

Sydenham Green Patients' Forum

Notes of meeting held on 15th March, 2017 at Sydenham Green Health Centre.

Present: 15 Patients, 1 practice staff

1. Apologies: 2 patients.

PM welcomed a new member and introductions were made.

2. Matters for AOB: 3

3. Notes of meeting held on 18th January 2017: PM apologised to JC for including his name in apologies when he was in fact present and had "signed in." The notes were then agreed as a correct record.

4. Matters arising from the Notes:

i) Non-notification of Flu injections - EH contacted the supplier and was told everyone entitled to a flu injection received notification. This was not true. Additionally some who were not entitled to an injection were offered one, including women who had had miscarriages and would not now need protection from the flu virus; obviously this caused them distress. Forum members were thanked for raising this issues.

ii) Training days for PPG members - MC had attended one of these days organised by an external agency and felt it to be of value. Participants were encouraged to liaise and speak out about various issues.

iii) Patients' Forum Notice Board - PW noted the relocation of the notice board was a real improvement, making it more visible and accessible to patients.

5. Fly tipping - Kirtley Road:

A patient had approached EH and asked if he or the Forum could do anything to resolve the fly-tipping problem. Photos taken between 2015 and 2017 were circulated. There had been various approached to the council including a request for CCTV. The rubbish was cleared after EH spoke to Councillor Hall but was back at the time of our meeting. EH had again spoken to Councillor Hall who said he would take up the matter with the relevant department. The responsibility for rubbish clearance lies with Lewisham Homes.

EH had replied to the letter from the person who complained about the litter at the back of the Practice.

The situation had been exacerbated by the Council's decision to remove a bin from that area. EH asked for the bin to be re-instated but the Council had refused to do so, reiterating the matter was the responsibility of Lewisham Homes.

6. Appointments:

SJ said she had had an appointment with a GP who asked her to return within 10 - 14 days. When she tried to book an appointment none were available. EH explained the doctors had been told that in such a situation they must not send the patient to reception but must book the appointment themselves; he would speak to the two doctors who were not following this procedure. We were advised that if a doctor gives us a note to book another appointment we should ask if this is 'advice' or whether an appointment can be over-ruled on its embargo.

Missed appointments - SJ asked if patients could be fined if they missed an appointment and didn't notify us beforehand. EH replied that we could not do this as the NHS is free at the point of care. However, if a second appointment were missed without informing the Practice a letter would be sent warning they will be removed from the list if it happens again.

PM noted that some practices displayed a notice showing how many appointments had been missed each week. EH said evidence showed this was not helpful. Some people 'fight' to get an appointment for three hours later then fail to turn up.

Sometimes locum doctors fail to come as agreed and recently one had cancelled six sessions.

BT had recently received a letter saying he had missed appointment with a nurse - he hadn't - so would now be called to see a doctor. EH acknowledged the letter would have been sent in error due to two nurses having left and their work being transferred to Dr. Morel pending the appointment of new nurses.

On-line appointments - LB had noticed there seemed to be more appointments available on-line and this worked well for her. EH reported that from 1st April 2017, NHS England wants 50% of appointments to be on-line, but not exclusively; only about 10% will be exclusively online.

JG knew of someone who was told she had lost an on-line appointment because someone else clicked on it at the same time; on checking later it was found the appointment did exist. EH acknowledged the computer system was not perfect and there was a concern that on-line appointments could become exclusive to those with IT skills, Dr. Sikorsky had been particularly concerned about this. There is a training programme in place so that everyone can have full access to the internet. This will be run by the Care Commissioning Group (CCG) and Go On Lewisham, a group working to improve digital literacy within Lewisham.

Locum doctors do not deal with telephone consultations; they can mostly work on their own terms. Many of the locums who applied had been partners in their practices until they left in 2014. The cost of employing a locum was £75 - £95 an hour. At times of higher need e.g. half term, the cost could rise to £110 an hour.

From 1st April there would be an out of hours GP surgery staffed from 8am - 8pm based in the Ambulatory Care Centre, University Hospital, Lewisham. GPs were being recruited and would not be taken from practices to staff the out of hours service. Appointments would be made via the individual's practice, although the intention is to have online booking in a few months.

7. Practice report and NHS updates from EH:

Two new receptionists had been appointed, one had already started and the other would start in two weeks. All receptionists had attended training sessions, most recently on infection control with some sent on communication skills.

A new doctor had been recruited and, subject to satisfactory references, would start in May.

An advertisement had been placed for GPs to cover the Lewisham area.

Interviews for one nursing post would be held at the end of the month. Our nursing team would see the short list. JB asked about the post of nurse practitioner. EH said the practice was aiming to train up some of the nurses.

Negotiations with landlord/premises.

- i) Lease and service charge negotiations were reaching a conclusion favourable to the practice.
- ii) Some re-decoration had been carried out and more was planned.
- iii) The standard of cleaning had been inadequate and was being addressed.
- iv) One of the shutters at reception was broken; the response to the request for repair has been slow and a month later it has still not been repaired.
- v) The accessible toilet remained blocked.
- vi) The roof was still leaking and some pipes also leaked.
- vii) The bid for the re-development of the building had not been successful. However, Lewisham was considering building flats on the site and having 2-3 floors of health care premises incorporated into the lower floors. The surgery was built in 1980 when the building standards were not so high.

BT asked about joining with other practices and having one big building. EH said that this was not currently a proposal, partly because we are still all individual practices and partly because of the layout of the area and poor transport links. However, if such a thing was considered then Sydenham Green is really the only option given the size of the site and potential for growth.

viii) There was very little money for anything, but NHS England had directed there must be wi-fi in the building, for use by the community staff and patients; it would be installed in May.

Community services based in the building.

- i) The previous week the Care Quality Commission (CQC) had inspected the community services provided by the Practice. Their report should be available in three months.
- ii) The Lewisham and Greenwich Trust had shut the leg ulcer clinic giving only two weeks advance notice, the patients now had to travel to Downham. EH and our PPG thought this was very poor. Apparently not even the CQC knew this would happen. Similarly the bed-wetting clinic covered by the Health Visitor team had disappeared and no-one knew where it had gone.
- iii) NHS Lewisham CCG was to become a commissioner of GP practices, something previously done by NHS England. EH thought this could be helpful as it would involve people with local knowledge who were accountable. The group would meet in Lee at the beginning of April.

iv) Sydenham Green, along with other practices applied to have a pharmacist at the practice. No practice was successful and it was likely the service would be Lewisham-wide with the practice possibly having a pharmacist 1.5 days. One of the aims of this is to relieve pressure on the duty doctor, while also encouraging patients to more readily seek advice from a pharmacist. PM commented that it was difficult to get people to accept that pharmacist can be very helpful.

DL asked about doctors who were on maternity leave. It was hoped they would be back in September but may not want to work full time.

8. Neighbourhood 4 meeting 28th March:

PM, BT, JB, PW and AG planned to attend. EH had received a draft Agenda but was asked not to circulate it. It was noted the the last meeting had been an improvement on the previous one, but the room was not so good. Topics for discussion will include extended access to GPs and how on-line accessibility to services could be extended.

JS commented these meetings were held at times not suitable for working people.

PM asked if AC could be invited to the neighbourhood meetings. EH will follow up on commented that in the past people had been encouraged to attend these meetings, but it was now a requirement that two people from each practice must attend.

9. Election of Officers at May meeting:

Nominations for the posts of Chair, Vice chair, Treasurer and Secretary should be given to EH ideally two weeks before the May meeting, please use the practice Email address LEWCCG.sggp.@nhs.net

PM said the current officers were willing to stand for re-election but this didn't mean no-one else could be nominated.

10. AOB:

i) Suggestion box - A patient had noted that he had been able to see Dr. Quinn at his real appointment time, without any waiting, which was unusual. EH will write to him.

ii) JC has had a problem getting through to make an appointment by phone. He waited on the queuing line but when his turn had almost arrived the call failed. This had happened on three occasions in eight weeks. Two other members had had similar experiences. EH said there were two different phone systems in place, one that was integral to the building and over which they had no control, and another overlaying it that allowed queues and recorded messages; unfortunately the second system is limited in how it can work with the first and there aren't many options. Following a visit from an engineer he was told everything on this NHS wide telephone system was fine. He agreed a new system was needed but it would be too expensive. The suggestion of adding Beckenham Beacon to the list of options given on the phone line had not yet been done.

iii) JB asked for an Agenda and bulletins of the CCG work to be sent to the PPG. He also queried whether the CCG really wanted to work with us. It was suggested that a letter be sent to Dr. Marc Rowland requesting this and giving a date for a reply. EH said it was possible there would be a borough wide PPG in the future.

- iv) JS reported that a friend had received excellent care from one of our nurses when being treated for an infected wound. EH would pass this on to the nurse concerned.
- v) SJ asked if we could have a new heading for our PPG notice board as the old one was looking rather tatty.

Date of next meeting: Wednesday 17th May 2017.