

# Minutes

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## PATIENT PARTICIPATION GROUP

Wednesday 2<sup>nd</sup> August 2023 – 6.30pm

Western Elms Surgery    Chair    AP    Minutes    LL

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| 1. | <p><b>Attendees:</b></p> <p>PPG: Alan P, Chris G, Susan P, Debs, Peter, Beti, Hazel A, Colin C, Colin McC, Hazel McC, Rebecca, Susan R, Janet</p> <p>Surgery: Lisa, Lucie, Jane, Natalia, Dr Anderson, and Dr Hopkins</p> <p>Apologies: Ann, Norman, Alice, Sue J, Marilyn &amp; Philip</p> <p>The meeting was held in person at Western Elms Surgery. The meeting was also accessible via zoom for those who could not attend in person.</p>   |  |  |
| 2. | <p><b>Matters arising</b></p> <p>Alan started the meeting by welcoming everyone, hoping everyone has been keeping well.</p> <p>Telephone system<br/>Lisa fed back that NHS England have picked it up again. They are aware that the local MP and the PPG are very unhappy about the situation. Lisa has been advised that NHS England are looking into buying out the contract. All surgeries are due to move over to the new digital system by 2024 and are within target.</p> <p>Colin McC commented that there have been several times whereby patients have been expecting a call from the doctor and end up waiting all day for the call, however due to signalling problems they don't receive the call. Dr Hopkins responded that on occasions that could happen, and, in those instances, the GP will send a text message advising them they have tried contacting them and will telephone again later. All clinicians should contact the patient twice.</p> <p>NHS App<br/>Lisa advised that the Integrated Care Board (ICB) approach is for as many patients as possible to use the NHS App in preparation for patients to access their medical records at the end of October.</p> <p>Cycle Rack<br/>At the previous meeting, Sam asked whether we could have a cycle rack at CL. Lisa confirmed that we have one located at the side of the patient car park which has been repainted and it's all beautiful now!!</p> <p>The minutes were voted as accurate and accepted.</p> |  |  |

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| <p>3.</p> | <p>Guest Speaker – Chris Anderson, GP Associate</p> <p>Chris joined the practice at the beginning of July and works Monday-Thursday. He previously worked in Birmingham where he had been for 16 years, which included completing his university degree and his training to be a doctor. Reading is very similar to Birmingham, although it's smaller to get around.</p> <p>His main area of expertise is mentoring which will be a valuable asset to the surgery. This will include mentoring, teaching, and training the GP trainees and MDT.</p> <p>Lisa commented that the surgery receive monies for training GPs and gives the surgery the kudos of being a training practice and enables us to recruit more GPs.</p> <p>On the 1<sup>st</sup> Wednesday every August, F2s and Registrars start there training at the surgery. This year we have 6, 3 Registrars and 3 F2s.</p> <p>All the practice rooms are currently filled at both surgeries and the MDT team consists of the following:</p> <ul style="list-style-type: none"> <li>• Navigator – sits with the Patient Services team</li> <li>• Mentor – PAs, Registrars, F2s</li> <li>• 9 GPs</li> <li>• 2 Paramedics</li> <li>• 2 MSK</li> <li>• 5 Pharmacists</li> <li>• 2 PAs</li> <li>• 1 Care Coordinator</li> <li>• 1 PA Care Home</li> <li>• 1 Mental Health Practitioner</li> <li>• 2 Community Navigators</li> </ul> <p>Today, we took 100 bloods and there were 9 appointments available on the day. There were 6 DNAs.</p> <p>Colin suggested that these statistics be included in the newsletter. Rebecca commented that primary care are doing the best they can, and it is in other areas where the problem lies.</p> <p>Dr Hopkins commented that however many appointments we have available would be used.</p> |  |  |
| <p>4.</p> | <p><b>Financial</b></p> <p>The balance for WES and CL has not been changed.</p> <p>Currently, there are no plans to spend any money.</p>  |  |  |

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| <p>5.</p> | <p><b>Surgery News</b></p> <p>FFT – statistics from June 2023 and comparison over last 3 months</p> <p>Chris commented that there was good and bad feedback, however where people are being blamed, these names should be redacted.</p> <p>Lisa informed the group that the GP Patient Survey has been shared and we have improved significantly on all our markers from last year.</p> <p>The % of patients who usually get to see or speak to their preferred GP is 11%. Lisa advised the group that we have implemented an MDT which the government requested. As an example, Dr Anderson has 3377 patients on his list and does 8 sessions per week. He would need to see 100 patients per session to see all those patients in one month. The message still isn't out there you don't always need to see a GP.</p> <p>In the patient survey, which is an independent survey run by Ipsos Mori on behalf of NHS England, 3 of the areas exceed the marks that we had when we took over CL. We are now back to some results being the same as prior to which is a really good outcome – it has taken 5 years. The sample is miniscule compared to the list of 28,000.</p> <p>Sadly, these questions are outdated, despite NHS encouraging the recruitment of a multi-disciplinary team, they still ask if you see the GP you prefer – this GP may only work one day per week. They hold list sizes of 400 patients per session they work which is roughly 4¼ hours. If all patients needed to be seen that would be 100 patients per hour in a week per GP.</p> <p>New incentive are patients being able to book within 2 weeks. Those who choose to book at 6 weeks blur this outcome so would suggest we don't achieve it. This appointment is with any appropriate clinician.</p> |  |  |
| <p>6.</p> | <p><b>Patient Voice</b></p> <p>The most recent meeting took place on Tuesday 25<sup>th</sup> July.</p> <p>Lisa commented that the meeting enables each other to hear about the other surgeries, however, she was informed that none of the other Practice Managers attend their PPG Meeting. Hazel McC commented that she felt it was important for Lisa to be involved and to be the go between the surgery and the PPG.</p> <p>Lisa felt that the members need to be more involved and to find out more about the nitty gritty of what goes on at the surgery. Currently, we meet every 2 months and respond to any questions. It's important that in the interim there is visibility and we become more proactive over the coming months. Agreed to initiate F&amp;F collection again.</p>   |  |  |

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| 7. | <p><b>AOB</b></p> <p>Appointments – notification of which surgery – SJ<br/> Recently SJ checked in at CL for an appointment, however she was in the wrong place. Natalia confirmed that at WES the check-in screens advises you if you are in the wrong place. Therefore, this should be possible at CL to mitigate patients going to the wrong surgery. Natalia to review.</p> <p>Steroid injections – AG<br/> Alice asked when patients have a steroid injection, does the GP have a portable guided machine to ensure the steroid hits the correct place. Lisa commented that in the surgery all steroid injections are done by feel and touch. At the hospital, under Xray it is possible.</p> <p>AP closed the meeting by thanking everyone for attending.</p> |  |  |
| 8. | <p>Date of next meetings:<br/> <b>AGM – Wednesday 4<sup>th</sup> October @ CL @ 6.30pm</b><br/> <b>Wednesday 6<sup>th</sup> December @ WES @ 1.00pm</b></p>   |  |  |