

MINUTES OF THURLEIGH ROAD PATIENTS' GROUP MEETING
15th January, 2024

PRESENT

Anna Walker – Chair
Sarah Turner Vice Chair
Liz Freeman
Patrizia Cooke-Hurle
Sam Davies

Marina Ratcliffe
Janice Price

Neil Lazenby – General Practice Manager
Huma Jagirdar Clinical Practice Manager

APOLOGIES

Alison Mansfield - Secretary
Gwen Rosen - Treasurer
James Marsh
Nina Smith
Susie Pawlak
Ricky Thomas
Chris Hyde
Angela Davies

Minutes of the last meeting

The minutes of the meeting of the 20th November 2023 were approved.

Telephony and website Anna thanked Ricky and Angela for their work on a new telephone message. The new message will be recorded by Tor. Neil provided an update on the new cloudbased telephony system and said that there was finance to buy out the current provider. The new provider is ‘Surgery Connect’ and comes highly recommended. It is a very flexible system, and has a range of helpful facilities eg queuing and call back. Balham Park Surgery are also going to install it. The Transition and Transformation plan and money (£15k) has been agreed, but the installation needs to be done by Surgery Connect and they are extremely busy. The delay could cause some problems re funding which needed to be spent this financial year. The surgery would also be getting a new website provider which would give us more flexibility in its use/updating. Jo Foley from BPS was in the lead on this and it should be installed in the next six weeks.

Practice staffing At the moment the practice is relying on locums who are very expensive. All local practices have the same problems, except for Balham Park, who have 25 GPs , and are a training practice. It was suggested that, perhaps, we could share doctors. We have only two trainees, who are each here for two months, as we are a much smaller practice.

Huma has become the new Clinical Support Manager – congratulations.

The practice is recruiting for Dominic’s replacement

Another Practice Manager, Nana, is leaving soon

There is still a great need for permanent, full time doctors and great efforts are being made to attract them. The money will be increased to £12,00 per session

Balham Health Care Fund

There is a fund of £3,000 for special clinics and an example of this is a proposed new evening pediatric clinic at TRP.

Webinar are offering a free talk on the Menopause on the 8th February. This will be online and questions submitted can be answered. There are other topics on offer, and links are on the Website. Patients will need a text message.

There was some group discussion about how to advertise this – suggestions including messaging WhatsApp groups and posters.

Patients' preferences

Huma brought up the issue of patients' wanting to specify a GP. This could mean a wait of several weeks, as the popular doctors are very busy. It was suggested that insisting on a specific GP was no longer either possible nor helpful to the patients' health. It seems that younger patients are more willing to take whoever they are offered. There is also the issue of whether people know who they are seeing – trainees, registrars, fully qualified doctors and so on. The question was raised as to whether patients knew and/or understood the concept of **TRIAGE**.

Thanks were given to David Veloso, who had been very helpful about the survey, text messages and the website, of which there was an increase in use.

It was thought that the Patient Group needs more space when we use the new website. This week Anna and Sarah will be attending the **General Practice improvement meeting** to meet the team, and there will be discussion on Website improvement.

CAP text messages

TRP had only been informed very recently that there was a cap on its text messages. The practice were allowed 140,000 fragments before charges were made. This amount is related to the size of a practice. Those present thought this approach was very strange given that the NHS was now encouraging online communications and telecommunications providers generally increasingly did not apply such caps.

Strong representations were already being made on these caps across Wandsworth.

There was discussion as to how our allocation was being used, and the fact that it was not enough.

There are Templates to use and so sometimes a fragment will need more than one and partially use a second.

Texts covering eg Talking Therapies or holiday coverage are paid for separately by NHSE.

There was a discussion about the costs over the cap. It was agreed that this was important to understand. There would need to be further investigation as to what costs really were. As all patients have to use online triage, we need to know the cost of messages.

ACTION Sarah would continue to explore costs above the cap with BPS and Neil would also explore costs with Jo Foley, the practice manager at BPS.

Anna, Neil and Sarah would continue to consider how to make the best use of the practice's free texts and whether we should make representations in Wandsworth against the current approach

There is a new **Wandsworth wide Patients'Group meeting on the 14th February**. Anna cannot attend.

ACTION Anna will explore alternatives to go to the meeting Sarah will also ask for further clarification for the reasons behind the text cap policy at the **Wandsworth Healthwatch meeting**.

PATIENTS' SURVEY

There were 918 responses – 10% of the relevant population and over 10% of those sent out. This was thought to be a very good response.

Of these responses: 80% found making an appointment very difficult
47% were not likely to go to the Website, and, as we have a highly literate population, this was thought surprising.
1/4 said that their experience of care at the practice was not good but 75% were positive. Compared to other practices we do well on quality of care
The overriding problem was access – this is primarily due to the lack of doctors but there were other issues eg patients not liking online access, receptionist staff not felt to be helpful.
When asked how did you find Accurx, 42% said they had not used it (results need checking with David Veloso- colours not easy to distinguish). This was an odd result as patients in the practice are generally very IT literate.

ACTION Anna to discuss with Neil and David as to how the results, including the free text comments, will be analysed. The free text has some important messages

Long standing problems such as deprivation and chronic conditions receive extra GP funding. We need to ensure all chronic conditions are captured.
The ethnicity breakdown of the practice showed 83.7% are white British/Irish and 10.2% are another ethnic group. We need to understand more of the make up of that group.

ACTION David Veloso to provide any information available on the make up of the “other ethnic group”

Replies to the survey linked to age and ill health

Critical questions re the survey

A discussion was held on when was the best time to initiate a follow up as we need to show an improvement. It could be early in the next financial year with the hope that this will show some improvement but, ideally, we will need a longer gap after the new telephony is installed.

In the Free Comments section there were five themes: one positive and four negative. Anna proposed that we should understand what the nub of these criticisms were, what are the underlying issues, and what can we do about them. One issue that came up frequently was the desire for appointments to be made by telephone but that was now the exception. .

The problem, when reading the Excel sheet with the free comments, was that some have names on them or are easily identifiable, and this means confidentiality is of the utmost importance. (Since the meeting , it has been agreed that :-

The graphs analysing the answers to the questions and the AI analysis of comments, initiated by TRPG, can be circulated without protection as they contain no information on individual patients. Both are now attached to these minutes

The Excel spreadsheet with the free text comments must be password protected when it is circulated.

UPDATES

1. GP funding formula

ACTION A small group, including Anna,James Marsh, his sister and Robin Cooke Hurle, will meet to see if there is a case for arguing for improving TRP funding which is crucial for the practice.

2. Anna will meet with Emma Gillgrass, NHS London South West lead on primary care in Wandsworth. (she has confirmed that our second survey needs to be in this financial year so the proposal is now to send it out in the first week of March for responses by the third week.)
ACTION Anna will draft a “ you said, our response is....” To go with the second survey so patients recognize they are being listened to and improvements are in hand. That message will be a joint one from the TRPG and TRP
3. The issue of Blood Test booking in advance is work in progress as the new process beds in
4. ACTION Anna will talk to St. George’s about why we cannot share test results between the hospital and the practice as, at present, no information is shared. She has been given the name of a contact

Suggestion Box

Alison looked through the Suggestion box and revealed some of the suggestions: pets to be allowed into the surgery, toys for children, warnings if appointments were running late, stop triage. The group suggested that people might be asked to put their names to their suggestions!! And, perhaps, comments on the Website Patient Group section might work better

Care plan for people with complex needs

It was questioned:

- how one was eligible for the list?
- what is the definition of complex needs?
- Who has the overall responsibility?
- Could numbers help with funding?

ACTION Sarah and Huma will discuss these issues and report back for discussion at the TRPG meeting

Revised terms of Reference

These were agreed without adding any reference to time limits on officer appointments. If there were problems, these could be dealt with through the annual reelection process. The terms of reference would now go on the website

Christmas Cards

Anna to talk to Suzy and discuss further next meeting

THE NEXT MEETING

This will be on Tuesday, 12th March as Dr Nasiruddin has offered to attend a meeting on a Tuesday

Further meeting dates

Tuesday 12 March

Monday 13 May

Monday 8 July

Monday 9 September

Monday 18 November preceded by the AGM

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