

## RUSHBOTTOM LANE SURGERY

### PATIENT PARTICIPATION GROUP MEETING

#### Minutes of Meeting

Held on 22<sup>nd</sup> September 2022 (On-line meeting) Final

**Present:** Vicki Riley Deputy Practice Manager, Jo Meadlarklan, Dr Masud, Dr Chana, Cheryl Kirby (Chair), Brian Porter, Jill Reeves, Marie Howard, Rachel Kilsby

**Apologies:** Liz Adams Practice Manager, June Sales, Tina Lane, John Hall (added post meeting)

	Subject	Action by
1	<b>Welcome, introductions and apologies.</b>  The meeting was held virtually via Microsoft Teams. John Hall gave belated apologies as he was unable to access the on line meeting.	
2	<b>Matters arising from minutes PPG meeting 12-05-22</b>  Minutes of the previous meeting were accepted and published to the PPG members. However the minutes are not appearing on the Surgery website. Vicki agreed to look into why.  CK thanked Dr Masud for offering to prepare a patient newsletter for the surgery website but having discussed this with LA it was decided that as the newsletter needed to cover both Practices it would be best to have this written by the Practice Management Team.	VR  LA
3	<b>Update from Vicki Riley from Practice Management Team</b>	
3.1	Telephone system – patients are still reporting reaching number one in the telephone queue and then being cut off. The surgery is aware of the inadequacies of the current service and has selected a replacement telecoms provider but is experiencing difficulties in attempting to terminate the current contract ahead of the end of year contract renewal date. The replacement is intended to go live early 2023. DrC reiterated that he understands patients frustration with the system but asks that patients cease submitting complaints as the Surgery is aware of the problems and doing all they can to get a better system in place and answering complaints about something they are aware of is self defeating as it diverts time from getting on with other things.  BP advised that he had heard that the Secretary of State was to announce financial help for telecoms at GP Surgeries.	
3.2	Flu and covid vaccination clinics – texts and letters have gone out asking patients to phone reception to book an appointment or book online via a link. Patients can notify vaccinator if they want both covid and flu or	

	<p>just one.</p> <p>CK advised that the phone message says for covid vaccinations phone 119 and this may confuse patients when they phone in to book. CK also advised how well the online booking system worked.</p>	
3.3	<p>Autism awareness training – admin staff have undertaken autism awareness training to better their knowledge of issues that patients with autism or carers for patients with autism may incur and the reasonable access required by law.</p>	
3.4	<p>New St Georges Partner – Dr Patel left the surgery in July 2022. Dr Amber Siddiqui, who trained at the Surgery as a Registrar has come into the Practice as a Partner.</p>	
3.5	<p>New website – the new website is live but is still in work in progress. The home page will include forms that patients can download to complete and then upload to submit.</p> <p>CK has submitted a list of suggested changes but in particular requests that the access to the PPG section of the website is made more obvious rather than how it currently shows a picture of a table with no indication that clicking on it will lead to information on the PPG.</p>	VR
3.6	<p>Repeat prescriptions – BP raised that the news section of the website states from 1<sup>st</sup> October patients will no longer be able to request prescriptions by email and will either have to use the online system or drop a paper request at the surgery. VR confirmed this is the case but the implementation date has been pushed back to 1<sup>st</sup> December. VR to check that patients who email prescriptions will get a message alerting them to the process change.</p>	VR
3.7	<p>Changes in the Management Team -Rebecca Bennet Deputy Practice Manager has left the Surgery and the role will not have a direct replacement. Jo Meadlarklan who previously worked on Dr Khans Reception has been appointed as Reception Manager.</p> <p>CK asked for there to be a clear line of communication between PPG Chair and Practice Management and whether that should be to Liz Adams, Practice Manager or Vicki Riley, Deputy Practice Manager.</p>	VR
3.8	<p>Cessation of online booking system Dr Link – CK said that when pressing option 3 the telephone message still said to use Dr Link despite it being ceased in June. VR advised that the telecoms supplier had been asked to remove this message so she will investigate why the message is still there.</p>	VR
	<p>The replacement system Patches is to be implemented across the local surgery network but has been difficult to implement for a number of reasons including knocking out the patient check in screens. Making it a useable system is out of the hands of the Surgery and until these issues are resolved the Surgery cannot offer general online appointment booking. VR is escalating this through IT for resolution.</p>	VR

	St Georges Practice is offering online booking for ANP (Advance Nurse Practitioner) appointments but the appointments are limited and get booked quickly as they are also available to book via reception.	
4	<p><b>A review of the PPG</b></p> <p>The following discussion relates to how the PPG can support the Surgery and how to get the best out of the quarterly meetings.</p> <p>CK raised the point that recent PPG meetings have used the format of the PPG Chair requesting issues from PPG members, including virtual PPG members, and putting these issues to the Surgery representatives at the meeting. However due to the limited time available this often results in only getting information on subjects the PPG has raised and stifles the opportunity for communication coming from the Surgery on Practice changes. CK considered that the format of todays meeting which gave more time for information from the surgery had worked better.</p> <p>CK reminded the participants that at the previous meeting the PPG confirmed its role as:-</p> <ul style="list-style-type: none"> <li>• Critical friend to the surgery it is not a lobbying group.</li> <li>• Communication route with patients in the absence of a Surgery newsletter</li> <li>• To raise generic issues affecting patients informed by PPG members experiences.</li> </ul> <p>CK then went on to ask what the Surgery wanted from its PPG.</p> <p>DrC considered that the key role is a line of communication between patients and the Surgery. Ideally it would be helpful if the PPG was able to collate and communicate complaints about common themes such as the telephone system rather than the surgery having to respond to multiple letters of complaints on the same subject. PPG critique of new projects before going live such as revamping the website is also helpful. DrC also mentioned the surgeries appreciation of the help the PPG had given during Covid and ongoing with flu clinics.</p> <p>DrM considers that the PPG primary role is enabling effective two way communication between the patient population and the clinicians and staff working in the Surgery. Effective communication gives a common understanding of the position of both parties, what the challenges are for both the patients and the Surgery. The PPG should publicise so that more patients engage with the core PPG regarding their concerns and the PPG act as a patient interface who narrow down and identifying what are the core issues, dividing into those that the Surgery cannot do anything about and those that the Surgery should address and can be changed. DrM qualified this by saying that the concern would be that the PPG would be flooded with complaints. CK agreed that the PPG</p>	

	<p>could be more proactive in seeking patient views from a wider number of patients but would only be worthwhile if the Surgery is willing to take notice of these views.</p> <p>DrM said that ideally the PPG (core and virtual combined ) would include patients with a range of experience to give a broader view. It would also be useful to include patients with skill sets e.g IT or publishing, who would be willing to be called on to support the Surgery when appropriate. VR suggested to increase the Virtual PPG the PPG section on the Surgery website could make the PPG more inviting to encourage patient sign up. DrM commented that by establishing and publishing the core purpose of the PPG Clinicians and Surgery staff will be in a position to encourage willing patients with the right skill sets to become active members.</p> <p>CK asked the patient participants how they wished to take comments from DrC and DrM forward. BP felt that we needed further discussion with the Surgery to develop a way forward. He felt that the newsletter would go a long way in communicating information from the surgery to the patients although considered that bi-monthly or quarterly may be better than monthly to avoid tying up staff time. BP considered that more discussion was required as to what the PPG can do and what support we can give to the Surgery.</p> <p>DrC and VR agreed to discuss the PPG constitution with LA and at a joint Partnership meeting to see if LA and other Partners had a view on what PPG support would be useful.</p> <p>DrM suggested asking PPG members, including Virtual, as to what they considered to be the purpose of the PPG from a patients perspective.</p> <p>CK asked whether the surgery could inform the PPG of major changes at the surgery as they happened, rather than have to wait for the quarterly meeting. VR replied that rather than add a further line of communication the best way of managing this would be a monthly electronic newsletter on the Surgery website, plus adding to the surgery facebook page if appropriate. CK agreed and pointed out that the PPG have long been an advocate of a regular newsletter on the website.</p> <p>CK asked about the optimum number of PPG members participants who form the patient group that are invited to attend the quarterly meetings with the Surgery. VR said that from experience of previous meetings the current number of 9 potentially participating is the maximum that can be managed especially with topics that will generate discussion.</p> <p>It was raised whether the group would prefer to meet face to face or go back to evening meetings but no decision was made.</p>	<p>VR/PPG</p> <p>VR/DrC</p> <p>CK</p> <p>VR</p>
5	<p><b>Date of next meeting</b></p> <p>Next meeting will be 12:30 Thursday 1<sup>st</sup> December held virtually. VR to send out invite.</p>	VR

## Abbreviations

AMG – A Member of the Group

ANP Advanced Nurse Practitioner

PCN – Primary Care Network

HP – Health Professional