

Thurleigh Road Patient Group meeting minutes, 12th March 2024.

Present:

From Practice: Neil Lazenby (General Manager), Huma Jagirdar (Operations Manager) and Dr Nasiruddin (GP partner)

Patient group: Anna Walker (Chair), Sarah Turner (Vice Chair), Alison Mansfield (Secretary), Gwen Rosen (Treasurer), Sara O'Reilly, Ricky Thomas, Marina Ratcliffe, Patrizia Kwella, Janice Price, Nina Smith, Angela Davies, Sam Davies, Emily Travis, James Marsh

Apologies: Chris Hyde, Liz Freeman.

1. Welcome and apologies

Anna welcomed Dr Nasiruddin to the meeting and new member Sara O'Reilly.

2. Minutes of last meeting

Approved with one correction:

Salaried GP's pay is £12,000 per session /per year, not £1,200 per session.

3. News from Practice:

Update on staffing – Neil, Huma, Dr Nasiruddin

Still trying to recruit GPs – ads out on various platforms including newly in the BMJ. The Practice now offers the most competitive package in Wandsworth, including one admin session per week.

(Later in the meeting Neil commented that hiring GPs might become easier in future as locums' pensions systems change, thus making NHS pensions more attractive.)

Dr Christopher is still on long-term sick leave and Dr Lui is currently on maternity leave. New nurse Liberty Redpath is settling in.

Sophia Mecia - as a full-time Advanced Nurse Practitioner has taken on an appropriate schedule of work.

Advanced Nurse Practitioner Tor Godfrey returns on 20th March.

There is also money for an additional nurse.

A new additional Operations Manager Ezara Thompson starts next week to work alongside Huma.

Ana de Freitas leaves next month and a Practice Manager position has been advertised. Currently one 'employed' receptionist who works 2 days a week, recruiting underway for the other 3 days. All other reception staff are locums.

GP partners are now helping with management tasks. For example, Dr Nasiruddin is working on CQC matters and Dr Ovaisi on HR and contracts.

Update on Practice modernisations – Neil and Huma

Building: The building work is complete and CQC compliant.

Access to appointments: Huma reported that Triage is working well and is receiving some positive feedback from patients (and observers like Robin Cooke- Hurlle.) It is usually open until at least midday – often longer. This is of course dependent on availability of clinicians.

Very importantly face-to-face appointments will resume for those who need them, as decided by triage, or who request them with increased appointment times - now 15 minutes per patient (instead of 10)

Huma mentioned Pharmacy First, a new NHS England initiative. Patients can visit their Pharmacist for minor conditions/ including some treatments. It would be important that patients understood these developments.

Dr Nasiruddin discussed the difficulties with Triage as a concept. Patients could slip through the net and some do not understand how the system works. The cost of Pharmacy First to the NHS was approx. 4 times more expensive than GP services. The NHS appeared to be looking to reduce the role of GPs by enhancing the role of others eg pharmacists, Physician Associates and Advanced Nurse Practitioners (ANPs). Additional Role Reimbursement Scheme (ARRS) money was available for these roles but not GPs and practice nurses. Physician Associates needed to be supervised. Dr Nasiruddin's view, however, was that the Practice needed to get on and try and make the new system work.

Emily asked if complaining or writing to NHS England would help?

Anna's view was that there was no point at the moment. We would do better to implement the new system and identify the problems with it, highlighting these when the opportunity arose eg under a new government or planned future consultations on GP practices.

Telephony: Neil reported on the new phone system, Surgery Connect, which is ready to launch, just awaiting a date. Finance is in place to buy out the current provider. New telephone message ready for Tor to record (Thanks to Ricky and Angela for this.)

Website: A new website is being developed but needs work – Neil and Huma will co-ordinate this. It will be easier to navigate, and the Practice will be able to make changes to it more easily.

The website section for the patient group will need rewriting.

Emily, Alison and others offered to help to review the site from a service user's perspective. Other volunteers, to widen the demographic, would be helpful - particularly an older and younger patient not from the patients group. Robin Cooke Hurlle was also willing to be involved.

Sam asked about a mobile interface for the website - confirmed.

ACTION: Neil and Huma to liaise with Anna and Alison to set up a 'task and finish' group to redesign the website.

Anna/ Sara/ Alison to look at patient group info for website.

Cost cap on text messages: Neil mentioned there are no changes to text message costs, honoured by ICB until the end of the financial year.

4. Patient survey analysis and follow-up action:

Anna thanked Robin Cooke-Hurle and Alison for analysing the 700 free text responses in the survey. The short results paper (attached for reference) highlighted the most pressing issues.

Anna had drafted an email re these for patients. After discussion it was agreed that a shorter email will be sent to all patients - mentioning the survey completion, main issues, and future actions.

It should cover new telephony, the success of triage, reintroduction of face-to-face appointments and send the message 'You told us, we listened.' All thought the tone of the email should be positive.

Anna suggested that her long draft email should be used as a summary of actions which needed addressing. The actions could then be communicated to patients generally as improvements resulting from the survey.

ACTION: Anna requested Neil and Huma address questions in her original, **long** email about the survey and feedback to the Patient Group on these asap.

Anna/Neil will write a **short** email on the survey for everyone's feedback - to be sent out to the group for comments before sending to patients.

Practice newsletter

All recognised that there were important questions about the best way to communicate with patients. Huma suggested a newsletter potentially every two months.

Sarah O'Reilly offered her journalistic skills in this area.

ACTION: Sara will send possible templates to Huma.

Anna, Alison and Sara to discuss next steps with Huma.

Email attachments for the Practice

Emily asked about sending email attachments to the practice. Huma explained that, after completing the admin form on the website, staff would send the patient a link for attaching documents or photos. For reasons of confidentiality/security etc these cannot just be sent randomly. All recognised that this too needed to be explained on the website.

Online session on the menopause

Emily praised the online medical talk about the menopause. It was popular with patients.

Reception

Anna also mentioned some of us would like to observe reception and triage, which Huma welcomed.

ACTION: Anna, Sara and Alison will arrange with Huma – anyone else interested please let us know

Huma wants to start a volunteer service with reception volunteers to help patients feel welcome/log in for appointments etc. Young people doing volunteering would be welcome.

She's also planning a coffee morning for patients to show the practice's friendly side.

Date: 24th April – time tbc

ACTION: Volunteers to be found. Emily will follow up with Huma
Huma to let the Patient Group know the time of the coffee morning.

Training and support for receptionists was discussed at length, including addressing rude or disruptive patients. Huma explained how this currently works. The main issue is that there is only 1 permanent member of staff and all others are locums – this makes training difficult.

Sara asked about trauma-informed training for reception staff, which she will discuss with Huma.

The Patient Group asked the Practice to let them know if they wanted the group to play a role in dealing with difficult patients.

There is an emergency button on all computers to call for help with ‘difficult’ patients – this facility applies to all HCPs, Reception, admin staff etc.

There are plans to remove the remaining barrier on Reception, but confidentiality must be maintained.

The importance of name badges for staff was agreed upon.

ACTION: Huma to follow up all of the above.

GP funding formula:

Anna thanked Rosey Marsh for her help with GP funding.

Neil has sent the latest information from BPS to Anna.

Long term conditions:

More work is needed on the handling of patients with long-term conditions.

ACTION: Huma, Sara and Alison will address – before next meeting

Neil thanked the group for their continuing support.

Gwen and the whole group thanked Neil and Huma for all their hard work and commitment to improving the Practice.

Future meeting dates:

May meeting moved to **Thursday 16th May at 17 30 hrs** so that Dr Cath Ellis can attend.

Monday 8 July

Monday 9 September

Monday 18 November (preceded by AGM)