

## Patient Participation Group (PPG) Minutes

*Location:* Woodside Medical Practice

*Date and time:* 16 January 2023 @ 5.00pm

*Present:* Mary Emmerson (ME), Linda Karnes (LK), Ian Milroy (IM), Frank Curry, Chairman (FC), Gill Dinwiddy (GD), Jim Hermiston (JH), Kate Hunter – Practice Manager (KH), Tracey Martin – Practice Medical Secretary (TM).

*Apologies:* None

### Items of Discussion

#### 1. *Review of previous meeting minutes*

Minutes approved – KH apologised for the late receipt of Minutes and informed Members that this was because of Practice current work pressures and handover.

*Actions Updates from last meeting* (It was agreed that several of the actions had not been completed due to the handover process and would be noted and actioned prior to the next PPG)

- *Answerphone message - KH confirmed that 'number in queue' was now added to the Practice answerphone message.*
- *The difference between Partner GPs/Salaried GPs and Locum GPs – At the previous meeting Members were shown a Table that outlined the differences between GPs, Salaried GPs and Locums which also showed the responsibilities that the Partner GPs have to the financial running of the Practice as well as offering a GP service. Members suggested a simplified version that could be made available to patients. Also discussed was possible further information on the number of items worked on in practice which might be useful for the Members (i.e. no of prescriptions done each week etc.), and the numerous sources of income that have to be claimed etc.*  
*Action: KH to see what data could be prepared and shared and bring back to next meeting.*
- *Clinical requirements and Clinical meeting agendas – At the previous meeting this was discussed and it was explained that the practice has to meet many requirements and targets. The Members would like to learn more. It was suggested that a generic clinical meeting agenda could be shared initially.*  
*Action: KH to send an example of a Clinical Meeting Agenda*
- *Woodside Patient Survey – Action from previous meeting - NM/KH to draft possible questions and bring back to PPG to discuss again, compare data with PCN. KH advised that this was in progress and as part of the Accelerator Programme had been discussed.*  
*Action: To be discussed again with examples of questions.*

KH advised that a simple patient feedback survey was in place and in reception. It consisted simply of three faces – happy, neutral and dissatisfied and it asked patients to rate their experience of that particular visit to the surgery. Results had shown that the overall majority were happy with a low number dissatisfied with the reason given as lack of available appointments.

- *At the previous meeting Members noted that guidelines suggest that a GP would attend the PPG meeting. KH confirmed that Dr Thompson would be happy to answer any questions and that Members might like to compile questions in readiness and perhaps agree to a specific time in the agenda for her to attend.*

*Action: KH advised that she was discussed this with Dr Thompson who would be more than happy to do this but the current work pressures will make this quite difficult. To be reviewed again when work pressures have eased.*

## 2. Group Member Introductions

None.

## 3. Practice Updates.

### ○ New Practice Manager

Kate Hunter – KH introduced herself and advised that a complete handover from NM had now taken place.

KH asked Members if they were happy with the level of information that was being given to them i.e. did they feel 'bombarded', did they feel all information given was relevant.

Members agreed that they would benefit from regular updates with staff, services, and updates with general Practice information.

*Outcome: Members agreed that some information they received was not relevant. KH to operate a more streamlined level of communication.*

### ○ Call volumes and telephone system

Answerphone message: Members had stated previously and reiterated that the answerphone message for the Surgery is confusing, possibly contradictory regarding repeat prescriptions, and too long.

KH informed Members that the practice was currently part of a 'Accelerator Programme' which looked at the overall key Practice activities and looked at optimising new ways of working to become more effective. The current telephone message was identified as a potential improvement.

*Action: KH to speak to Partners and record a more user-friendly message.*

KH advised that the Strep A had seen an increase in telephone calls with worried parents following media reports. This had helped cause an increase in calls from 1000 per month to 1500 per month.

### ○ Patient Access Online

Members keen for updated information on patients who are using the NHS App. March – September 2022 showed a 23% increase in App usage. Previously thought that there could be an ongoing IT issue as some patients had reported they were struggling to gain access. The level of personal information available to patients to view on the online system was discussed as this does seem to vary from surgery to surgery.

*Action: KH to provide updated information at next meeting.*

○ Staffing at Woodside

*Woodside Clinical Staff:*

KH advised that regular Locums are in place until permanent GPs are found. Dr Julia Camm has joined the Practice as a regular locum and feedback is that she is settled and liked by patients. It is hoped that she will stay and move to a salaried GP. Other regular locums include Dr Roisin Cartwright-Terry, Dr Ed Penman and Dr Maurice Price. The role of locums were explained to Members.

Members interested to know if any of the Practice GPs had a specialism. KH advised that

- Dr Donnellan has a keen interest in Diabetes
- Dr Thompson has a keen interest in sexual health

*Action: KH to check with salaried GP and locums to see if they have a specialism.*

Primary Care Network staff (PCN):

KH advised that 2 Nursing Associates were available through the PCN and they were on site on Fridays and offered health checks etc. Feedback from patients is good and their appointments are always full.

PCN are looking at the possibility of funding for a Paramedic which if successful, the Practice will have access to. This will aim to help with urgent care.

Funding through the PCN has been agreed for a Pharmacist. This will help with the pressures of medication reviews and repeat prescribing. They will be able to refer to other services if needed.

*KH to update regularly with PCN news*

○ Routes of Care (Triangle of patient care)

Discussed as previous meetings and it was agreed that an updated version would be useful, and available to patients (on the TV screen) to help them understand the move towards the use of newer staff roles i.e. nursing associates – with whom appointments might be offered.

*Action: to be discussed again*

○ Extended hours update

The Practice now offers extended hours every Monday/Thursday and Thursday/Friday evenings from 6.30 – 8.00pm on a two week rota. These appointments are bookable on line or by a clinician with a mix of Prescribing Nurse, HCA and Dr cover. Feedback positive and appointments always full. It is hoped that these appointments will benefit those patients that work during the normal surgery day.

○ Appointments

KH advised that the Care Board in Halesfield has given an unlimited budget for December and January for locums to help with Strep A cases and winter pressures such as flu, tonsillitis, chest infections and COVID. This will help short term and those patients that need immediate care. KH advised that in the week 03 – 06 January there was an additional 150 appointments offered. However, results, meds reviews, clinical letters etc. will still be dealt with by Lead GP's. This additional funding will be reviewed by the Care Board for the month of February.

Discussed at previous meeting. KH advised that Did Not Attend (DNA) information was going to be reviewed across the PCN and would offer additional information when available. Members asked about patients that frequently DNA and if there was a protocol in place and KH advised that this was a 'grey' area. Members agreed that they would offer support if some action were to be put in place for frequent patients who DNA. The process for abusive

patients was discussed and Members were advised that the protocol for any patient who is asked to leave was that they were informed that due to their abusive behaviour they were no longer a patient at Woodside but they could register at Dawley Medical Practice. Members were advised that Dawley Medical Practice has someone on site specifically trained to deal with abusive patients.

*Action: It was agreed that KH to source DNA figures and bring back for further discussion.*

#### 4. PPG Membership

Members still recognise that the PPG Group still has under-represented groups and younger Members are needed. Discussion took place regarding how to get more people involved/aware of PPG. KH suggested possible monthly coffee morning – this would also offer a warm and safe place, this could also include a guest speaker to talk about, for example, diabetes or the importance of health checks. This could be used to educate patients regarding services offered and PCN information, for example, Social Prescribers (who Members of the PPG were not aware of). It could encourage people to become more involved and join the PPG. KH added that the Partners are keen to keep the surgery as a ‘traditional’ Practice and be a focal point within the community. Members not sure what facilities the Community Centre currently offer. Members suggested approach to local schools and offer leaflets etc. Updated information on the reception TV and posters and perhaps a more targeted MJOG message were also discussed

*Action: Members and KH keen to discuss again with further options. KH to contact Community Centre for a timetable of regular events etc.*

#### **AOB**

- Members asked if surgery website was fully up-to-date with surgery information.

*Action: KH to check website information.*

- Reception Area. At previous meeting Members raised the issue that the reception area is not always ideal and confidential for patients and wondered if the reception staff had a place to discuss more confidential matters with patients if needed. A discussion followed regarding the safety aspect for staff and an alarm was suggested. Also noted was the information displayed on the TV, information leaflets and posters in reception. Members are keen for the information on the TV to be updated and that the leaflets and posters are current with up to date information. KH informed Members that new TV information was due to be released in the spring and that it would be in larger print.

*Action: KH to review with reception staff (whilst reviewing room usage) and look at information that is currently available on the TV, leaflets and posters and update where necessary.*

**NEXT MEETING – MONDAY 03 APRIL 2023 @ 5.00PM**