PPG Minutes

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| Date: | Monday 15th January 2024 |
| Present: | AP – Anita Pearson - Chairperson  AB – Amanda Bell - Practice Manager  JD – Janet Drew – Reception Supervisor  GW - Grace Walker – Secretary  CC - Christine Chapman – Member  MW – Mary Walker - Member  SMM - Sandra Menzies-Macdonald - Member  JB – Judith Bolton – Member  SR – Sue Roberts – Member  MPJ – Michael Pichel-Juan - Member  PB – Penny Bowen  CM – Colin Mair – Member  PB – Pat Bennett – Member  BB – Ben Bennett – Member |
| Apologies: | JN - Jean Newholm – Member  KA – Kate Argyle – Member |

**Agenda Items**

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| **Who** | | **Comments** | **Action Points** |
| AP  AB  PB  AB  AP  MW  AP  AB  AB  MW  AB  AB/AP  AB  JD/AB  AB  CM  AB  MW  AB  AB  MW  AB  AB  PB  AB  AB  CM  AB  MPJ  AB  PB  AB  CM  AB  MW  AB  AB  AP  AB  PB  AB  MW/CC  AP  GW  AP  PB  AB  AB  AB  AB  AB  MPJ  AB/AP  MPJ  AB  MPJ  AB  AP  CC  CC  AB  JD  MPJ  Members  GW  MW  AB  MW  AB  Members | | Welcomed everyone to the meeting and went through apologies.  Discussed the meeting minutes from the last meeting and passed them round for anyone who needed to go over them.  All members agreed they are satisfactory and they were approved.  Began to go through the questions that were sent in.  Q1. In the notes Anita sent us a while ago, it says that 3rd party information is not acceptable as one is not at another persons surgery appointment. But how can information be gathered as patients will not ask a member of the PPG to go to an appointment?  Answer: The practice recognises that information delivered 3rd hand is required. However, would like members to bear in mind that they are not in the room and could be mis-reported. Feedback is important to us and we do share this with the staff.  If there is an issue, can a patient ask for a chaperone/member of the PPG to come in?  Yes – absolutely, there is always this option.  At work phonecalls can be listened into but we must remember that we interpret something differently to others. The phonecalls at work are also recorded – can be referred back to if needed.  How long are the recording stored for?  3 Months  Will find out how long surgery calls are stored for and will get back with the answer.  Continued to go through the questions.  Q2: When a patient decides not to have a particular vaccination but gives a valid reason, why does it say ‘declined’ on their medical records? And then they continue to be asked if they want it?  Answer: The Quality Outcome Framework (QOF) resets itself on 31st March and runs like a financial year. Therefore for certain things such as some vaccines such as flu which are now yearly, the system resets itself so that we invite all patients routinely. If a patient decides not to have a vaccine in that year, it is coded as declined so that we don’t keep asking until QOF resets again.  If someone can’t have it though so medical reasons, they are not declining it due to not wanting it, they just simply cannot have it and the patients notes should state this.  Advised she would look into this to see how the system works and will get back to us.  There might be a box but it depends how the system is laid out.  Q3: More often than not, there is little or no hand sanitiser at the entrance to the surgery. When mentioned to the receptionists, they reply ‘it’s on order’. Who is in charge of stock control?  Answer: Hand sanitiser is checked on a Friday and we have some stock for when it runs out. The dispensary team order this and keep an eye on the stock levels.  Will be extra vigilant going forwards.  Q4: Who reads letters from a patients specialist and then acts on the information provided? Is it a nurse, doctor, pharmacist, receptionist? Is the information checked by anyone else and put in the patients notes?  Answer: Letters are added onto the system by the receptionists and then forwarded onto the most appropriate person to act on the letter. If for example it’s a letter that just needs coding, the code will be added by the Workflow team and attached to the patient files. Any letters with actions are sent to the clinical team or Meds Management Team (MMT)  It will be looked at my reception so they can get it onto the system then it is passed onto someone who is higher qualified. If the appropriate individual isn’t in due to sickness/leave then it would get passed to someone else so nothing gets missed.  Are you noticing that there are big delays in general?  Not really – haven’t heard of any delays.  What happens if what is written in the discharge letter isn’t acted on?  It will always come to me to check it.  Q5: Why are the service times not stuck to for Askmygp? It says the service is available from 06:00-10:00 but when patients log in to consult a clinician at 7am, it says the service is closed?  Answer: We have been asked this before. It is routinely opened between 06:00-10:00, however if we reach a capacity where it would be unsafe to leave the system on, we can turn it off. Any urgent requests from patients will be added to the system by contacting reception and then they send this to the duty clinician for them to review the urgency.  So even if Askmygp is turned off/closed, patients can still ring the surgery and log it.  What do you mean by unsafe?  If it’s at full capacity, we would deem this as unsafe – it’s not safe if a nurse has back to back appointments/full diary and we’re still getting in Askmygp requests.  Q6: When patients make an appointment, who decides if they will see a nurse or doctor as no one can really make that decision without seeing the patient and assessing their needs?  Answer: We have also been asked this question before. All requests are reviewed by a team at the hub (unless as described as the above) the WHAM team re a group of GPs and ANPs with admin support to send messages to patients or to advise that an appointment is required.  If there are 100 requests, they get filtered through to see who NEEDS to see a GP and who WANTS to see a GP – that way everyone is looked after and can get cared for.  If a patient is booked in to see an ANP but it’s not really one for them to deal with, they have clinical debriefs in which they can talk to a GP and ask for guidance if required.  Agreed and advised that it can work both ways – a GP can send you to someone else if they feel it necessary.  Q7 is about the meeting dates so we will discuss this later.  Q8: If a patient doesn’t respond to a medication review online because they do not open links, why would their prescription be cut back to 2 weekly instead of 4 weekly? Is this not discrimination if they cannot access/open the link?  Answer: If you are sent a link to book a medication review and prefer not to click on the links provided, then it would be prudent of you to call reception to book your medication review. Alternatively you could update your communication preferences so not to allow text messages if you would prefer to be contacted a different way. Either way, if you do not respond and your medication review is overdue then the protocol is to reduce this to 2 weeks.  What do you if you’re not online?  The surgery would contact you via telephone or write to you.  Who reviews this?  Clinicians would review this – they are trying to implement a new system so patients don’t have to keep asking for it.  Regarding Askmygp, if you want to speak to someone face to face but you are only allowed an appointment over the phone, this can be very frustrating for patients.  Completely understands that this is frustrating but there is only limited space in the portacabin. They can ring up and request they have to have a F2F appointment.  Not all the reviews can be carried out at the surgery.  Again, understands this but it still needs to be reviewed by a member of the team at the surgery.  What if you have your review with pharmacists and they say it’s too high? I was under the impression they cannot change medication without checking with consultant?  In that case they should do an Advice & Guidance.  Q9: Why does it take such a long time to get a Face to Face appointment? If someone from the hub has replied to an Askmygp request to say the patient needs a face to face appointment, why does it say they cannot make an appointment time yet? How long should a patient be expected to wait?  Answer: We have a limited amount of appointments that can be booked in advance. We also have so much capacity in one day for f2f appointments. I would need to know more about this circumstance.  Dates for the next meetings are as follows:  15th April (AGM)  15th July  21st October  20th January 2025  Question from JN – Can Askmygp be simplified with less questions?  AB will look into this and discuss it with the individual who writes the questions.  There was a question on there that asked ‘Why do you think you need an appointment today?’ I thought this was a strangely worded questions  Continued to go through updates.  Capatation report is 7706.  Why are the numbers going down?  A lot of variations to consider such as military families, some families have no children, the elderly etc.  7696 was the previous capitation figure so it’s gone up this time.  Believes things are improving and there are less negative comments on social media.  Asked AB if she is seeing less complaints  There has been a small flurry of complaints but staff numbers have reduced due to 3 staff members on maternity, one staff member has retired early, one member of staff is sick and another staff member has handed her notice in.  Continued to go through updates – There is a Friends & Family Test on Askmygp for patients to fill in when they have completed a request, AB is trying to obtain hard copies to put in the surgery. Perhaps the PPG can share this as well? Just an idea/suggestion. It’s currently only on Askmygp but we need to get this out in other ways as well.  Staff update:  Emilie Hart – Practice Nurse (on maternity leave)  Jade Stringer – Nurse Associate (on maternity leave)  Jo Rae – Healthcare Assistant (early retirement)  Jade Flynn – Phlebotomist (Resignation due to post closer to home)  Molly Smallwood – Dispensary apprentice (started in Jan)  Libby Simpson – Practice nurse (starting in Feb)  Saphire Brache – Healthcare Assistant (started in Dec)  Update on the building. The purchase of Jackdor is complete. Waiting on plans to be drawn up. Continue to negotiate above the purchase of the current building.  Moving onto the listening clinic – the questions have been approved so this can now go ahead.  I still think it’s going to be useful, not to question patients but to listen to them – we wouldn’t be there to tell them what to think, it’s just to listen.  The questions are open questions, not yes/no questions so it gives patients an opportunity to be open.  We need to establish when/when and we need a sign up so patients are aware there is a Listening Clinic available at the surgery. Can this be arranged?  It’s important we remember this is for the patients, not for the surgery.  Advised that AB would need to be about and that everything discussed is mentioned to AB at the end of the clinic, the feedback must be at the end of each session. Tuesdays are a busy day, Thursdays are more varied and it can be x2 1hr sessions.  Thankyou – I will contact you this week to arrange it Amanda.  I will get the friends & family slips sorted so maybe we can do this before April so you can spread the word about the AGM dates etc.  We will now go round the room and if anyone has any further questions or anything to add, please feel free.  Advised that she will be resigning tonight. CC has handed in his resignation and will no longer be a member of the PPG.  The reason being that we sit around and get no where, she has sat and listened and realised it is not for her anymore.  Mentioned that a member of staff has an allergy to coconuts, what happens?  They surgery is a coconut free zone and if the member of staff comes into contact with someone who has a coconut scent on etc it can be life threatening.  The symptoms come on straight away and she would go out of the way and someone else would see you, should this ever happen.  TOR’s say that the membership count is 20.  As a collective, we discussed that it is a maximum of 12 members and the TOR’s are incorrect.  To go through the emails and check.  Going back to the building updates and major projects, what’s happening with Blackburns building?  It is up for sale, we have Jackdor now.  Where are the newsletters? I haven’t seen one for quite some time?  It is on the to-do list but at the moment it isn’t a priority.  No one else had any other further questions. Meeting was closed. | AB  AB  GW |
| **Who** | | **Action Log** | **Completed** |
| 1 | AB | To check how long phonecall recordings are stored for |  |
| 2 | AB | To check how system works for vaccines that have been declined |  |
| 3 | GW | Check TOR’s for membership amount |  |
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