

MEETING MINUTES FOR PPG

Friday 14 July 2023

Attendees:

Sangeeta Kathuria (chair)
Moir Black
Robert Gurd
Jean Rowe
Jill Morris
David Jenkins
Owen Grainger
Ann Smith

Apologies

Roisin Holden
Bridget Asprey
Robin Carlyle
Sarah Evander
Dr Mendes da Costa

Minutes of last meeting were discussed and action points that have been sorted were discussed.

Actioned from last meeting:

- Requested in previous meeting to have a F2F meeting for next PPG meeting and this has now been actioned. We will try to have at least 1 meeting a year F2F and the rest via teams
- Patient survey for access was discussed. Sangeeta has added the findings of the patient surveys for access with the PPG group

MATTERS DISCUSSED

APPOINTMENT STRUCTURE

SK discussed the changes to the appointment structure and the way the surgery is managing appointments via email. An explanation was given as to why we have removed the option for patients to email the surgery and request medications or interventions as this was causing delays in their care as well as some near misses for their care being compromised. This was acceptable during Covid however, post covid, we are trying to resume the way we worked before. We have made a rule that emails are only to be used for prescription requests, sending in clinical letters to upload or to respond to a request by the GP specifically. If a patient sends photos of their wounds, or requests things like antibiotics, they will be asked to phone to make an appt. The surgery has increased the amount of appointments offered and also

have a mix of telephone, video and face to face appointments, all of which can be used to diagnose a condition. Furthermore, SK explained that this is more manageable in a streamlined way for the doctor on the day and ensure no clinical condition is missed as well as to ensure the doctors are not over burdened with extended clinics consisting of email consultations. SK also explained that patients were sending in photos of parts of their body which was unsuitable to be viewed by non-clinical staff. The new method is working very well and there are always appointments available for up to 2 weeks if needed for any clinician

PATIENT ACCESS AND SIGNPOSTING

SK explained that in line with the new NHS guidance, all GP surgeries have to work toward targets in offering their patients an appointment with a clinician within two weeks. If that is not possible, then reception need to know how to signpost the patient to an alternative person to help e.g. Urgent care center, NHS111, the pharmacy or the hospital. SK explained that the reception team are being given the relevant training to ensure they are able to signpost patients successfully however, currently, we do have appointments in the time frame that we have been asked to have.

NEW STAFF ROLES

SK discussed the new members of staff that have joined the practice; Aino and Anne the receptionists and the departure of Juliet who was the evening receptionist.

She also discussed the new ARRS (staff who are provided by the PCN) who are joining the primary care network and who will be supporting our patients.

Neha our current reception manager has embarked on her training to be a GP Assistant who will be helping the doctors with clerical duties and training up as a HCA as well. This will alleviate the work for the GPs so they have more time with the patients.

We also have 1 first contact physio practitioner who we can refer patients to with another to join the team

We have a second clinical pharmacist who will be joining our surgery to support the medication review side of things for patients.

We also have 3 social prescribers, 3 health and wellbeing coaches, 3 physician's associates who will help with the high risk of diabetes patients reviews and the paramedic team who help with seeing patients who are housebound.

The PCN is looking to recruit a podiatrist and a nutritionist in the near future too.

MYSTERY SHOPPER / FEEDBACK PLATFORM

SK asked the members for help on how we can review and improve the work provided by the reception team and to ensure that their training is reflected by feedback. She suggested the mystery shopper approach however, members felt that this is too specific to measure and will be hard to do at GP surgery level.

However, one suggestion was if PPG members would offer feedback to SK over the next 3-6 months, which she will collate in a spreadsheet and review these comments with the reception team. This is a great initiative that the PPG team can support the surgery with and this can be feedback for both the admin staff but also any clinical staff. SK will share these comments in the next two meetings and we can see how we can improve our patient experience with the support of these feedbacks from the members.

AOB

It was suggested that we should have more face to face meetings as there is more productive discussions that take place.

There was also a request to have the meetings on a Wednesday perhaps and not a Friday as this would allow more members to attend.

The only issue with this would be the fact that Dr Mendes may not be able to attend but SK will discuss this with her if it's one meeting a quarter.