



PATIENT PARTICIPATION GROUP MEETING MINUTES

Meeting Date: Tuesday 23rd November 2021

Attendees:

Faith Woodcock – Practice Manager
 Kirsty Hornsey – Deputy Practice Manager
 Sue Scorer – Care Coordinator
 Sophie Ferrier – Care Coordinator
 DW
 WS
 JB
 HB
 BE
 ZS
 KD

Apologies

YT
 RG
 JR
 LC

| Meeting Minutes | | |
|-----------------|--|-----------------|
| Item | | Owner |
| 1. | <p>Welcome and Introductions</p> <p>All members and staff introduced themselves. FW apologised for the formal nature of the first meeting, however as we were starting afresh, we needed to ensure we had certain documents and roles in place.</p> | |
| 2. | <p>Code of Conduct</p> <p>A suggested Code of Conduct was circulated and agreed by all present.</p> | |
| Action | Final copy to be circulated with minutes | Practice |
| 3. | <p>Aims and Objectives of the PPG</p> <p>Some guidance was shared around the purpose of the Patient Participation Group (PPG). The general consensus was the main aim is for the practice and members to work positively together to improve patient experience.</p> | |
| Action | To share the guidance on setting up a PPG | Practice |
| 4. | <p>Terms of reference</p> <p>This has been drafted using a template provided from the Patient Association. Discussion over whether members should be removed after three consecutive non-attendances. It was agreed that so long as members informed the Chair/Practice in advance they could not attend we could be flexible with this. Member asked for the Terms to emphasise the practice's commitment as well as patients. FW to send revised draft to members to be agreed at the next meeting.</p> | |
| Action | To revise the Terms of References and circulate another draft | Practice |

| | | |
|------------------|---|--|
| <p>5.</p> | <p>Update from the Practice</p> <p>KH (Deputy Practice Manager) updated members of new staff and what their role involved.</p> <p>Dr James (salaried GP) started in February 2021, he works 4 days, 2 days more than Dr Mirza who left in January 2021.</p> <p>Lisa Drinkall (Clinical Care Coordinator and Advanced Nurse Practitioner), Lisa does a triage clinic in the morning together with learning disability reviews, dementia reviews and will also be working with the care-coordinators to assist the weekly ward rounds at the Care homes. She works in the community and supports the housebound patients to ensure they still receive the care they need.</p> <p>Sally Goff (Practice Nurse) Sally has a speciality in sexual health and contraception and is able to fit implants and coils. She is also undertaking training to be able to deal with minor illnesses in the same way as the current Nurse Practitioners and to be able to prescribe and give advice on HRT.</p> <p>We are part of the West Primary Care Network (PCN) which encourages practices to work closely together to share ideas and resources including staff. Our "PCN" includes Oswald Road Surgery, South Axholme Practice, The Birches and The Oak Tree.</p> <p>We also have new PCN staff:</p> <p>Alan (prescribing paramedic specialist practitioner)</p> <p>Mohammed (Clinical Pharmacist)</p> <p>Wayne (In house First Contact Physiotherapist)</p> <p>Sophie and Sue (Care Co-ordinators)</p> <p>We are also a teaching practice which allows us to have students which does create more appointments. Dr Usman is the trainer for the GP Trainees and Dr Hussain continues to supervise the "F2" students. Having students also allows the GPs to stay up to date with the most current guidance.</p> <p>We have gradually been increasing the number of face-to-face appointments available with GPs and Nurse Practitioners and the current Telephone Triage model will be phased out by no later than 13th December.</p> <p>We have given over 7000 1st, 2nd and booster covid vaccinations - this has been done on top of daily normal workload.</p> <p>We have offered 33% more appointments than pre pandemic which we are very proud of.</p> | |
| <p>6.</p> | <p>Suggestions and comments from the PPG members</p> <p>The telephone system was discussed in some detail. Member suggested that the queue system should not be capped at a certain number of callers so patients could decide themselves if they wished to hold. The practice representatives did think that there wasn't a cap on the queue but will contact the phone company to check. Some discussion held over the technological capabilities of the phone system to cope with the demand.</p> | |

| | | |
|----------------------|---|------------------------|
| | <p>There was also a discussion regarding the phone lines being switched off from 12 to 1.30. Concern was raised by a member over the wording of the message as it gave the impression the practice is closed for staff to take a lunch break when in fact staff are following up on administrative tasks from the morning session, ringing patients to book in appointments that have been requested by the GP and doing a handover with the afternoon staff. The surgery itself remains open to visitors during that time which some members present were not aware of so needs to be publicised more.</p> <p>There was also concern from member how to get through to the surgery in an emergency between 12 and 1.30pm. Staff believe that the answer phone message did give an alternative number to ring if you needed to speak with someone urgently but would listen to the message again and arrange for this to be reworded if necessary.</p> <p>We discussed the possibility of additional staff, however the thing that the practice felt would have the biggest impact on call waiting times is to reduce the volume of calls coming into the practice.</p> <p>During the morning session a huge volume of calls are from people requesting prescriptions. Most other surgeries have moved away from accepting phone requests for prescription and the practice is exploring an automated prescription line. Patients would be issued with a PIN number and they would call an automated number which would list their available prescriptions. They would then select which ones they needed.</p> <p>The advantages of this is that it can be a completely different phone line which would allow a higher volume of appointment request calls to come through and would also free up another receptionist to help answer calls to make appointments and deal with other queries. In addition, patients could use the automated service on an evening or weekend which may be more convenient for them. Patients could still drop off their repeat prescription paper requests in person or order these online. We would also still accept them over the telephone if people were struggling with the other options but hope it would reduce a high volume of calls.</p> <p>Members suggested that the online service was a good way to book appointments and reduce calls. It was agreed by the practice that we should do more to promote this and will look at a publicity campaign for this.</p> <p>Member mentioned that at a previous practice they were registered at they received a text to inform them if their results were normal, as understandably people are still concerned if they do not hear anything so tend to ring just to double check. Practice agreed to explore this with GPs.</p> <p>There was a brief discussion on problems with recruitment which mainly is with receptionists and also finding locum cover for holidays and sickness. We also discussed how the rota is formatted and whether it would be helpful to hold back some afternoon appointments for people to ring at lunch.</p> | |
| <p>Action</p> | <ul style="list-style-type: none"> • Check the number of calls which can queue on the current system • Listen to the wording of the answerphone message at 12pm to ensure alternative number is given for emergencies • Look into ways to publicise the online services • Explore option of texting patients when results are normal | <p>Practice</p> |

| | | |
|-------------------|--|--|
| <p>7.</p> | <p>Election of Chair, Vice Chair and Secretary</p> <p>We need to elect a Chair; their responsibilities to include setting the agenda with practice staff, ensuring all PPG members have an equal opportunity to contribute to the meeting and ensure all agenda items are discussed within the allocated time. They also need to ensure all actions are recorded and steps are taken to follow them up and implement them where appropriate. We should also elect a Vice Chair who would step in if the Chair is absent. Members decided that they would consider whether they want to take up either of these roles and will email Sophie/Sue with an expression of interest to be voted on at the next meeting. Interest was expressed during the meeting for the role of Vice Chair by KD.</p> <p>As the secretary can be a practice member of staff it was agreed by those present to appoint Sophie/Sue (Care Coordinators) who will take the minutes each meeting and email them to all members.</p> <p>Any members not present at this meeting can also express an interest in any of the roles.</p> | |
| <p>AOB</p> | <p>As the group is still new it was agreed that we would meet in 8 weeks, rather than quarterly until we get going with pressing issues.</p> <p>Agenda items agreed for next meeting:</p> <ul style="list-style-type: none"> • Election of Chair and Vice and also agree length of term. • Acceptance of the Terms of Reference • Phone lines. • Frequency of meetings <p>FW thanked everyone for attending and for their contributions and the meeting was closed.</p> | |