September attended by local MP Paul Scully, Lou Naidu, NHS SWL CCG, Sutton and key members of the practice.
- Press release expected to come out in the next seven to 10 days.
- The construction team have completed a leaflet drop to local residents.

JJC is keen to keep PPG involved and informed on a regular basis, particularly as there will be some decision making with input, asked both of the PPG and practice team, re internal parts of the building such as floors, walls, colour schemes.

JJC and DDA attend the site on a monthly basis for a formal meeting with an update from the construction team and this is coordinated with Assura, the developers, and the CCG.

Action: Bring back SSMC update to December 2021 or next PPG meeting.

2. **Welcome, Round Table Introductions and Apologies**

DDA welcomed all to the meeting together with Dr Croucher, GP Partner. The group also welcomed Andrew McDonald, Health Engagement and Projects Officer, Sutton Healthwatch.

Although unable to join the meeting today, DDA introduced Gemma Waterman who recently started in the role of Deputy Practice Manager supporting both the management, the wider team and DDA specifically in her Practice Manager role. DDA noted "the practice is very lucky to have her".

3. Minutes and Actions from 09/06/2021

Item 3 – Targeted Lung Health Check programme

It was noted that two patients in pre-stages of cancer had been identified through the programme. It is recognised that earlier diagnosis is a key part of improving survival rates.

Item 4 – Minutes from 30/03/2021

Action to add Crisis Café to Sept PPG agenda. This will be taken under AOB today. Item then closed.

Item 6 – Engaging PPG

DDA has not received any responses to ideas for engaging PPG. However, can be discussed with AMc at the meeting today. For size of BBGPC more participants would be welcome. Action outstanding.

Item 7 – Group Consultations

Some staff have had training. However, a wider issue re GDPR is being discussed at SWL level and needs to be resolved before rolling-out the project.

Item 8 – Covid Vaccine Update

DDA not going to run search as only data that should be released is that in the public domain. The vaccination programme run by the practice is currently paused. Boosters to start soon.

Item 9 – PRG Update

PPG Joint Meetings – only just starting F2F so pilot for joint meetings not yet begun.

MW had not had opportunity to speak with AMc. The need for a meeting Chair to keep to agenda timescales as far as possible was recognised so all speakers have their full allocated timeslot.

Action: AMc to take back keeping to allocated timeslots for organisation of future PRG meetings.

Today's PPG rescheduled from 16th September as the Sutton Population Health Summit taking place.

4. Healthwatch Action Plan

AMc presented the outcomes of the consultation circulated after the PRG meeting last Spring where members came up with a range of ideas (grouped into six different sections), both about what the PRG could do in the future and also about new areas of work that practices could maybe be involved with.

AMc then opened the floor for discussion and for the BBGPC PPG to agree priority areas of work together with future ideas for the wider PRG to be included in the Healthwatch Action Plan.

Key points raised in discussion:

i) Patient Participation

- How to retain Covid-19 volunteers and keep them involved in some way?
- How do we increase patient participation? - Virtual meetings, expenses for F2F meetings?
- How can we reduce the current age level of PPG and PRG?
- Promote membership of PPGs via electronic Information boards in practice waiting rooms.
- Offer meetings across different days/times of the week.
- Financial penalties if practice does not have a PPG.
- PRG Terms of Reference - currently work in progress.
- PRG needs to have a clear structure and budget.
- Confidence that patients had in their practices before COVID, re-establish and where it's being reduced.

ii) Primary Care Networks (PCNs)

- PCNs - are groups of GPs in the same geographical area which work together in a variety of ways to provide equal health care across Sutton practices. There are four PCNs of approx. 50k patients each in Sutton – Central Sutton, Cheam and South Sutton (CASS) BBGPC in this PCN, Carshalton and Wallington.
- Increase patient awareness by sharing more detailed explanation re PCNs - their remit and PCN staff roles such as physios, social prescribers working across different practices.
- Social media presence - each PCN has a Twitter page?
- Each practice has a link on their website to Healthwatch website for more PCN information.
- PCNs encourage practices to listen to their PPGs.
- What services can be delivered by PCNs for patients?
- Additional clinical roles who work out of different practices within that PCN on different days of the week such as a pharmacist and/or physiotherapist.
- Let patients know about the extra services being delivered at their GP practice, not by GP, but by those clinicians in additional PCN roles and develop a central list of specialisations.

iii) PRG/PPG meetings in the future

- Consider a summary after each PRG meeting to be circulated to each PPG listing the key points that came out of the PRG meeting. This can then be cascaded to PPGs who, in turn, can document their thoughts to be fed back at the next PRG. A complete loop.
- PPG meetings at PCN level. This has been achieved in Wallington PCN a few weeks ago – PPGs in locality sent at least one of their members to PCN level meeting attended by a Wallington Clinical Director, PCN staff member answering questions to gain more understanding re PCNs. Format could be repeated for other PCNs in Sutton.
- Continue with NHS Sutton CCG / SWL providing updates at PRG meetings and particularly to inform about some of the wider developments in progress across the health community.

MW raised concern re government requiring GPs to share patients' medical records although this is currently paused. A new concern is the Health and Social Care bill which is the biggest step towards privatisation and people are not aware of this. MW asked if AMc could publicise this.

Action: AMc to take back observation re the Health and Social Care Bill and privatisation to HWS.

DDA confirmed that the government has postponed sharing of medical records until April 2022. However, the data extracted would be non-patient identifiable.

DDA said that NHS ethos is not to judge but to offer access to health care for all. Primary care is the gateway to health services and there can be many DNAs. Funding does not always match demand. Support patients to manage own conditions i.e. attending diabetes screening/asthma reviews.

- It was recognised that patients may find it difficult to describe remit of a 'PCN'.
- JJC also said that current work is about expanding the workforce for individual GP practices that are within a Primary Care Network so that we bring in that integration closer to the point of need, which is at GP surgery level and also work towards a much more integrated approach across health and social care.
- Bring in physicians associates, dietitians, podiatrists, community paramedics or to perform roles which are useful at the primary care level but also can be sustainable because it is supported by a wider base of practices working together effectively. GPSIs (GPs with Special Interests) with expertise in different areas of health such as dermatology, MSK to also contribute.
- Range of means to contact surgery/telephone access for those who don't use text/email/internet.
- Make best use of skills available in community. All systems need to talk to each other.
- Encouraging a wider cohort of PPG participants – evening meetings, different days.

Action: DDA to arrange a Doodle poll before next PPG meeting is arranged re day/time etc.

iv) Practices

- From PRG consultation: Charge patients for failing to attend appointments. *Note: this goes against the fundamental spirit of the NHS, which is free at the point of need.*
- Mandatory training programme for receptionists in triage and telephone manner.
- Add information messages to prescriptions to share knowledge such as PCN services available. Not so easy with electronic prescribing as patient may not see.

v) Practice Services

- Ideas re additional services at GP practice i.e. blood tests, x-rays, sports injuries/physiotherapy, mental health/wellbeing, stress/relaxation courses, men's health groups, stop smoking already available. Social prescribing, gardening, exercise - lifestyle medicine, parenting classes, blood pressure services.
- Leaflet drop to all local households explaining different NHS services.

vi) Broader Issues

- Too many layers in NHS. More integration between NHS, social care and nursing homes.
- Structure around the PRG and PPG groups.

Each PPG member prioritised their six points and MW then carried the motion for BBGPC PPG as:

Areas:

1. Patient Participation
2. Primary Care Networks
3. Future PRG/PPG meetings
4. Practices
5. Practice services
6. Broader issues

Order the PPG wants these areas to be prioritised by the PRG and Sutton PCNs:

1. Practice services
2. Primary Care Networks
3. Future PRG/PPG meetings
4. Practices
5. Patient Participation
6. Broader issues

Reason for first choice: Want services available through GP as much as possible

Reason for second choice: Want joined-up care and equality of care in the local area



Benhill and
Belmont PPG consul

5. **Patient Survey**

DDA commented she was very pleased with the outcome of the patient survey this year.

- Work the PPG was planning to undertake following the patient survey the previous year is currently on hold but will be kept for the future.
- The Practice held an Away Day in July 2021 and discussed the survey in detail with the team.
- The Belmont site is now infection control compliant.
- Now offering 20% more appointments.
- 75% of Covid vaccinations delivered by Sutton clinicians.
- Positive feedback received from PPG members on how the surgery managed, and continue to manage, service provision for patients during pandemic.

- Some concerns raised re Joined up blood test, Guys hospital, repeat scripts but would need more information to investigate.
- Reception staff work as a buffer between patients and clinicians and sometimes it is necessary to ask uncomfortable/challenging questions. DDA confirmed there is an active training plan for all reception team and all staff in dealing with difficult situations.

AMc and the group talked through outcomes and the following listed in the Action Plan.



Benhill and
Belmont Survey Acti

Key survey findings, positive and negative

Positive:

- Patients felt they were being looked after, had access to healthcare, and there wasn't a huge wait at the practice
- Flu jab service in 2020 was very quick: one door in and out the other. Same system was used for Covid jabs this year and it worked
- Patients liked the flexibility of telephone triage, rather than having to come down to the practice, during the pandemic

Negative:

- People had to wait outside the practice – update: waiting room now being used.
- Lack of joined up processes between Primary Care and Hospitals – ongoing wider NHS issue.

Changes for implementation, including timescales (complete by end of September 2021)

- Patients wait inside rather than outside
- Look at offering face to face appointments which do not require pre-telephone triage
- Increase video consultations (use sound proofed room in new building?)
- Give patients an actual time for their telephone appointments rather than a block

Action: Patient feedback on effectiveness of these changes (complete by end of March 2022)

6. Flu and Covid Booster - update

DDA reported:

- Delivery of flu vaccines delayed nationally with only a few practices receiving their supplies. BBGPC due to receive their supplies on 16th September but DDA awaiting final confirmation.
- Sutton model developed so majority of jabs in arms will be delivered centrally from Thomas Wall Centre (TWC), Sutton and Wallington Town Hall (WTH).
- Cannot run vaccination clinics from Belmont as only one door in and out of premises and not possible to socially distance effectively so patients can choose to go to TC or WTH.
- Some flu vaccinations will be held on site if, for example, a patient is seeing practice nurse for a dressing then take the opportunity to have flu jab.
- Looking to start flu vaccination programme next week with Over 65s and elderly cohort first. It will be a six month rolling programme with support from NHS, SWL CCG commissioners and London Borough of Sutton. DDA managing Thomas Wall site one day per week.
- In response to a query from SS, DDA confirmed children's flu jabs will be given at GP practice.
- Sutton Health and Care will be working with the practice to deliver flu jabs to housebound and patients on the District Nursing caseload.
- Awaiting further guidance from JCVI on booster jab if first and second jab was AstraZeneca.
- In response to a query from SC, DDA said patients will be contacted via the central text messaging service (AccuRx) so important to ensure mobile telephone numbers up-to-date. Patients who do not use text services will be contacted by the telephone number registered with their GP practice.
- Practice will retain a percentage of vaccine for care home residents and staff, housebound and vulnerable and also for ad hoc appointments.

- Q Sheila how will Sutton central contact us DDA by text AccuRx make sure mobile number up to date. First 3k from tomorrow ring them. Flu Benhill 16th Sept, keep vaccine for care home staff, housebound and some in practice.

7. PRG update

MW highlighted - Congratulations to team of Sutton Volunteers in partnership with CCG colleagues who went and 'knocked on doors' to follow up on people who had not had or booked a Covid vaccination. By gaining an understanding of any underlying concerns preventing uptake such as practical issues i.e. how to physically get to the vaccination site, it was possible that solutions could be found and support and encouragement offered.

DDA said the contribution of Sutton Volunteers is fantastic. After supporting the local hub at the Mansion, they supported many of the Practice's in-house vaccination sessions and there will be a team helping with the booster clinics at Thomas Wall Centre from 20th September.

If an urgent medical situation arises, ring NHS111 in the first instance and, if clinically appropriate, an appointment can be made to attend A&E rather than just travelling to A&E and waiting. DDA noted that the Out Of Hours message for Benhill and Belmont when surgery is closed directs callers to ring NHS111.

8. AOB

Crisis café

Crisis Café up and running in Downs Road, Belmont. Referrals via GP/health professionals and self-referrals accepted. Support for carers. Positive feedback since service opened. For more information, please click on link for their website <https://smhf.org.uk/suttoncrisiscafe/#contact>

DDA thanked everyone for their valuable contributions to the meeting which had been very productive particularly around encouraging more members to engage in the PPG.

Action: DDA invited members to bring their thoughts re engaging more PPG members to the next meeting as an agenda item.

The next meeting is currently scheduled for Tues 7th December 2021 however it may be more opportune to meet in early January 2022 considering the demands on primary care in supporting the Covid Booster Vaccination programme from September onwards together with the flu programme. If the meeting is arranged for January 2022, *I wish you all a Merry Christmas and a Happy New Year!*

Date of next meeting – to be confirmed.

Action Log

Item Ref	Description	Action	Owner
1	South Sutton Medical Centre (SSMC)	Bring back SSMC update to next PPG meeting.	JJC
3	c/f from previous minutes from 09/06/21	<u>Item 6: Engaging PPG</u> For discussion at PPG meeting today 09/09/21.	All
3	c/f from previous minutes from 09/06/21	<u>Item 9: PRG update</u> AMc to take back keeping to allocated timeslots for organisation of future PRG meetings. <u>Update 09/09/21: AMc to pick this up from MW</u>	AMc (external)
4 Point 3	Healthwatch Action Plan	AMc to take back observation re the Health and Social Care Bill and privatisation concerns to HWS.	AMc (external)
4 Point 3	Healthwatch Action Plan	DDA to arrange a Doodle poll before next PPG meeting is arranged re preferred days/times etc.	DDA
5	Patient Survey	Patient feedback on effectiveness of these changes (complete by end of March 2022)	All
8	AOB	DDA invited members to bring their thoughts re engaging more PPG members to the next meeting on the agenda.	All