



# PATIENT PARTICIPATION GROUP MEETING

**Tuesday 16<sup>th</sup> May 2023 4pm**

## Minutes

**Present:** Bev McLean – Business Manager  
Guy Ovenden – Operations Manager  
Lou McCaig-Holt – PA to the Management Team  
Carol Westwood – Patient Care Team Leader

**Patients:** Mick (PPG Chair), Geoff

**Apologies:** Ann, Melrose, Jane, Ian, Phil & Sarah

**Introductions** – the Practice Team and Patient’s briefly introduced themselves.

### Minutes from Last Meeting and Updates on Actions

- No change in GP Partners.
- Crossland is on the agenda.
- Recent Patient Survey done as part of project have improved a little - Bev will share via email.
- Diabetic Review and repeat dispensing – This has now been resolved the GP’s will action the repeats.

### Update from the Practice –

- **Crossland** – We have now closed the site. We have started the four-week engagement with patients as required by NHS England. We are sending out text messages to all Patients over 18 every night this week. We will then run a report and contact those who do not have a mobile number. Full details are on the Website.
- **General** – No changes to the GP’s or Nurses. Bev is semi-retiring in August and Guy will take over as Business Manager. He will keep the IT role and his successor will have focus on HR. Ettie is now the Data Quality Assistant. Our list size is still growing but a bit more slowly just now. We have 18,962 patients registered with us just now.

- **Patient Care Team** – Structure Chart shared. We have four new starters each going through a twelve-week training programme. The first four weeks training they have a mentor sat side by side which means we have less staff on the phones and the call waiting time may increase slightly. Stats were shared from April's internal newsletter.
- **Online Reviews** - We have taken over the ownership of Google review and can now respond. We believe some of the reviews are meant for other services in the building. Geoff suggested we contact Google to separate the services in the building to help reduce incorrect reviews. Current score is 2.9 stars out of 5 which is disappointing.
- **Patient Comments Emailed In** – Questions shared with Group
  - Data Available** – readily available data is very limited. We monitor the number of referrals we make to the Pharmacy – averages around 280-300 per month this could be provided. The wait time to the next appointment can be measured but this is manual and changes all the time – more appointments may be added, or clinics cancelled etc. Just now the wait for routine telephone / face to face (F2F) appointments 3-4 weeks. You can speak to a First Contact Physiotherapist within 1 day, book a medication review within 2 days and weekend blood tests tend to be available for the weekend coming up. We do monitor the F2F and Telephone appointments to make sure they are both the same waiting time and not creeping up. The partners would add more into the system if the timescale was escalating. Out of hours appointments open at 4pm we tend to use all of the appointments available to us at weekends.
  - Routine Appointments are too far ahead** – every patient who calls is offered to be added to our Triage list today or tomorrow if the routine appointment is too far ahead for them. It would be useful if we could get ideas of what issues arise that patients feel are not suitable to wait 4 weeks but not really suitable to be treated as urgent and added to Triage? Patient perception varies – one person's urgent is not the same as someone else and that can be very difficult to manage.
  - F2F v Telephone** – we don't have figures to hand for this although the NHS as a whole is moving to develop systems to be able to report on this for all practices. Again as a practice we monitor what is available on the system and if we need more of a type of appointment then we would arrange for that to be added.
  - Nurses Appointments** – routine appointment timescale depends very much on what you need to see a nurse for e.g. just now contraception about 2 weeks, asthma about 4 weeks, diabetes 3 weeks, bloods within a few days.
  - Local Services to Improve Health** – we work closely with a lot of services and organisations. We have a leaflet called Self-Referral that lists all those patients can refer directly to themselves. Ask for a copy or pick a copy up in our waiting rooms.
  - General pressure and how we compare** – the pace of change in Primary Care is relentless. Targets are amended annually in line with national health priorities and these are at local and national level. The practice has to adapt and put processes in place to meet these targets. Some practice struggle to recruit – we are very fortunate as we have a full and stable clinical team in place. You can compare practices online using their national survey results. We struggle to retain Advisors which is a problem across most practices as the job is very

demanding and not perhaps as people envisage it to be. This results in a lot of time and effort being put into training new starters which is not ideal.

**Varying levels of service** – it is very disappointing that patient experience is described as going from 5 stars to “abysmal” at times. We want to know if anyone has received service that is below expectations as we all take pride in our work and want the opportunity to address any issues that patient’s experience. We have invested and continue to invest a lot of time in Customer Service and we want our Patients to benefit from that training.

Bev has offered the patient who sent the email in to come in and have a F2F chat to discuss further.

- **Any Other Business**

Geoff – Can you see online appointment for the Wound Clinic and why do you only get a confirmation Text and not a reminder? – Different service and system – not managed by the Practice.

Mick – received seven text message reminders for one blood test appointment – Gave permission for Guy to investigate.

Geoff – Are we part of the research Scheme? – No

Geoff – Is it coincidental that the GP reduced his folic acid when a news article advised it was being added to bread – Yes

Geoff – Cera Tele Health, a private provider of care home type services – unsure what this is but perhaps hospitals are commissioning them to help them discharge patients to free up beds?

Bev- Could we have a joint PPG with the Primary Care Network (PCN)? – It wouldn’t be practice specific. Only issue would be you could not them speak about practice specific issues? Maybe a hybrid solution would be best if the PCN wanted to do this.

Mick – Is your NHS Number the same everywhere in the UK? Yes

Why did he have to have the same bloods twice? All Blood results are on the ICE System and can be seen anywhere. – We will check our Clinicians are checking for previous results to avoid repeating tests where possible.

Mick – The TV screen, noticeboards and signage all look good.

**Next Meeting** – Tuesday 3<sup>rd</sup> October 2023 4pm – 5.30pm