

Elm Lodge Surgery

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Patient Feedback Group

Reminiscence Group

Wednesday 27 June 3 pm
Practice Conference Room

Those attending: P M (locality patient rep), Peter Hall, Janet Brewer, BW, EW, DS, MT. RR

Minutes

1. Developing services in the Dulwich area (findings from engagement exercise)
2. Progress report - practice action plan arising from patient survey
3. Practice access plan
4. AOB none provided in advance

1. Developing Dulwich Services

Pam provided a summary of the presentation at the locality meeting on 13 June covering GP, SELDOC and secondary care.

Peter also highlighted certain aspects of the summary reports from the Dulwich Services Engagement Exercise .

Key concerns were discharge from and referral to KCH. There was discussion around this. Some could speak of excellent care. One comment was made of a less than satisfactory experience around palliative care.

The development of the Dulwich site had received a mixed response in the consultation. The problems of transport to the site and parking was raised in the feedback and by us. The idea of extending the 42 bus to Dulwich was given strong support.

Doubts were raised about the availability of finance based on the financial situation we hear of in the papers.

The problem of mental health provision in the area was mentioned, which was a surprise for some.

Key concerns raised were about discharges and referrals, and the group shared personal experiences, both good and bad.

One member of the group mentioned problems regarding hearing aids and needing to go to somewhere off the Walworth rd.

Our nail cutting service was mentioned with approval, but limitations with equipment were mentioned

The meeting agreed additional health visitor provision was a good idea.

2. Progress report - practice action plan arising from patient survey

Peter had referred back to the practice action plan arising from the patient survey.

The surgery had still to replace Dr Chawdhery. Finance was an issue as the surgery had seen reduction in its funding. Dr Gordinsky had particularly been doing extra surgeries to cover the gap in appointments, although all the doctors were soon to be increasing their appointments.

The practice was now opening from 8 am each day, both phones and door.

Appointments online had now been purchased but not yet delivered. We would need input about this.

We discussed home visits and Peter explained the pressure on the doctors, how time pressures meant doctors had to assess request whether these were really necessary.

There were no easy answers regarding waiting times. Doctors spent extra time with meeting patients time which was welcomed but it did mean problems for those in the waiting room. We had discussed this at the diabetes group. We were introducing a sheet which was sent on the back of the appointment letters which asked patients to assess what they really wanted to use the appointments for. Perhaps we could use this generally for appointments.

We are offering the facility of telephone conversations more.

At the moment offering appointments before 8 am and after 6:30 was pending.

3. Practice access plan

Peter described the process we use for providing appointments –book ahead appointments, appointments on the day, emergency slots kept until the afternoon, fitting patients in at the end of surgeries. There was also the possibility of attending the Lister walk in centre and doctors would address patients by phone where no appointments were left.

As a general point there was some discussion of how doctors hackles can sometimes be raised when new discoveries are raised.

4 AOB

None