

Patient Participation Group minutes

St Philips Medical Centre, 03/08/2023

Attending for St Philips

- **Dr Jonathan Hazon**
GP Partner
- **Oliver Honeywill,**
Admin & group facilitator

Patients

- **Mr K**
- **Mr C**

Introductions

Terms of meeting -It should be noted that this meeting is not the forum to discuss individual complaints, issues, or medical matters. Please discuss these matters at the practice with an appropriate person.

Scope

The hope is to reinvigorate PPG, which has suffered due to the Pandemic.

Practice Updates

Move to Primary Care Network; South Camden PCN consisting of St Philips, Holborn, and Museum Practices, with a combined cohort of 33,000+ patients, enabling greater flexibility for the PCN in managing budgets and provisioning.

Additional Roles

supporting roles as part of funding for the PCN, with our **Practice Pharmacist**, working on medication reviews, and medicine reconciliation – i.e. ensuring changes to medications from secondary care are recorded correctly in primary care. **Physician Associate** – leading on travel vaccination, and assisting with chronic disease management and acute care, and our **Social Prescriber** helping less able patients with benefits, housing issues, and social support – befriending, food banks etc, working toward holistic support

General Practitioners

- Dr Jonathan Hazon
- Dr Vikram Davé (partner)
- Dr Mitchell Denmark - GP
- Dr Lucy Cannon – senior GP
- Dr Aessa Tumi - GP
- Dr Nargis Sheikh - GP
- Dr Eliot Rees – GP Registrar
- Dr Sana Ali – GP Registrars

Access

Face-to-Face, Phone and e-Consults. Keen to know about how pts view service.

Survey*

Pointing out the rating for appointment times (the practice score was comparatively low for satisfaction for appt times), Dr Hazon went on to list the times of appointment availability and then asked if the attendees could offer any insight into this score.

- 9:00 – 8:00 PM Monday & Tuesday
- 9:00- 6:00 PM Wednesday to Friday
- Saturday clinic for St Philips held at Holborn Medical Centre

Both Mr K & Mr C highlighted that the Walk-in Clinic, in place under the previous clinical lead, was no longer available. Dr Hazon went on to explain the restructuring of clinic appointments:

- **Duty GP ALWAYS** available for Urgent issues
- **Phone Triage** for Urgent/Same Day
- Appointments allocates as 33% to book up to **1 month in advance**.
- 33% embargoed until **48 Hours** beforehand
- 33% embargoed for the **Same Day**, with the embargoes being lifted both in the morning and afternoon.

Mr C said he had never been offered same day, whilst Mr K felt the Reception team, in general, weaker than the Clinical staff, perhaps due to lack of input from management, with staff not taking ownership of requests from patients – “not my problem”, with the notable exceptions of Brenda and Ellen. Dr Hazon accepted the Reception team were not all as experienced, and mentioned that Recruitment, and retainment is an issue across the sector, not just at SPMC.

The patient representatives both complained there was an issue with GPs not working full-time, therefore making it difficult to see the same GP from one appointment to the next, with the consequence that time was wasted in consultation, explaining situations over and over to each new GP.

Dr Hazon explained the guidelines of the GMC/RCGP? That consulting GPs should work no more than 6 clinical sessions per week, to enable them to work safely – equivalent to 3 full days, with other time made available for clinical admin and specialist clinical interests/commitments i.e. training etc.

The representatives then asked whether the patients could have a timetable for clinicians, so they might have a better idea of when they might see the doctor they saw previously.

It was also felt by the representatives that additional roles in the practice stood as an obstacle to the clinical integration of information, by ‘silo-ing’ clinical aspects of care, which they felt should be the key role of a single GP, who has a working relationship with a particular patient. Similarly, they felt that electronic communication – emails marked for the attention of specific individuals – should not be intercepted by other members of the team. Dr Hazon explained the clinical team did not have sufficient time to manage email sent directly to them from the entire patient population, nor would it be clinically safe to do so. This explanation was not accepted by the representatives, who felt the current system fell between an efficient, automated service, and personal, person-centred care. It was also felt that clinicians should use discretion when deciding to speak with patients while outside the UK, rather than a blanket refusal, despite clinicians not being indemnified for such practice.

In summary

- It was felt there is a great degree of satisfaction with the quality of Clinical care, however, concerns were raised about its delivery – with the lack of follow up with same GP being the chief concern.
- It was agreed that a general Timetable for clinicians would be helpful for patients, in terms of continuity of care.
- It was accepted that there is a need for Reception Training, specifically, in terms of taking ownership of tasks and undertaking to see tasks through to completion.
- The representatives agreed that meeting regularly, on a quarterly basis would be a good idea.
- It was suggested that signing up to the practice Newsletter via the website would help keep patients in the loop with forthcoming meetings and other news for the practice.

*The **GP Patient Survey Report** – view the website [here](#).

