

## Patients Participation Group PPG meeting held 22<sup>nd</sup> January 2024 at 5pm

**Apologies:** Mick O'Neill-Duff (Chair), Graham Banfield, Jenny Jones, Helen Harris

**PPG members present:** Claire Pitchers: stand-in chair, Kim Hicks: stand-in minute taker, John Button, Sue Corish, Tim Kent, Pam Gould.

**Practice staff present:** Victoria Fyfe (new practice manager), Dr Indra Da Costa, Dr Kate Jones, Georgie Welsh (reception manager)

**Introductions and Welcome:** 6 PPG members and 4 staff introduced themselves. Victoria introduced herself as the new Practice Manager. She has previously worked for the PCN and has had 20 years' experience of working as a paramedic. She also confirmed that the previous manager, Julie, is due to retire in March.

**Minutes from the last meeting:** Item missing from the last minutes. A question was asked about patients requesting DSAR's - data subject access request (copies of their information) and what was the procedure. UPDATE: The request must be in writing and they try to respond within 28 days, that is what they are expected to do. They use a company to carry out this work for them. However, clinical work will take priority.

**Action Point from last meeting:** It was mentioned that 'Getting Your View' on the PPG section of the website was misleading. i.e. *The group would like to contact patients on occasion by email and/or text so that they can obtain the views of the widest group of patients possible. We would like to obtain your email address and mobile phone number to do this. Please complete the Patient Contact Form to provide your consent for this.* The group has not requested this and we are not currently set up to do surveys. N.B. It was also confirmed that, as far as they knew, no-one has given their contact details for this purpose. Ideally the message should be along the lines of 'Please consider joining the PPG'.

**ACTION POINT:** Victoria to look into the information on the website re PPG 'Getting your view'.

**Action point from last meeting:** Chair to remove the PPG members who have not replied to an email, to PPG members asking them to express a wish to remain in the group. **ACTION POINT:** Item continued – item 2 in 'Other items/issues raised'.

**Agenda item 1:** Jenny - *How can we improve communication - the WhatsApp is a good start.*

- WhatsApp: It was agreed, amongst the PPG members, that the WhatsApp group had proved useful so far. It was particularly useful when our previous meeting was cancelled at relatively short notice. Apologies to the new PPG member who turned up to the cancelled meeting. We had no way to contact them. It was clarified that the WhatsApp group has been set up for 2 years although very few had joined until recently. There is no obligation for PPG members to join, however **if PPG members would like to join, or know more about it, please contact Kim via the Chair.**

- Suggestion: To have PPG Chair email address set up. This could be added to the practice website for patients to contact the PPG directly, perhaps a gmail one. It was suggested something like 'chairPPG-WHC@gmail.com'. It was noted that a return message would need to be added, e.g. *emails will be replied to within 14 days*, this would manage expectations and avoid additional 'chasing' calls to the surgery. No objections. It was thought to be a good idea and it would work well for whoever is the Chair or acting as Chair. The password, for the email, could then be shared as and when necessary. No Objections. **ACTION POINT: Chair to set up a 'PPG chair specific' email and let the practice know so that they can add it to the website so that the PPG can be contacted via using the email address.**
- Suggestion: Could the PPG members meet, informally, in between the quarterly meetings? Issues could be discussed amongst them. Agenda items, for the main meeting, could be thought about. New members may initially feel more comfortable meeting other PPG members first. Perhaps about 4 weeks before each quarterly meeting. No objections and it was thought to be a good idea. The practice's staff were happy to let us use one of their meeting rooms, by arrangement. No objections. **ACTION POINT: Chair to arrange a date for the PPG members to meet prior to the next quarterly meeting.**
- Suggestion: Other PPG's have Facebook groups. PPG members may wish to contact them to see how they reach their patients. **ACTION POINT: PPG members to consider exploring how other PPG reach their patients. Ideally that they have a good representation of patients in the group.**
- Suggestion: Have a request to join us on the website. **ACTION POINT: This will probably be covered by Victoria's action to update the PPG message on the website along with adding the new PPG email address.**
- Suggestion: The minutes to be in PDF format on the website. This is because it is a more user-friendly format and easier to open. No objections. **ACTION POINT: Minutes to be in PDF form on the website**
- Information: Jenny liaised with the practice and asked them to include the date and time of the next PPG meeting, in the hope that it might reach the people who have shown an interest in joining the PPG.

**Agenda item 2:** Kim - *Has the system of the receptionists being 'care navigators' been reviewed? If so, were the patients and staff views considered? If not, are there plans to review if the system is efficient and working for staff and patients alike? N.B. This is particularly important with the unfortunate shortage of receptionists on a regular basis and the inexperience of the new receptionists recruited.*

- Information: The Care Navigation system has been operating for about 2 years in the Armada practice. The system is constantly evolving. The instructions are that all GP practices will have to use the system. They constantly review the system. If the Care navigators report back any calls that does fit well with the system and changes are made accordingly. Also, changes are made, to the care navigation system, when there are changes in

what can be offered. Care navigators report that patients are often pleased with the route/outcome offered.

Additional Information: From the Health Centre Staff This is from the NHS England General practice model. *The model requires consistent structured information to be collected at the point of contact – to let the practice know about symptoms, ask a question, make a request, or follow up about something – with patients either providing this information via an online form or to reception staff who capture the information about their needs. Patient needs can then be consistently assessed and prioritised (triaged), allowing practices to provide patients with the most appropriate care or other response, from the right member of the practice team, including signposting or referring patients to other appropriate services. It also supports improved ability and capacity to provide continuity of care for those that would benefit most, including vulnerable patients and those with long-term conditions.*

#### **Other items/issues raised:**

- 1. Staffing levels:** The numbers of GP's are not increasing. There is a major issue with attracting GP to the south of Bristol. Invariably it appears to be having to travel through Bristol that is a problem. However, they have been able to increase the numbers of clinical staff e.g. advance nurse practitioners and paramedics. They are still looking for GP's to join them but realistically having new GP's to the practice is unlikely. It is a nationwide problem.
- 2. Are there any PPG members who do not participate?** Concerns were raised that there appears to be several PPG members who never attend PPG meetings, send their apologies, or put forward items for the agenda. Suggestion: If a member has not attended a meeting, sent their apologies or contributed in any way in the last 12 months then they should be removed as a PPG member. This should then happen every 12 months. No objections.  
**ACTION POINT: Chair to remove anyone from the PPG membership who has not interacted, with the group as detailed above, in the last 12 months.**
- 3. Managing new patients, who move to live in the area:** This has been an ongoing major concern of patients and the staff alike. There are plans for many houses to be built in the area already. The members were given the heads-up regarding potentially another additional 300 houses that *may* be built in Hengrove. It is all VERY early days and there hasn't yet been any planning permission sought yet. However, this in addition to the 1000+ new homes on Hengrove Park (the old Whitchurch Airport) and the many other additional homes), creates more patients for the practice. So far, there has been limited help offered to help the practice deal with this. The practice will work with the NHS ICB (Integrated Care Board) regarding the issue of being able to cope with many more patients, in the area needing to register with a GP. They have limited options when it comes to closing their books to new patients.
- 4. Minutes on the website.** It was noted that the minutes appear on the website before they have been agreed by the members. It was agreed that this is not

appropriate. However, if they are not agreed until the following quarterly meeting, that added too much delay. It was suggested that a draft of the minutes is circulated to the PPG members, ideally within a week of the meeting. Then the PPG members, who were at the meeting, have say 14 days to agree them. If there are no objections within 14 days of the draft minutes being circulated, the chair can send them to the Practice's staff, confirming that they are the final draft, to publish them on the website.

**ACTION POINT** Draft minutes to be prepared and sent to the Chair to circulate to the PPG members. If those at the meeting, have any comments, to let the Chair know, withing 14 days, so that the minute taker can amend the draft minutes. Once amended, by the minute taker, or if there are no comments. The Chair to send them to the Practice to be included on the website.

5. **Email for the practice:** It was confirmed that the practice does not have an email address to correspond with them. Contact with them can be made in person, by telephone, by letter or by using eConsult for self-help information or if you have an administrative request. eConsult is at the bottom of the first page on the website. ALL results will be reviewed by a GP There is also an email that is STRICTLY for repeat prescription requests. Comments from patients included recommendations to order repeat prescriptions on the NHS APP or via online patient access.
6. **Finding out test/results:** It was confirmed that there is no need to ring for results. ALL results will be reviewed by a GP. They WILL contact you if there is any concern or further discussion to be had. If you use the NHS APP or online Patient Access often the results with GP comment i.e. no further action will show there.
7. **Engaged tone when telephoning the surgery:** Reception has a huge challenge. If the 'queue buster' is full, they work with a company who uses experienced receptionists to care navigate patients to the appropriate service. PPG members mentioned that when they have an option to use the call back system, it works well.
8. **Time to ring for appointments:** It was clarified that routine appointments are released at 8.30am Mon to Friday. The care navigators will let you know if, from what you tell them, whether you should call back, at 2pm when the lines open again after lunch. N.B. the lines are closed from 1pm to 2pm each day. The PPG members were pleased to hear that it was confirmed that they have been increasing the overall numbers of appointments available.

**Meeting ended at 6pm**

**Date of PPG informal meet:** Monday 18th March @ 5pm in the Health Centre.

**Date of next 'PPG and the Practice's staff meeting':** Monday 15<sup>th</sup> April @ 5pm in the Health Centre.

The meetings are normally upstairs, accessed by the lift or the stairs.