

PATIENT PARTICIPATION GROUP

Old Coulsdon Medical Practice

Minutes of the Meeting held on Monday 21st January 2019 at Old Coulsdon Medical Practice

Present: Brenda Quelch-Brown (BQB) Derek Bird (DB) Jean Baguley (JB) Karen Birbeck (KB) Geoff Bell (GB) Jenifer Hanan (JH) Thomas Harrison (TH) Denise Fonseca (DF) Neil Singleton (NS) Arif Ladha (AL) Dr Randle (SR)

Non-Attendance: Maureen Levy

Agenda Item	Details	Action
1.	Welcome Jennine Bailey, Social Prescribing Team Leader attached to OCMP	
2.	Apologies for Absence. Richard Hoffman (RH), Anne Millar (AM) Agah Hassan (AH)	
3.	Social Prescribing Presentation by Jennine Bailey Jennine briefly explained the purpose of social prescribing and that it is sometimes referred to as a community referral. Social prescribing is a means of enabling GPs, Nurses and other professionals to signpost people to a range of local, non-clinical services, recognising that people's health is determined primarily by a range of social, economic and environmental factors social prescribing seeks to address people's needs in a holistic way. The team have been working with GP practices across the Croydon network for approximately 14 months and during this time a number of projects have been set up that include 'Young Mums Run', Welfare Advice, Activities for Children. OCMP will be launching the first of their projects Monthly Tea Party in March. Practices within the network have been asked to identify an allocated number of lonely, isolated and/or vulnerable patients. There will be some transport available for patients who are unable or have no-one to take/collect but we are hoping that PPG members may be able to assist with transportation in their private cars. Anyone able to help please advise Brenda as soon as possible – they will not be required to stay to the event.	

	<p>Following this event, we will be commencing Dancing as soon as we have located a venue situated on Brighton Road that has parking facilities and also a space available.</p> <p>Our third project is a 'dog walking group' and we have yet to identify a lead person. BQB may have a contact and will pass details to Jennine. This could also include the 'Borrow a Dog' scheme.</p> <p>Our final planned project is a Group specifically for Men who we are hoping will be able to meet weekly in the Tudor Rose. Further information will be available as these projects are finalized.</p> <p>Funding is from the Forward View plan. Publicity will also be funded from the allocation.</p> <p>The Retirement Centre has agreed to become a local hub.</p> <p>Members advised of a number of venues that may be available, and of the Sea Cadets who may be able to help with transport. Noted by Jennine.</p> <p>Jennine was thanked for giving her time and interesting presentation.</p>	
4.	<p>Minutes of Meeting held 20th November TH noted that there was no mention that Patient Access was still not fit for purpose. AL – the practice has no control over Patient Access. Patients who were having difficulties are able to speak with reception who will assist. Following discussion. Minutes were agreed.</p>	
5.	<p>Matters arising not included as agenda items. BQB – when can the Heads of the two primary schools be advised that children can commence working on their pictures, as half-term will be in February. AL – suggest if they commence after the half-term. JH – who will be judging. BQB – GPs will be judging. JH – perhaps someone from the local Art Group could be included in the judging. BQB – agreed to contact and discuss.</p> <p>CPR sessions – RH had informed that he would be able to access equipment. BQB to insert section in the March newsletter to ascertain interest.</p>	<p>BQB</p> <p>BQB</p>

6.	<p>2019 Practice Survey</p> <p>Copies had previously been circulated and members were requested to bring comments to the meeting. As both RH and AM were unable to attend the meeting, both had put forward comments and considered that Open Surgery should be included. Denise had amended the survey, and this had also been circulated requesting both options to be considered. Discussion followed. It was agreed that Q.1 should remain and should include 'Open Surgery', Q.3 to be amended to read 'how do you prefer to see the Dr' Q.8 to be deleted with the exception of 'Cleanliness to the surgery'.</p> <p>Q.9 12 months to be amended to 24 months, Q.11 age groups to be reduced.</p> <p>BQB – suggested that amendments be made and circulated prior to the next meeting for a final decision to be agreed. Denise had also agreed to analyse the completed surveys.</p>	
7.	<p>Practice Update to include new services</p> <p>Building works continue, hopefully by the end of March should be completed. Signage is still to be addressed.</p> <p>Downland surgery in Tollers Lane is due to close at the end of the month. Approximately 100 patients have registered with the practice.</p> <p>New / existing services now in place:</p> <ul style="list-style-type: none"> • (existing) Anti-Coagulant; • (existing) Triple A this deals with Aneurysms that affect males; • (resumed) IAPT – Talking Therapies started in January. IAPT had previously had sessions in the practice until building works commenced. • (new) Connect Health Physiotherapy (NHS Services) <p>AL gave background information to the Connect Health physiotherapy service.</p> <p>The previous community physiotherapy service was a pilot service being delivered by an organization called Surrey Physio in collaboration with CUH physiotherapy services. The CCG decided to retender the community physiotherapy services and various organisations bid for the service. The Surrey Physio/CUH bid was unsuccessful and the contract was won by Connect Health who are a national</p>	

organisation delivering physiotherapy services from various local premises including GP practices, gyms, leisure centres etc.

Their model of service delivery starts with a referral from the GP. The patient is then then contacted within 48hrs of receipt of the referral and depending on the nature of referral will initially be sent Youtube type information that details exercises that may be relevant to them. The referral is then fully triaged, and the patient contacted to either arrange a telephone or face to face consultation. If further treatment is considered to be necessary, the patient has the option of choosing which location they wish to attend in the borough. Practices that host the Connect Health service in this area are Old Coulsdon, Keston, Woodcote and Mitchley Avenue as well as other locations across the borough, e.g. Gyms and Leisure Centres.

Connect Health in the Croydon borough started delivering NHS community physiotherapy services from the beginning of December.

At Old Coulsdon Connect Health use one of the consulting rooms on the ground floor and the practice has created a small separate waiting area a short distance from the room to facilitate a smooth service delivery.

AL went onto to discuss Surrey Physiotherapy Services which is an organization that also utilizes space within the practice to deliver physiotherapy services. However, these services are totally private. They utilize space on the first floor.

AL clarified that GP practices are private organisations who deliver NHS services. Like any private organisation practices may choose to explore various business opportunities to help supplement their income and thereby support reinvestment in the practice. Surrey Physiotherapy Services within the practice is one such venture.

AL reiterated that Connect Health and Surrey Physiotherapy Services are two separate organisations and are not connected in anyway.

Patients who require physiotherapy services are by default referred to the Connect Health (NHS) services through their protocols and processes and are triaged and managed like any other NHS service. The practice merely provides the physical space for those patients that require a face to face consultation and have chosen Old Coulsdon practice as the site to have this consultation. Therefore, patients that attend

the site for this service can be either registered with the practice or from other practices in the borough.

AL emphasised if patients who require physiotherapy services opt to discuss a private service referral with a GP then they are at liberty to do so. An example of this could be where a patient has private medical insurance. However, GPs at Old Coulsdon do not recommend any particular organisations but inform patients to do their own research including potential discussions with family/friends and contact the organisation directly.

Heated discussion followed. NS felt that the NHS is going down a 'slippery slope' as many services previously undertaken in hospital were being transferred into primary care. AL – did not agree nor did SR who stated that bringing many services into primary care will result in patients being seen earlier in the right place at the right time. There are services that must be provided in a hospital setting. CCGs throughout the country are all working towards more service provision in primary care. DB – without private organisations the NHS would not be able to survive with an increasing population and ageing population leading to greater demand for NHS services. This was endorsed by AL.

The practice has now expanded and this will hopefully enable there to be more primary care services delivered from the practice and thereby providing more local services for patients and improving patient experience. It is the vision of the practice that it becomes a local 'hub' for delivering primary care services for the local patient population.

SR assured that it is the practice's intention to deliver NHS services long-term.

Dr Goss is going to be a trainer starting in February. We will have three trainees.

AL -We have been asked by the College to give a presentation to students, this has been agreed and either a GP and/or nurse will make the presentation.

SR - Current DNA rate (did not attend appointments) is nominal 2% - 3%. Home visits have increased and can be up to 20 being carried out daily, reason mainly due to an increasing older population. Appointments have increased up to 20% daily in comparison to the same period for the previous year.

	<p>AL informed PPG members of an issue relating to a patient acting on behalf of another patient who had contacted the CCG because the practice had what they thought was Surrey Physio providing a private service in the practice and that GPs were referring patients. As previously stated by AL, GPs do not refer to the private Surrey Physiotherapy Services. Patients who wish to have physio privately are advised to research service providers themselves. <u>GPs do not recommend private service providers.</u></p> <p>This practice has an excellent reputation as does the PPG and complaints are all taken seriously.</p> <p><u>Complaints Procedure</u> The practice has a Complaints Procedure, as do all practices. The Practice Manager, who has an ‘Open Door’ Policy, is transparent at all times and willing to discuss concerns raised with patients.</p> <p>AL has reminded PPG members that if they have a concern or are asked to clarify a situation by another patient, <u>they should</u> raise the issue with the PPG Chair initially who will discuss with the Practice Manager appropriate action to be taken.</p>	
8.	<p>Any Other Business</p> <p>GB advised that he had been a patient with the practice for over 40 years and did not realise how much the PPG was involved and what actually takes place in the practice until he joined the PPG recently. He raised the very important question ‘how can we get this information out to other patients.</p> <p>Examples:</p> <ul style="list-style-type: none"> • How do we book appointments on line • How do we request prescriptions on line • Information of minor illness clinic and new services • Presentations <p>There are bound to be others who do not have this information.</p> <p>BQB – it is difficult as whilst patients who attend the practice may be aware of planned events etc, finding the right tool to get the message out to patients is not always easy. We have the Virtual Group who are notified electronically and receive the Newsletter and other information thought relevant.</p>	

	<p>Information is also sent out via Resident Associations.</p> <p>Lengthy discussion took place, e.g the use of the J-Ex board, text messages, website. It also has to be noted that not everyone has access to the internet.</p> <p>AL and BQB had agreed that an Interim newsletter be sent out detailing the new services to patients who it was known had email addresses and issued to patients attending and new patients registering.</p> <p>AL -The practice website is not fit for purpose and he will be addressing this as well as signage in the building. The Welcome pack issued to new patients also needs to be updated and when the building works are complete concentration will be given to resolving these issues.</p> <p>GB was thanked for raising the question.</p>	<p>BQB</p>
<p>9.</p>	<p>Date of Next Meeting</p> <p><u>Tuesday</u> 19th February 2019 at 6.30pm.</p>	