

Lewisham Clinical Commission Group

Neighbourhood 2 Patient Participation Workshop Report

Tuesday 3<sup>rd</sup> March 2015

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**INTRODUCTION**

This report provides a summary of the key topics discussed by patients at the Lewisham Neighbourhood 2 Patient Participation Workshop that took place on Tuesday 3<sup>rd</sup> March 2015. The workshop was organised in partnership between local GP practices and Lewisham Clinical Commissioning Group and was a requirement for neighbourhood practices to hold under the 14/15 Lewisham Neighbourhood Primary Care Improvement Scheme.

**BACKGROUND**

It is important for Lewisham CCG and local GP practices to engage with patients on the work which is happening locally with GP practices and how care is delivered. This workshop provided an opportunity for patients to share their experiences of local NHS GP practices in Lewisham and express their views on important areas such as Patient Participation Groups (PPGs), accessing GP services and collaboration between practices.

Neighbourhood 2 GP Practices	
Belmont Hill	Lewisham Medical Centre
Brockley Road	Morden Hill Surgery
Burnt Ash Surgery	Nightingale Surgery
Lee Road Surgery	Rushey Green Group Practice
Hillyfields Medical Centre	St John's Medical Centre
Honor Oak Health Centre	Triangle Group Practice
Lewisham GP WIC (New Cross)	Woodlands Health Centre

Neighbourhood info as of March 2015

**THE WORKSHOP**

**The aims of the workshop were:**

- To provide a forum for patients across the neighbourhood to share their experience of local GP services
- To engage with patients and obtain their views on specific areas:
  - Local Patient Participation Groups (PPGs)
  - Accessing GP Services
  - Collaborative Working
- To inform patients on how they can engage locally with their practices and the NHS

**The outcomes of the workshop were:**

- To receive feedback from patients on the specific areas highlighted
- To share this information with patients/the public, local GP practices and Lewisham CCG

The workshop was attended by 22 patients and two members of staff from 10 local surgeries. Five employees of the Lewisham CCG were also in attendance.

## GROUP DISCUSSIONS

### 1. Patient Participation Groups (PPGs)

Patients were asked to “*discuss how you think PPGs should operate and what they should be doing*”. Feedback was collated from the various discussion groups and has been organised into bullet points below under theme headings.

#### Meetings

- These need to be better structured with strong terms of reference and clear aims.
- More flexible meeting times can attract working and/or younger patients
- Setup virtual ‘interest’ groups for specific health conditions (eg long term conditions). For patients who are unable to attend PPG meetings and/or who may have particular interests this may be a more effective way of gaining their involvement

#### GP practice staff involvement

- Greater involvement from GP and Practice Managers at meetings and generally to support the work of their PPG.
- Increased GP involvement would confer greater ‘authority’ to a PPG and thus encourage more involvement from GP practice staff and patients.

#### Friends of GP practices

- The work of ‘Friends of the GP Practice’ groups should be incorporated into the work of PPGs thus having a co-ordinated approach to patient participation in practices and pooling resources.

#### Nature and definition of PPGs

PPGs should be forums where:

- Doctors and patients should be able to challenge each other and offer “friendly criticism” to create the “best version” of the practice
- GP practices could share and promote NHS initiatives

#### Potential work PPGs could undertake

- Support facilitation of programmes and initiatives (flu clinics, carers’ days)
- Respond to issues, ideas and suggestions identified in Annual Patient Surveys
- Identify new demands for services
- Educating patients
- Health promotion
- Communicate and raise awareness of important local initiatives
- Work in partnership with other local PPGs to improve services

### 2. Access

Patients were asked “*What are the main access challenges in local GP practices and how can these be addressed?*” Feedback was collated from the various discussion groups and has been organised into bullet points below under theme headings.

**Access challenges** (factors which prevent patients seeing or speaking to their GP or practice nurse)

- It can be very difficult to make same day appointments.
- Younger patients and those working have complained that current opening hours do not meet their needs.
- There isn't enough 'specialist services' and support for people with Long term health conditions.
- The level of DNAs (Do Not Attends) and their impact on the availability of appointments for others

### **Solutions**

Patients proposed a number of ideas to improve access and recognised that some may require further resources:

- Opening Hours
  - There was some agreement amongst patients that GP practices should have longer opening hours; for example Saturdays and/or 8am – 8pm opening times.
- Using Technology
  - Improving telephone systems & Skype consultations – Some systems properly list triage options (which should be kept up to date) and telephone consultations could be used more.
  - Booking appointments online - GP practices could better utilise on-line appointment bookings. This would require IT systems to be much improved so that they are more 'user friendly' and reliable.
- Increased access to specialist services & nurses
  - Given the current delays to specialist services more direct and speedier referrals to these services needs to be reviewed
  - Nurse services are currently underused within GP practices. Better promotion of services so that nursing staff could alleviate the pressure on GP appointments could be a solution to access issues.
- Red Flag systems
  - Patients proposed that the 'red flag' system where identified symptoms prompt an urgent response should be extended to include long term conditions.
- How to Address Do Not Attends
  - A nominal fee would encourage people to value the service more
  - Three missed appointments should see patient removed from a list
  - Surgeries could run awareness campaigns to highlight the cost of DNAs

### **3. Collaboration**

Patients were provided with the following information:

*"Practices will be working more closely in future to provide care to patients, on your tables please discuss your views on the following:*

- *Visiting another practice for your care*
- *Practices partnering up to educate patients*
- *Practices sharing staff and other resources*

- Information / data sharing”

Patients recognised that many GP practices are providing healthcare to a growing patient population and were thus struggling to meet the needs and expectations of their patients. It was accepted that greater collaboration between GP practices could offer patients more appointment options and a greater choice of services.

Patient views were mixed regarding the opportunities and challenges however:

**Opportunities**

- More hospital services could be based at GP surgeries
- Appointments could be made between surgeries
- Specialist staff could be shared across practices
- Better provision could be given for patients with LTCs
- A more joined up approach to education and health promotion
- There could be more consistency in services across an area
- Staff could receive higher quality training
- PPGs could be afforded the opportunity to influence service improvements
- Promotes universal access to data so patients could be seen quicker

**Challenges:**

- Increased travel costs and inconvenience for patients if they have to travel to other practices
- It may make the service more impersonal as patients are seen by unfamiliar staff.
- The possibility that changes will be imposed on patients without proper consultation
- Data protection issues - how will a collaborative approach ensure patient data is protected and secure?
- What will be the cost of sharing data across GP practices?

Some patients felt that even within GP practices there was little collaboration between teams and so queried to what degree this could be done across practices. More detail was desired around how the collaborative approach was going to work. Furthermore, it was recognised that it would require strong co-ordination/accountability between practices as well as effective and reliable management and IT systems to ensure patients’ data is secure. Patients also desired assurances that such collaboration wasn’t conducted solely to save money.

Appendix 1 – Summary of feedback form responses

<b>PATIENT PARTICIPATION WORKSHOP 03/03/15 - Feedback</b>				
<b>Question 1. How would you rate the workshop in terms of providing you with an opportunity to feedback on the topics raised?</b>				
<b>POOR</b>	<b>BELOW SATISFACTORY</b>	<b>SATISFACTORY</b>	<b>GOOD</b>	<b>VERY GOOD</b>
<b>0</b>	<b>0</b>	<b>1</b>	<b>13</b>	<b>9</b>

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END OF REPORT