

## Minutes of PPG Meeting 09.11.20

### **Present**

Members: Lena Choudary-Salter, Stephen Homewood, Gill Hooper, Howard Salter, Namdar Baghaei -Yezdi, Rabina Gupta, Charles Ebikeme, Jennifer Green, Ronda Fogel, Cllr. Maggie Carman.

**Clinical representative:** Dr Alec Aslanyan

**Practice Manager** – Nabeel Asghar

**Apologies:** Brian O’Neil, Benita Hide, Juliette Fardon, Frankanne Damato, Catherine Curnow and Ismael Ali

Lena, as Chair, introduced the Group and its objects. Pointed out that the last meeting had been held on 21 October 2019 and the minutes had been sent to the then Practice Manager who had not been able to post them on line while so much has superseded matters since then that it was agreed there was little or no value in using those minutes as the starting point and the Group should start afresh now.

Lena indicated appreciation at everyone attending accept the invitation at such short notice (especially those new to the Group) and apologised for the error breaching privacy rules which was made unintentionally with an assurance it would not be repeated.

There followed a short power point presentation of what the PPG is and that it was created to offer recommendations and make suggestions to improve the GP practice – both for the benefit of the patients but also for the benefit of the staff – clinicians and administrators. It is intended to be a critical friend and partner to the practice. There followed some do’s and don’t’s as well as the ground rules.

Stephen mentioned elections for the group and that a lot of information and help is gleaned from attending meetings of other organisations – especially the CCG. Lena confirmed that the elections of representatives in the Group were determined at the AGM

Jennifer brought up the long outstanding issue of the need for a lift as means of access to the surgery for those with disabilities. Lena confirmed Jennifer’s complaint and gave a bit of background to the problem and that the solution needs to be pursued.

The meeting then moved on to the last Care Quality Commission Report on the practice which was, as Nabeel delicately phrased it, not good. Nabeel mentioned that since the report and as a result of its contents a lot of work had been undertaken to address the problems and there has been some positive progress. Lena asked for

an update on the progress starting with Dr Wright's current level of his clinical engagement – since most of the patients miss his high quality patient care.

Nabeel responded. He thanked everyone coming to the meeting. He suggested that, in future, they might consider varying the times of day for these meetings to attract as many patients as possible. Dr Wright had been unwell for several years and had only recovered a matter of months ago to face the problems disclosed by the CQC Report which highlighted mainly administrative shortcomings out of date protocols, appraisals, general system disorganisation related to practice manager. Presently, due to these problems requiring urgent attention, Dr Wright has taken on management of the practice full time unfortunately leaving him little time for clinical work in this time of urgency for the practice. Nabeela explained the deep inspection of the Commission and what it covers.

Lena asked who was the leading clinician with Dr Wright not able to fulfil that position. Nabeel explained that Dr Wright still attends all practice meetings and has been instrumental in turning the practice around on the administrative side also and has the intention of his daughter joining the practice in approximately three years' time to succeed her father and those in the family before him who ran the same practice for generations.

These inspections are once every 5 years, coupled with desk-top evaluations annually. It is since the previous inspection 5 years ago that conditions have deteriorated.

Nabeel also explained the running of the GP Team Net that Dr Wright had installed and its value. Dr Wright has made several changes made in the light of the Report. There has been a major change in staffing. Dr Wright had advertised and interviewed and taken on three new salaried, permanent GP's. Praise was given to Dr Alec A (even though he was listening) and thanks for his decision to stay on when on the verge of leaving. The three new Drs taken on by Dr Wright have all solid backgrounds and experience in GP practice.

Dr Wright had secured a full time Clinical Pharmacist for the practice (praised by Lena) as well as an independent prescribing practice nurse. Also, shared within the local five practices there is a new first contact physiotherapist. The practice is also considering a further full-time administrator.

Dr A added that with so many changes there is now more and necessary structure and safeguarding procedures and attention has been given to many matters which had been neglected for several years. There have also been necessary adaptations to the practice to take account of the pandemic and its effects.

Nabeel added that Dr Wright had restarted staff appraisals and updated protocols and systems which had lapsed with previous practice manager as well as Dr Wright had updated the review on medication procedures.

There followed patient questions and observations. It was suggested that the problem of clinical staffing of the right quality of doctors had become more difficult as GP's found that the profession was not as lucrative as it had been in the past. Now

ever more underfunded, increased demands suggested doctors were no longer looking for partnerships preferring locum positions.

Dr A said it was not perfect but improving.

The CQC reports are published in full on their web-site. The PPG does do follow-ups on the report and comment on strategy. The problem is that the practice did not appear to have any strategy even though it has an obligation to have one. The previous Practice Manager had also been working as deputy leader in the PCN and therefore had not sufficient time to produce a strategy amongst other things but Dr Wright with help of Lebara had done so.

Lena suggested that the clinical pharmacist could play a very important role in educating and empowering patients based on her recent experience with the practice based clinical pharmacist. Lena also asked what the others thought of the reception staff.

Nabeel had praise for the clinical staff confirming feed back that Dr A was very caring and on the ball. Nabeel under Dr Wright's instruction and guidance was making substantial changes and improvements to the surgery. Dr Wright had secured support from Lebara practice management to support Nabeel's role as practice manager which has proved very helpful. As far as the admin staff were concerned (in response to Lena's query), some were friendlier than others. The on-line services were good. So is the Care Navigator app. Arising out of the survey taken (300 replies) there were two main priorities/concerns:

1. Dissatisfaction with the booking system. Nabeel is looking into this problem and addressing it.
2. Attitude of reception staff. Lebara instructed by Dr Wright has arranged bespoke training with a trainer to be appointed in the next few weeks. If there is insufficient improvement, then the problem will become a performance issue and changes made even though several of the staff have been with the practice for a long time. Hopefully by the next meeting there will be a positive result to report. However, Nabeel added, if anyone has high concerns or examples please e-mail him and he will incorporate that into the training programme.

Maggie enquired whether the practice had a social prescriber which has been found useful and valuable in practices in Bayswater (where she has experience of same being a Counsellor in a Ward there). Nabeel said there is, Delphine, although it was pointed out she is only available for half or a day. Nabeel said they are considering taken on another such worker. Lena commented they are extremely worthwhile but the majority of patients are not aware of this facility and also care needs to be taken to explain who they are so that patients should not have concerns that they are giving advice and direction but not as a doctor. They need the knowledge to give them security and comfort to go to them and accept their advice and direction.

Everyone was thanked for attending with the promise of the next meeting being arranged and advised well in advance.