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Meeting Minutes

PATIENT PARTICIPATION GROUP MEETING

Tuesday 17th December 2024 @ 2pm

Attendees:

Stephen SHELTON (SS) - Chairperson
Suresh VASISHTHA (SV)
Venu Mathukumalli (VM)
Ravisha Chibber (RC)
Pardeep Chibber (PC)
Lakshmi Tumpati (LT)

Non-Attendees:

Mohammed Saleem
Rakesh BANSAL
Paul Addison
Abdul Aziz

No.	Agenda Item	Action
1.	Introductions RC Thank you for coming today to take part in our Patient Participation Group. Whilst most of you are familiar with the format, this forum is to encourage people to engage with the NHS as well as with their own healthcare. The group can provide practical support for the surgery and help contribute to the continuous improvement of services. What the PPG purpose is not is for the discussion of personal medical history with clinicians and topics of religion or politics such as gender politics is best avoided. Thank you again for your support.	RC
2.	PPG Positions All PPG positions were confirmed as follows Mr Stephen Shelton (SS) –Chairperson Suresh Vasishtha (SV) – Secretary Abdul Aziz– (AA) PPG Member Rakesh Bansal – (RB) PPG Member Paul Addison (PA) - PPG Member Venu Mathukumalli –(VM) PPG Member	PC
3.	New Staff We would like to welcome Shahid who joined us in September in the post of Assistant Practice Manager who will initially have a focus on Appointment availability, Care Navigation and Reception.	
4.	Actions from Previous Meeting Today's meeting will show the progress made by working as a PCN collective of practices in Barking & Dagenham. Key examples central	PC

	<p>funding has resulted in a Together First medical centre in the Barking and Dagenham locality, which offers same day access to patients in our borough/PCN. On weekdays from 6pm until 9pm and on Saturdays too from 9 am to 6 pm. Feel free to make enquiries with Reception staff on these when calling.</p>	
5.	<p>NHS/ local Integrated Care Board initiatives such as 'GP Improvement Programme' 'Apex', 'Demand and Access' have been implemented. This focus is welcomed, given the national bad press about the wait times for appointments and these new initiatives are all about managing the demand for appointments and servicing them and making more appointments available for our patients by making sure we have the right mix of appointments. These new appointment measures and monitoring of them are fully operational as of Q4 2024.</p> <p>SS confirmed that appointment experience had improved significantly recently and staff dealing with him were much more assured than earlier in the year. VM and SV agreed that calls were being answered in a timely fashion and staff were attentive, PC confirmed staff retention has been a big focus for the practice and patients are seeing the benefits of that policy in the greater service they are receiving.</p>	<p>LT</p> <p>SS</p>
6.	<p>National GP Survey from July 2024 (based on patients surveyed in Q1 2024) - The National GP Survey results released in July 2024 did not show as much progress as we would have liked because the patients were surveyed in Jan 2024 before our new telephony system was introduced in April 2024. None-the-less these have been fed back to clinicians/ admin personnel in staff meetings so that they can build on addressing these concerns if not doing so already.</p> <p>Patients not able to get an appointment was not as high as wished for One score not measured by the national survey is that we have over 500 patients already who did not attend their appointments this financial year. This number has a direct impact on the patients who couldn't get an urgent or a routine appointment. We would expect patients to let us know if they cannot attend their appointment so it can be offered to another patient.</p> <p>We keenly await the 2025 annual National GP Survey where we expect to see an uplift across the board from new measures that have been introduced since Q2 2024.</p> <p>To implement a process of continuous improvement, in Jan 2023 we initiated our internal patient feedback form borrowing the key questions from the national survey that got a low score. The results are shared internally with management on a monthly basis to see if staff performance reflected in the scores is improving. I am pleased to report that the monthly trend shows lowering poor scores (see appendix) and we continue to monitor these.</p>	<p>PC</p> <p>LT</p>
7.	<p>Improving Appointments Availability</p> <p>There is always room for improvement by the practice and this is being taken seriously via our own internal feedback forms.</p> <p>PC relayed that higher satisfaction levels was backed up by scores achieved by the practice's new Internal Patient Survey which has been running since January 2023 to address many of the weaknesses identified by the NHS</p>	<p>PC</p>

	<p>National Patient Survey results released in July 2023 . Early poor scores were mostly down to appointment wait times or insufficient F2F availability. These scores have shown month on month improvement, with the number of poor/fair scores declining.</p> <p>In addition the practice seeks Friends and Family (FFT) feedback from its patients either by paper form or via automatic texts sent to them after appointments. SS asks whether that is the same FFT link he receives on his mobile to which LT replies that yes that is exactly it. That feedback is collated internally by practice management for performance tracking and also reported centrally each month.</p>	
8.	<p>LT affirmed that as of October 2023 the lessening of patient frustrations has been reflected in patient survey scores due to shorter wait times, presently running at 2 to 3 day wait for F2F or telephone appointments. Plus, the share of F2F appointments as a share of total appointments had risen to meet the demand for this category. Also the total number of appointments on offer has increased too and we're offering 375 appointments per 1000 patients per month (top 3 in our PCN). In addition that the practice appointment load has also been lessened by doing referrals to the community pharmacist for minor ailments like benign colds, cough and fever.</p> <p>The ailments Pharmacists can see were shared and walked through including:-</p> <p>Acute otitis media (ear ache) 1 to 17 years Impetigo 1 year and over Infected insect bites 1 year and over Shingles 18 years and over Sinusitis 12 years and over Sore throat 5 years and over Uncomplicated urinary tract infections Women 16-64 years</p> <p>SV asked why he couldn't see the Dr for these conditions instead of pharmacists. We explained that usually these Pharmacy referrals are for new conditions that started a day or two ago. Not stubborn ones and also, if the initial consultation with the pharmacists did not resolve it then we would fully expect to book a Dr's consultation next. But by organising the pathway in this way we are able to utilise our Drs appointments for the most complex and urgent cases which is in the interests of everyone including our patients.</p> <p>It was agreed that the new signposting scheme will be discussed in more detail at the next PPG meeting.</p>	LT
9.	<p>SS had doubts about the effectiveness of the PCN physiotherapist who hold sessions at our practice.</p> <p>It was explained that the initial GP physio appointment is best at tackling tier one more basic physio problems, but those same physios are empowered to refer unresponsive or more complex cases to specialist physios in secondary care. PC will investigate and feedback to SS the rationale for the physio pathway he has experienced so far at the practice.</p>	LT PC to feedback to SS 1 to 1

10.	PC backed up the increase in total appointments by reporting that given the national issue of ageing GPs approaching retirement, the practice has recruited a cohort of new doctors, younger ones, who are doing more or longer sessions and have settled in well by receiving good feedback from our patients. They include Locum Drs Manideep Bhagal, Sarah Marouf and David Singh. The added benefit of the locum pool is that holiday cover is never an issue.	PC
11.	On the flip side as already mentioned, PC reported that patient access to appointments is not helped by patients who DNA their appointment e.g. nurse is experiencing a DNA rate of +10% and we will be using the GP Improvement Programme to do an audit of this area. The root cause for these BDAs is typically due to cultural resistance to things like smears and child immunisations etc (campaign to address this includes posters and leaflets Dr's are messaging to patients plus the Admin team has found the same information in different languages which they are separately messaging to our patients in case language is an issue to changing their opinion. Patients were asked for their suggestions too but no additional solutions for forthcoming.	
12.	SS asked if out of hours access was part of these new GP contract arrangements. LT reported that presently out-of-hours arrangements remain the same i.e. Dial 111 and if advised to do so then local A&E. PC said he hoped more out-of-hours primary care will be included in the next NHS improvement programme to add to extended Dr sessions during evening hours between 6 pm to 9pm weekdays at our hubs and nurse ones on Saturday mornings too.	SS/ PC
13.	At the last PPG, members were asked as to what information they would like to see. Internal Patient Survey Form was discussed and PC confirmed that the practice has successfully implemented the following PPG suggestions from the last PPG, which they may have experienced during visits: - <ul style="list-style-type: none"> • The survey reduced to ONE page • The answers to be either 'Yes or No' • A comments box at the bottom of the survey if patients wish to leave any suggestions or feedback. 	Previous PPG action completed.
14.	SV wished to feedback his observations of the practice as a patient I feel there is a good atmosphere at the surgery with good service of late probably helped by greater appointments availability leading to less pressure on staff. The girls are always helpful and supportive.	SS
15.	VM also complimented the service he gets from our most senior nurse Gursharn who has been with the practice over 20 years. PC adds that she is part of a 3 strong nursing pool and again the pool of nurses mean that holiday cover is hardly ever an issue. In addition, we have an advanced practitioner nurse Geneieve who is qualified to prescribe prescriptions to our patients too.	SS
16.	What Can our PPG do for us as a surgery? SS will collate ideas and bring them with her to the next meeting SV stated that it would be a great asset to the surgery to have a new Blood Pressure monitoring machine in the waiting room.	PC to prepare proposal the type of BP monitor we could use in the surgery.

	It was agreed that the PPG could look at fundraising opportunities for the purchase of the machine as it wasn't a top priority at the practice given that clinical rooms carried these for our Drs. Action: PC to send details of the type of BP monitor we could use in the surgery Waiting room – SEE BELOW	
17.	Next PPG meeting date TBA (Possibly, March 2023)	PC
18.	Meeting at a close at 14.55 Everyone was thanked for their time, commitment and feedback	RC
19.	Attachments Surgery PPG Patient Information Request PPG Application Form PPG Confidentiality Agreement PPG Group Rules PPG Poster PPG Presentation Historic Internal Patient Survey & Friends and Family results GPAD phone data	LT

Supporting info:-

- GPAD Calls data
- GPIIP summary results
- Internal Patient Survey Results – Nov
- 2024 National GP Survey