

Patient Participation Group (PPG)

Minutes

Location: Woodside Medical Practice

Date and time: 28 March 2022 @ 5.00pm

Present: Mary Emmerson (ME), Linda Karnes (LK), Ian Milroy (IM), Jim Hermiston (JH), Frank Curry (FC), Jill Dunwoody (JD), Nicki Mott – Temporary Practice Manager (NM), Tracey Martin – Practice Medical Secretary (TM).

Apologies: None

Items of Discussion

1. *Review of previous meeting minutes*

No items of discussion from last PPG meeting.

2. *Group Member Introductions*

All Members introduced themselves. It was clear that all had a longstanding knowledge of the Practice and all had been patients of the surgery for many years.

Nicki Mott confirmed that the previous Practice Manager Teresa Beazley had left the practice at the end of January. Nicki confirmed that she was a part time temporary Practice Manager (a retired former Practice Manager), and that she would be in place until a full-time permanent Practice Manager was recruited.

3. *Election of PPG Chair and Secretary.*

JH nominated FC. All Members were in support of this. FC accepted the role of Chair.

TM was nominated for Secretary. All members were in support of this. TM accepted the role of secretary. TM to prepare and NM to send draft copy of minutes to FC once prepared.

It was discussed and agreed to hold quarterly meetings.

NM made Members aware that if PPG required any information, that she was happy to try and find out more/source this information for the group.

4. *Practice Updates.*

○ Call volumes

Current figures were not to hand as PM had not yet gained access to the telephone system. It was noted that the previous PM had provided yearly data.

Outcome: NM to provide data for the next meeting (monthly)

○ Complaint Data

It was noted that the previous PM had provided yearly data. NM suggested quarterly data be provided and this would be forwarded to Members a week prior to the PPG meeting, ready for discussion. All agreed

Outcome: NM to provide quarterly data and forward to Members a week before meeting.

○ Friends and Family Feedback

NM explained that patients are sent a text after appointments and are asked to rate the service/whether they would recommend the practice to family and friends. The star ratings can be 1-5 or no rating can be given. Members had been provided with Monthly data from December21 (17 responses), January22 (18 responses) and February 22(8 responses), and

summary data for June21 – Mar22 showing feedback statistics for the 633 responses. The numbers in the monthly figures were too low to be of use.

The 633 responses from June21 to Mar22 were as follows:

633 responses received

Relating to 7136 appointments

This was an overall response rate of 9%

79% of patients would recommend (5* and 4* responses)

14% of patients did not recommend (2* and 1* responses)

7% would neither recommend/did not know (3* and no response)

It was discussed that there did appear to be low numbers regarding the feedback received over the past 3 months especially. It was also agreed that the COVID situation could have added to these response figures being low. NM stated that overall that National figures for this feedback were also low, and that prior to Covid the practices had had to submit this data monthly but that this had been suspended in General Practice during Covid and had not yet been reinstated.

Members asked how the text was generated and whether everyone getting a text. During the discussion it was concluded that whilst some Members had had a text after their appointment, others had not. Members also asked how to raise response rate and whether patients are receiving a text but not completing it?

It was noted that 79% of patient would recommend, however 14% of patients would not. Members asked if there was a way to source information as to why those people were not happy with service. NM explained that the text questionnaire is pre-set, and automatically collated on return within the software and is therefore a fairly blunt tool. The Practice has no intervention in the design of the questions which are national and used in many NHS settings.

There was also discussion on whether there might be an option for a Practice Specific Questionnaire in the future, and that this might need further discussion in a future meeting.

Outcome: It was agreed that NM will speak to admin team for more clarity regarding the texts sent to patients to see if can find out why some patients get these, and some don't. Also, to see if she can find out any more information as to why numbers of responses were low.

○ Routes of Care Strategy

Information was given to Members at previous PPG meeting showing a 'triangle' of staffing structure and an explanation of clinical terms used was given. NM also explained that there is a shortage of GPs nationally, and that new clinical roles are entering Practices so that the GP's time can be used more effectively and efficiently for the more severe clinical needs of the patients. New roles examples are: Pharmacists, Advanced Nurse Practitioners (ANP), Urgent Care Practitioners (UCPs), Physio therapists, and Health Care Associates (HCA) are therefore being appointed. These roles alongside the Practice Nurses allow the clinical team in a practice to meet patient needs. Nationally there are campaigns to try and educate patients that there is not always the need to see a GP, but another clinician, might be better suited. These campaigns will be ongoing, and the practice team will also inform patients of this as appropriate when a different clinical team member could help.

NM also explained the role of the PCN (Primary Care Networks) which incorporates two other local surgeries, Court Street and Stirchley and aims to benefit larger groups of patients and where much of the NHS resources are now being directed. Some of these new staffing roles will be recruited by the PCN, and will recruit such staff who will be shared between the three practices. The staff will be from clinical, social care and admin roles that will benefit the patients. i.e. Social Prescribers can help patients with Social care issues/ point them to local groups that may be of benefit etc.

The practice currently as a PCN staffing share in a number of Social Prescribers, and an admin member of the team who is looking into co-ordination of various cancer care prevention lists to encourage patients to attend for screening programs etc. The PCN also has plans to recruit a Pharmacist, and a Nursing Associate and a Physiotherapist.

- Staffing at Woodside

NM had prepared a summary of the practice staffing currently. She also informed the Members that a new GP Partner had been offered and accepted a position and would be joining the Practice – date to be confirmed, but hopefully in August.

NM also advised that TM (Medical Secretary) had just been recruited, but that the Admin Team are still currently understaffed and very stretched due to one vacancy and one member of staff being on maternity leave. Recruitment is therefore a priority. As detailed earlier, NM confirmed that she is only temporary and a new PM is currently being sourced. It was noted that there was previously a large turnover of staff, but this does now appear to have settled.

- Appropriate Appointments

All members agreed that this was discussed fully at previous meeting. No further discussion needed.

- Patient Access Online

JH suggested that there still appeared to be an issue with information available on Patient Access, some had available information, whilst others didn't. NM advised that from 1 April 2022, that there is going to be a change so that all patients can access all their medical information should they choose to do so. Currently the information available to patients that opt to have this will have been limited to medication, allergies and some consultation /medical summary information. From the 1st April all information from 1Apr22 onwards will be accessible. It was noted that nationally that some Issues around safeguarding have been highlighted with this change, especially for vulnerable patients, and that this launch for increased information could be delayed due to these safeguarding issues.

5. *PPG Membership*

It was agreed that current members represented a 50/50 split of males to females, but all were white, and of a similar age. It was understood that a meeting time of 5pm, is not good for everyone, i.e. tea time, young families and people that work. It was agreed that more diverse Members would be an advantage. NM advised that initially text invites were sent to patients, and only 6 responded. It was suggested that to make more people aware of PPG, information added to the 'in house' TV in the surgery waiting room, could be an option, posters could also help.

Outcome: To be ongoing and discussed further.

AOB

- Staff Retention

This had been discussed earlier – see Staffing at Woodside

- New Telephone System

NM advised that the previous decision to change to a new phone system had been amended, and that the current provider was being asked to resolve the on-going issues with the current system due to concerns regarding a change over to a new system with less support. A new and shorter contract has been signed. NM agreed that there are recognised problems with the current telephone system but is hopeful that these will be resolved, and an engineer is booked to review and correct the current known issues.

NM also advised that there is ongoing discussion whether to install a 'dash board'. This will enable phone call volumes to be monitored on an ongoing basis, and also will monitor the abandoned calls i.e. possibly could then identify vulnerable patients who had abandoned the calls, and staff will be able to call them back.

Outcome: NM to discuss what telephone reports could be prepared and share for discussion.

- Telephone Appointments booking time

IM raised the time of telephone appointments i.e. if an appointment is scheduled for 10.15am, is this the actual time or an approximate. He gave an example of a 10.15am appointment, but the actual call was 11.40am. Members also asked if home number and mobile number listed, which number is most often called?

Outcome: NM to source information and discuss again.

- Ockenden Report

NM confirmed that this report into the Maternity Unit at Shropshire Hospital is due out shortly. The Practice has reviewed, and as far as the Practice were aware, no patients from the Surgery were directly affected by this, but that support and how to access this should it be needed, will be available and published in the local press.

- Clinical Commission Group (CCG) to end June22

NM advised that from July 2022 the CCG would no longer exist and will be replaced with ICS (Integrated Care Services). There is more information on this on the CCG website.

- Covid Booster

Members asked for information regarding the 2nd COVID Booster. NM advised that information will be available on the NHS website as to which patient groups should have this when. Boosters will be given by the practice to Care Homes patients (via the PCN Covid vaccine program), and the practice has no further information regarding any further programs currently. It was noted that the Covid vaccination program is a national one and GP's have no influence who receives the 2nd Booster.

- PSA testing (done by outside groups)

Members asked about the results from PSA tests. NM advised that these programs organised by outside groups (Lions) go straight back to the patient and not directly to the GP. If there is an indication of a problem from the test, then the patient is advised to call GP for a follow-up appointment.

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- Galleri Trial

A member asked about the GP involvement with the 'Galleri Trial' which its aim is to detect cancer earlier for 50 -77 year olds, through blood and genes. A supporting leaflet indicates that this is NHS run. NM not aware of this or has had access to the leaflet.
Outcome: NM to source information and discuss again.
- Extended Hours Opening

Weekend opening was discussed, as the current situation will change again in October 22. As yet., there is no specific details. The practice currently does offer some 8am – 8pm and Saturday morning appointments (the amount is dependent upon population), and this will continue to end October.
Outcome: NM to update when additional information available.
- CQC visit December 21

FC raised the recent CQC visit on 7 December 2021. His concern was during the last PPG meeting (12 December 2021), Members were not made aware that the visit was due to take place or had taken place and asked whether the PPG should have been involved in the visit/informed in the last meeting? NM advised that if CQC visit had been pre-arranged, PPG Members would most certainly be involved. The CQC visit on 7 December 21 was unannounced, and had focused on looking at appointment data. NM was unsure why Members were not made aware of this on 12 December 2021 by the previous Practice Manager.
- Patient numbers at Woodside

FC asked about the numbers of patients that were leaving the Practice to go to Court Street. NM stated that although some had left, some were returning back to the Practice, but unclear if there was a downward trend. NM offered to provide quarterly figures of the number of patients at the practice to review this
Outcome: NM to provide quarterly figures on this.
- Published finances of GP earnings

FC noted that the published finances relating to the GP earnings were not current. NM explained that they are always a year out of date due the accounts running a year behind the actual year, and that she would confirm these details for the latest year when on the website.
Outcome: NM to email all when available on website.
- Screen in reception area

It was noted that the screen in the waiting area has reference to Irish Maternity Services and the spelling is not always correct. NM noted that some information is provided to the practice, and some is prepared by the practice and that she would ask for this to be checked.
Outcome: NM to ask staff to review the waiting room screen information

NEXT MEETING – TUESDAY 12 JULY @ 5.00PM