



MEETING: Patient Participation Group
DATE: Tuesday 14th December 2021
TIME: 6.30pm
VENUE: Meeting Room, Mayford House Surgery

RECORD OF MINUTES

Persons Present

Diane Hunt (Acting Chair), (DH)
Gary Stephenson (Acting Minute Taker) (GS)
Anne Gardener (AG)
Najmir Alkalib (NA)
Gail Patterson (Practice Manager) (GP)
Dr Ambar Duree, General Practitioner (AD)

Para. No.		Action Owner
<u>1</u>	<u>Apologies for Absence</u>	
1.1	Peter Hemsley Lesley Shaw	
<u>2</u>	<u>Welcome and Introductions</u>	
2.1	AD introduced herself to the PPG members, who comprised a number of new members since AD's last visit. All members then introduced themselves for the benefit of all present.	

<p><u>3</u></p> <p>3.1</p> <p><u>4</u></p> <p>4.1</p> <p>4.2</p> <p>4.3</p> <p>4.4</p> <p>4.5</p> <p>4.6</p> <p>4.7</p> <p>4.8</p> <p>4.9</p>	<p><u>Minutes of previous meeting dated 14 September 2021</u></p> <p>These had previously been circulated. It was agreed that they be adopted as a true record of the meeting.</p> <p><u>Matters Arising</u></p> <p><u>Election of Chair and Minute Taker</u></p> <p>DH had previously volunteered to be Chair of the PPG. Following a circulation to all PPG members, GP had received no other representations or proposals from other members of the group, hence DH was unanimously elected as Chair. DISCHARGE</p> <p>This now opened up a vacancy for the role of Vice Chair. AG volunteered for the role, subject to alternative proposals from other group members. An email would now be sent to all PPG members should anybody else wish to put themselves or a colleague forward for the role. <u>ACTION: Email to PPG.</u></p> <p>GS volunteered to be Minute Taker for this and future group meetings. This was unanimously approved by all present.</p> <p><u>Recruitment to the PPG</u></p> <p>AD confirmed that the Practice Partners had previously discussed the importance of the PPG and were also alert to the obligation to identify and recommend any patients that they felt would be an asset to the group. However, this had proved difficult to do in recent months due to a lack of face-to-face contact with patients.</p> <p>AD assured the meeting that attention to this action would continue as part of routine business, however she recommended an email be sent to all GPs and Practice Clinicians to further remind them of this. <u>ACTION: Email to GPs and Clinicians – Completed.</u></p> <p><u>Appointments</u></p> <p>AD explained that, since the last meeting, appointments have been available to book up to two weeks ahead to allow patients to plan around their own commitments. It was working well but was a fine balance, and is certainly still a work in progress. The practice is still carefully moving towards a preferred 50/50 split of face-to-face appointments versus online/telephone appointments; however, face-</p>	<p></p> <p></p> <p></p> <p></p> <p></p> <p>GP</p> <p></p> <p></p> <p></p> <p></p> <p></p> <p>GP</p> <p></p> <p></p>
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	to-face appointments will always be dictated by the nature of the complaint.	
4.10	Interestingly, there is still a notable preference from patients for telephone appointments, as these appear to form a better fit to their own personal circumstances.	
4.11	Capacity for online appointment bookings has now also increased as a consequence of the greater uptake in telephone appointments. <u>ACTION:</u> CARRIED FORWARD (For regular updates upon progress)	AD
4.12	<u>Virtual Receptionist</u>	
4.13	The Partners have agreed to take this forward early in the new year, starting initially with a 12-month pilot based around Nurses' appointments. Patients will be able to book, check or cancel appointments using this system (24 hours a day, seven days a week), in addition to leaving messages or requesting call-backs from receptionists. This will all serve to significantly improve patient access and take some pressure off the reception.	
4.14	A communications strategy will be implemented to inform all patients of the new facility at an appropriate stage. <u>ACTION:</u> CARRIED FORWARD (For regular updates upon progress)	GP
4.15	<u>Telephone Waiting Times</u>	
4.16	As agreed, GP had previously advised reception staff of the likelihood of PPG members conducting telephone surveys to assess call waiting times. PPG members then outlined some of their findings and observations, which involved several calls going unanswered after 120 seconds of ringing.	
4.17	All PPG members were, however, complimentary about the quality of the call handling once the line had been answered.	
4.18	GP advised that there were 4 telephone lines into the surgery for patients, and an engaged tone would only be heard upon the fifth simultaneous call upwards.	
4.19	Staffing levels and peak times of demand had continued to be an issue and this would undoubtedly have contributed towards some of the excessive call waiting times, however with the imminent adoption of the Virtual Receptionist scheme, it is hoped this could be positively addressed in the near future.	

<p>4.20</p> <p>4.21</p> <p>4.22</p> <p>4.23</p> <p>4.24</p> <p>4.25</p> <p>4.26</p> <p>4.27</p> <p>4.28</p> <p>4.29</p> <p>4.30</p>	<p>AD suggested the PPG discontinue making any survey calls for the time being and instead conduct another similar survey 3 months after the Virtual Receptionist scheme goes live. <u>ACTION:</u> PPG to diary in future survey, once Item 4.14 is implemented.</p> <p><u>Friends and Family Test</u></p> <p>GP confirmed that the touch pad screen is broken and remains turned off. The comments box will be used for the foreseeable future and GP will ensure the labelling is amended to that of 'Patient Experience' in order to make its purpose more obvious to patients using the Practice. <u>ACTION:</u> Re-label the Comments Box.</p> <p><u>GP Survey</u></p> <p>GP explained that, having canvassed opinion from other practices, it would appear that making it easier for patients to book appointments was generally the key to those other practices achieving positive scores in the headline category of 'Access Experience'.</p> <p>AD suggested that as patients had found it comparatively easy to book appointments in the past, the abrupt changes to the process caused by COVID measures and access restrictions had come as a dramatic change – effectively from one extreme to the other - and this had disproportionately altered their perceptions and satisfaction levels, resulting in the poor score.</p> <p>This low score, it was emphasised, was in stark contrast to all the other areas surveyed.</p> <p>It is anticipated that the implementation of the Virtual Receptionist scheme should go a long way to positively addressing this area, and this will be reflected in any future GP Survey. DISCHARGE.</p> <p><u>Income Generation</u></p> <p>AD reinforced the advice provided by GP at the previous meeting, in that the income generation opportunities suggested by PPG members were not permitted by the CCG.</p> <p>The most recent regular method of generating income for the Practice (renting out of rooms) was now also closed off as all rooms were currently fully occupied by the Practice itself.</p>	<p>DH</p> <p>GP</p>
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<p>4.31</p> <p>4.32</p> <p>4.33</p> <p>4.34</p> <p>4.35</p> <p>4.36</p> <p><u>5</u></p> <p>5.1</p> <p><u>6.</u></p> <p>6.1</p>	<p>Flu jabs were still a reliable source of income however and, whilst this service was already publicised on the Practice website - and we could not overtly 'tout for business' at the expense of other 'commercial competitors' - it was suggested that a text communication to all patients simply further highlighting the existence of the service would be undertaken. <u>ACTION: Text to all patients. - Completed</u></p> <p><u>Carers Update</u></p> <p>Dr Mitford is leading on the Carers' App pilot on behalf of the Practice. It is still a work in progress. <u>ACTION: CARRIED FORWARD AS STANDING AGENDA ITEM</u></p> <p><u>Green Impact for Health</u></p> <p>(The Green Impact Award was developed by the NUS in 2015 as part of its 'Green Impact for Health' campaign. The University of Bristol, Royal College of General Practitioners and the Centre for Sustainable Healthcare joined with the NUS to back the initiative.)</p> <p>The garden has now been completed at the rear of the surgery following excellent work from volunteers, led by Dr Mitford.</p> <p>As a result of this valuable contribution towards the fight against climate change, the Practice has been recognised with the award of a 'Green Impact for Health Silver Standard' certificate by the National Union of Students (NUS). DISCHARGE.</p> <p><u>Practice Update</u></p> <p>Update provided as part of general discussion re Agenda items.</p> <p><u>PPG Current Membership Profile</u></p> <p>As agreed, the PPG had been provided by Josh with a basic breakdown of the patient demographic profile for the Practice, covering the areas of Ethnicity, Age, and Disability.</p> <ul style="list-style-type: none"> • Ethnicity 	<p>GP</p>
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6.2 6.3	<p>There are 17 separate ethnicity categories. The recorded ethnicity of a patient is determined by the patient themselves. This data showed that 58.19% of patients (5608) are recorded as <i>'British or Mixed British'</i>, whilst a further 38.96% (3755) had their ethnicity <i>'Not Recorded'</i>. The next highest number concerned the ethnicity category of <i>'Other White'</i> with a total of 2.49% (240), followed by <i>'Other'</i> with 0.45% (43) and <i>'Other Mixed'</i> with 0.26% (25). All other ethnicity categories recorded 20 or fewer patients.</p> <ul style="list-style-type: none"> • Age 																			
6.4 6.5	<p>The recorded age data, with an assumed much higher degree of accuracy - and adjusted to descending order of range size - was presented as follows:</p>																			
6.6	<table border="1"> <thead> <tr> <th><u>Age Range</u></th> <th><u>Number</u></th> <th><u>% of Patients</u></th> </tr> </thead> <tbody> <tr> <td>50-69</td> <td>2957</td> <td>30.68</td> </tr> <tr> <td>0-29</td> <td>2756</td> <td>28.6</td> </tr> <tr> <td>30-49</td> <td>2049</td> <td>21.26</td> </tr> <tr> <td>70-89</td> <td>1760</td> <td>18.26</td> </tr> <tr> <td>90+</td> <td>116</td> <td>1.2</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Disability 	<u>Age Range</u>	<u>Number</u>	<u>% of Patients</u>	50-69	2957	30.68	0-29	2756	28.6	30-49	2049	21.26	70-89	1760	18.26	90+	116	1.2	
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6.7 6.8	<p>This category caused the PPG some concern, as it was felt it couldn't possibly reflect the true picture across the patients within the Practice.</p> <p>Only 14 patients were recorded across all listed categories of disability.</p>																			
6.9 6.10	<p>AD acknowledged that the full spectrum of disability data was understandably incomplete as patients may not necessarily have cause or desire to provide all the listed information, and its collection was not otherwise mandated.</p>																			
6.11	<p>A Government department, for example, would have much more accurate data in respect of disabilities, but this would never be matched by a medical practice, as not all disabilities would fall within their sphere of operations, nor might it come to their attention.</p>																			
6.12	<p>It was, however, accepted that the Practice data did provide enough detail to afford a general overview suitable for the PPG's purposes.</p> <p>DISCHARGE</p>																			

	<p><u>Plans for Future Membership to Reflect the Diversity of the Patient Profile</u></p> <p><u>7.</u></p> <p>7.1 The patient demographic statistics would tend to suggest that the current PPG profile meets that of the recorded patient profile in some areas but not others.</p> <p>7.2 Whilst the ethnicity profile is largely reflected in the current PPG membership, it was however clear that the younger two age groups (covering ages between 0-49), and patients with disabilities, were not sufficiently represented.</p> <p>7.3 Following some discussion on the anticipated reasons for this and the best way forward, it was agreed that the PPG would initially explore opportunities to recruit younger patients who may be seeking a career in the medical profession.</p> <p>7.4 This may only be for a short period, as life and careers would likely take them away from the area, but it would provide a good introduction in wider matters of general practice whilst also supplying valuable perspective and input from historically absent age ranges.</p> <p>7.5 Furthermore, and to supplement the existing advert for PPG volunteers on the Practice website, a text communication to all patients is to be compiled and disseminated, with a particular emphasis in seeking membership from currently under-represented groups.</p> <p><u>ACTION 1: To explore colleges and universities.</u> <u>ACTION 2: To compile suitably worded text message</u></p> <p><u>Complaints Data</u></p> <p><u>8.</u></p> <p>8.1 As previously agreed, data was provided containing all the headline categories of complaints and the respective numbers of complaints received within those categories. These totalled 22 complaints for the whole of 2021.</p> <p>8.2 AD explained that complaints as a whole are increasing year on year, but this appears to be a societal trend and not necessarily a negative reflection of the Practice.</p> <p>8.3 It was difficult to benchmark complaints trends, as recording practices and methods of investigation differ from practice to practice. However, all complaints are thoroughly investigated at Mayford House Surgery, but statistical or defined outcomes were not recorded at all.</p>	<p>DH GS</p>
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