

## **PPG Meeting**

**14<sup>th</sup> September 2021**

### **Attendees**

Diane Hunt (Acting Chair), (DH)  
Anne Gardner (AG)  
Gary Stephenson (GS)  
Peter Hemsley (PH)  
Lesley Shaw (LS)  
Najmir Alkalib (NA)  
Gail Patterson (Practice Manager Note taker) (GP)

### **Apologies**

Josh Parker-List  
Jane Willis

### **Agenda**

- Welcome and introductions
- Review of actions from previous meeting
- Practice Update
- PPG Current membership Profile - does it reflect the Mayford House patient profile
- Plans for future Membership to reflect the diversity of the patient profile
- Review the terms of Reference
- AOB

### **Previous Minutes**

Grammar amendments noted on pages 2 and page 3 - **GP to action**

**Action: Completed following the meeting**

### **Meeting Minutes**

#### **Group Update**

DH, acting Chair advised the group that she is chairing the meeting tonight as currently we do not have a chair and reminded members that if anyone in the group is interested in putting themselves forward to take on the role, they are to email Gail Patterson, Practice Manager [gail.patterson@nhs.net](mailto:gail.patterson@nhs.net)

## **Actions discussed from previous meeting**

**Recruitment to the PPG** – the group are still looking at opportunities to recruit new members. During previous discussions the PPG has reviewed the PPG information on the practice website. GP advised that the amendment proposals put forward have been actioned, GP also advised the group that she has asked the Partners to recommend any patients they feel would be interested in joining the PPG Group.

**Action: On going**

**Telephone message** – due to a number of comments from patients, the practice has reduced the messages on the 'phone and stripped it down to the pre-COVID-19 message where it just advises to contact 999 if having heart / stroke symptoms.

**Action: Completed**

**Website** – following review of the practice website by the group at the last meeting and the feedback received Josh has discussed with our website maintainer and action has been taken to improve the website. All amendments received have been actioned.

**Action completed**

**Appointments** – Ken discussed at a previous meeting that we may go to a 50/50 split of telephone and face to face appointments, however this hasn't happened yet as we're struggling with rising COVID-19 rates. Ken also mentioned that he wanted to reduce the time spent on each patient, i.e., instead of having a telephone call and then follow up with a face to face, which has made us think about how reception can book patients in if they state that they need a face-to-face appointment.

GP informed the group that more appointments are being made available for patients to book in advance rather than having to ring up on the day, reception have advised it is going really well. Face to face appointments is currently being discussed however did say that if a GP carries out a telephone triage for a patient and feels the patient needs a face-to-face appointment the patient will be invited to the surgery for further consultation.

**Action: GP will provide a further update at next meeting - On going**

**Virtual Receptionist to improve patient access and appointment booking** – The practice is looking at a system by Patient Partner called virtual receptionist, which if commissioned will provide a 24hours telephone line for patients to book or cancel appointments, check appointments, request repeat prescriptions etc. However, we need to ensure that it will meet the surgery's and patients' needs so currently the practice are engaging with other users of the system to find out more about the setting up of the system and the benefits it brings.

At the last meeting GP was asked if patients rang the virtual receptionist out of hours, would there be an option to ring the patient back when the surgery opens.

GP advised she has contacted the company and yes there is a facility within the system to enable a call back to the patient.

**Action: GP to provide a further update at next meeting.**

**Staffing** – Following previous discussions GP advised all new staff are in place, training is on-going, and all new staff are doing well.

**Abuse** - Following previous discussions GP advised that the situation has improved.

**Telephone waiting times** – The practice would like the PPG members to try ringing twice per day, ideally not at 8am, but from 10am onwards, just to see how long they're on the 'phone for.

**Action: Ongoing, wording to be agreed, GP liaising with reception team leader and PPG members.**

**Friends and Family Test** – due to COVID-19 we've kept this turned off, however we're looking to start this back up on 19<sup>th</sup> July.

**Action: GP to discuss with Josh, not sure if touch pad is working if it is new signage " Patient Experience" will be placed next to the machine to encourage patients to feedback. The comments box will also be reinstated for patient feedback.**

**GP Survey** – this is a national survey carried out annually to see what patients' experiences are like when liaising with their GP surgery. Mayford House Surgery was rated poor for access to appointments / clinicians of choice; however, care and customer service was very high. This is different to the Friends and Family Test as it has more questions across different experience areas.

**Action: GP informed the group that she is looking to contact other practices to find out how they achieved higher scoring re patient access experience following discussion at the partners meeting today, an update will be provided at next meeting.**

**Income Generation re Cryotherapy / Ear Syringe** – prescription charges can be a form of income for the practice. Cryotherapy is no longer available in the practice, Shirley has used this service before, but it is finding it very difficult to access this. Ear irrigation to go private is months waiting list and costs a lot of money. With regards to these services no longer being funded by the CCG, is there potential to bring this into surgery for us to make surplus income?

Due to the way that the GMS contract works, the surgery is not allowed to offer any services privately which is available on the NHS, even if these waiting lists are long.

GP explained that the practice does not provide services privately when they are being provided elsewhere i.e., hospital or local services e.g., Specsavers. The group have requested additional information GP to action.

**Action: GP to provide more information on the ear syringing services at next meeting**

**Carers' Update** – GP advised the group that the practice has signed up to a Carer App pilot. The app is to be given to carers to provide them with useful information regarding any help and support they may require.

**Action: GP to provide an update at next meeting.**

**Green Impact for Health** – We would like to develop a green area around the back of the surgery and were wondering if any of the PPG members would like to help the team to do some gardening? The PPG proposed that we could get in-touch with Northdale Horticulture (Community Venture)

**Action: DH to provide Gail with contact details of someone to contact at the Northdale Horticulture (Community Venture) to see if they can offer any help /support re the Green Impact project**

**Chairperson Vacancy** – Tracy D is no longer part of the PPG; however, we'll send an e-mail out to all PPG members to see if anyone would like to take on the chairperson role.

**Action Group members reminded to let Gail know if they are interested in the PPG Chair position.**

### Agenda Items

PPG Current membership profile – does it reflect the Mayford House patient profile

**Action: DH has requested a practice patient profile report which GP will ensure is made available for next meeting.**

### **PPG Terms of Reference**

DH asked group members to take the terms of reference away to review

**Action: ALL to review terms of reference and feedback their comments at next meeting**

### **GP attendance at PPG meetings**

PH advised that the terms of reference states that a GP will attend PPG meetings and pointed out that Dr Atkinson attended in March and that there had been no GP present at either today or July's meeting. Gail explained that this had been a result of annual leave and said the partners had discussed the importance of attending the PPG meeting in the Partners meeting and Dr Mitford or Dr Duree will attend the next meeting.

**Action: GP to ensure Dr Mitford / Dr Duree are invited to the 14<sup>th</sup> December, PPG meeting**

## AOB

### **PPG Chair invite**

DH proposed to the group that inviting the PPG chair from Mowbray House Surgery to the next meeting may be helpful to see how the group at Mowbray recruit new members to their PPG. GP agreed to discuss with the Practice Manager at Mowbray House Surgery to see if she can obtain the chairs contact details.

**Action: Gail to speak to the Practice Manager at Mowbray House Surgery to obtain PPG contact details with a view to invite to the 14<sup>th</sup> December's PPG meeting**

### **Complaints**

GS asked if the practice has any data on complaints and was advised by GP that we do record all complaints. She explained that all complaints are acknowledged upon receipt and investigated with a response provided within 10 working days. GP also said that all complaints and incidents are discussed by the clinicians and admin teams at learning event meetings to help us improve the quality of care provided to our patients.

**Action: GP to request data from Josh which will be made available for next meeting**

### **Cancer Research**

LS asked what happens with regards to 6 monthly cancer reviews Dr Mitford is leading on which Josh updated on at the last meeting,

**Action: GP to liaise with Josh to obtain information for PPG information**

**Next PPG Meeting - Tuesday 14<sup>th</sup> December 2021 at 18:30 until 8pm**