

Lambton Road Medical Practice Patient Participation Group

Minutes of the meeting held on 20 February 2019

1. Welcome and Apologies

Present: Peter West (Chair) Marilyn Frampton, Jose Lourtie, Judith Brodie, Clare Pickard, Laura Jenkins, Clare Gummett

Potential New Members: Ruth Edmonds, Michael Keene, Geoff Shorter

Apologies: Belinda Leathes, Sarah Golby, Terri Worden, Penny Smith

2. Minutes of the Last Meeting

The Minutes of the last meeting were agreed and signed off.

3. Matters arising, not on the Agenda

There were no matters arising for the PPG and matters arising for the Practice were included in the Practice Update.

4. Update from LRMP

Statistics on Appointments

Laura Jenkins circulated statistics on the use of online and telephone bookings and on Do Not Attends (DNAs). DNAs are continuing to occur at about 300 – 400 per month. Relative to total appointments, this is of the order of 7-8 per cent but more importantly, it means that up to 400 people may wait longer for an appointment because the appointment was not released by a patient cancellation in advance. Every non-attending patient is also sent a text after the event as a further reminder to cancel in future.

LJ notified the PPG on recurring problems with the telephone and computer systems at the Practice, including some outages of one or both systems. Technical changes and new equipment are planned, with installation shortly after today's meeting. The Practice has taken steps to improve resilience, for example booked appointments are printed out the day before in case of failure of the computer.

The technical problems have limited statistical reports on phone use. Call volumes were noted, with over 850 calls on Monday 4 February, the usual peak day of the week but with a much higher volume than in past reports. Use of the phone system for appointments remains low, with 52 appointments in February to date.

352 patients booked using the online access system in January and 203 cancellations were made using online access.

Since the launch of the new Practice website, monthly visits have increased to 3,700 with an average level of visits equivalent to about 17 per cent of the Practice list.

Developments in Access to Primary Care Locally

LJ reported that Babylon Health has rented space above the Practice from the building developers/owners. (www.babylonhealth.com is a company working with the NHS to allow patients to see a GP on their PC or tablet or phone “in minutes”.) LJ and the PPG discussed several aspects of this development.

Some GPs nationally have expressed concern that young, relatively healthy people with good access to IT will register with Babylon, leaving other GPs with an ageing population. The funding model for General Practice is based on a payment per patient and there is concern that, if young, low users of General Practice leave a practice, it will become less sustainable financially as these low users effectively help to cover the costs of older and more frequent users.

Patients who register with Babylon must give up their registration with their current practice. This is clearly stated on their website but it is less clear where patients will be seen, if they need a follow-up, face-to-face consultation. Patient records, which include historic records on paper, will have to be transferred and experience suggests that this can take some time, potentially weeks rather than days.

Babylon has a physical practice in Fulham so patients may have to go to Fulham if they need follow-up with a Babylon doctor. Babylon is limited to seeing patients who live within 45 minutes of their facilities, the PPG was told, so it may be that their presence in Raynes Park will lead to service development in Raynes Park to widen their catchment area.

LJ also reported developments in Merton in the introduction of DoctorLink (www.doctorlink.com), which is being encouraged by the local STP – Sustainability and Transformation Partnership, the collaborative body with growing responsibility for planning health services in SW London.

DoctorLink has an App which can check symptoms and then offer the chance to book an appointment. LJ noted concern about the way in which the appointments system will work and where responsibility lies for patients in more urgent cases. The App may, for patients with more serious problems, as assessed by the App, recommend an appointment within 4 hours. There are, apparently, issues of responsibility for patient safety if a practice fails to provide an appointment within 4 hours. That is, if DoctorLink has assessed the four-hour delay as safe, it will be responsible, should the patient deteriorate. But after four hours, the responsibility will lie with the practice, it is understood. There are also, clearly, issues about how dependable the App will be in correctly identifying patients with different levels of urgency of their condition.

LJ raised two concerns from LRMP:

- The Practice will need to hold appointments open every day for patients who might need an urgent appointment via the App;
- Patients may rapidly discover that by ticking a large number of the items in the symptom checker, they can access a rapid appointment. (PW noted an example from his past research of patients changing their reported symptoms to bypass some services.)

It was agreed that the PPG will need further discussion of online developments.

“Help for Health” Week

(This item was listed as Item 6 on the Agenda but was taken as part of the Practice Update.)

LJ reported that due to other pressures, no action had been taken recently in this potential initiative. However, she also noted that the Christmas Lunch, for patients identified by the Practice who might benefit from a social event, had highlighted in the Practice the potential numbers of patients and the potential benefits of reaching out through additional events or services. The local availability of services was noted and it was particularly noted that one difficulty, in a relatively well-provided area, might be getting people who might enjoy the various events to make the initial contact. While the initiative is on hold, it may be that “getting people through the door” might be a focus of any initiative.

5. Local NHS Update

Clare Gummatt presented a summary of recent developments, linked to her role as a member of the Merton Clinical Commissioning Group (CCG).

Broad local services strategy and development is now being taken forward by the SW London Alliance, a coalition of health bodies. (It was noted by PW that this coalition approach is gradually replacing the more competitive approach of past NHS reforms but that government is potentially reluctant to reorganise formally, due to potential disruption and the need to “climb down” on past initiatives.) In line with the recent NHS ten year plan, services are being developed, as far as possible, to make more care available outside hospital.

Merton is leading – “trailblazing” – on mental health services for children. Elements include self-referral for mental health services, marketing and posters and drop-in Crisis Cafes.

CG reported that discussions around service changes at Epsom and St Helier hospitals were taking place. (Post meeting note: PW has found it difficult to identify recent, clear information on NHS websites about these plans. The latest proposals, June 2018, are here <https://improvinghealthcaretogether.org.uk/wp-content/uploads/2018/06/Improving-Healthcare-Together-2020-2030-Issues-Paper.pdf> but there is a quick read version https://improvinghealthcaretogether.org.uk/wp-content/uploads/2018/10/improving_healthcare_together_easy_read_version-002.pdf)

For the benefit of those attending for the first time, CG explained the roles of the different bodies – Clinical Commissioning Group, GP Federation, SW London Alliance/SW London Health and Care Partnership.

6. PPG Contribution to “Health Help” Week

This item is on hold – see Item 4.

7. AGM planning and date

Following a brief discussion, linked to earlier items on the agenda, it was agreed that developments in online services might be an important focus for the AGM, beyond the regular reporting of activities by the PPG.

There was provisional agreement on 11 May as a date for the AGM but it was agreed to poll all members, including those not present, on the date for the AGM. **Action: PW**

8. Patient Feedback

There was no feedback from the mailing list this month. PW noted some informal feedback, from the queue in Costa, about the excellent approach of one of the more experienced receptionists in the Practice.

9. Update on Twitter

JL reported that numbers were growing slowly. There had been more interest on our Twitter feed around the survey of local patients

10. Any Other Business

There was no other business.

11. Date of Next Meeting

PW reported that he would be unavailable on 20 March due to a conflict with a family event – a granddaughter performing at the Albert Hall! It was agreed to poll members of the PPG including those not attending, leaving early or newcomers, on dates of future meetings as well as the AGM.