

**PPG Meeting
15th May 2024
Held in the Surgery**

Attendees

PPG: Mike Etkind (Chair), John Deakin, Bob Cox, Gita Kadirgamar & Alice McMurdo (Minute taker)

Surgery: Dr Rebecca Mallard-Smith, Dr Sian Roberts & Laura Russell

Apologies: Jackie Walker

Meeting Minutes:

1. Welcome, apologies & minutes from last meeting.

Mike opened the meeting. Mary, who attended the last meeting, is interested in joining the PPG but could not make tonight's meeting.

2. Surgery update (progress with new telephone system, staff changes, opening of JHS list)

Laura shared that the ICB have confirmed the surgery will not be getting a new telephone system, due to a lack of funds, instead a call back feature will be added to the existing system at a cost to the surgery.

Dr Mallard-Smith expressed that this should be challenged as all the other practices have had new systems installed at a cost to the ICB. The PPG were all in agreement with this.

The patient list has reopened, there was a flurry of new registrations initially with 80 having joined in the 1st month and new patients are registering online which is working well. The list cannot close again now for 1 year.

Mike offered to look at the new patient packs to provide feedback on them. Laura stated that currently with new patients registering online successfully there is no current need for these to be updated.

[REDACTED]

[REDACTED]

[REDACTED]

Mike asked if there would be any change in the level of service for patients. Dr Roberts answered that they shouldn't be as the team includes a range of clinicians available to patients.

3. Introducing online access/digital triage

Mike asked if the reception team would be able to fill in the online form for patients if they were unable to.

Laura confirmed they could and advised that nurse appointments and routine check ups will not require the online triage.

Mike recommended that this be explained to patients and suggested seeking feedback from patients in advance in order to ensure that the guidance accompanying the launch covers patient concerns.

Laura agreed and assured that patients will be advised on how to complete the form and what times of the day it will be available. Dr Roberts added that the online form will be beneficial, as it will capture all the information first hand from the patient.

The online triage form will form part of patient's clinical records and will be visible to them.

John asked what the response on the website is after you have submitted the form. Laura replied that there will be a successful submission message and timeframe of when they will be contacted. Herself and Dr Mallard-Smith went to Cherrymead Surgery to see the service in action and were impressed by it.

Mike stated that he would write to 100 patients as proposed and will share their feedback.

It is expected the online triage will start end of July/beginning of August.

4. PPG survey report: improving patient understanding of surgery's services + scope for self-referral

Mike fed back that patients need more understanding of what services they can self refer to. Dr Roberts assured that patients are being signposted and the digital triage will assist with this when in use.

5. Latest state of play on communicating with patients via SMS or NHS App + PCN's help sessions for NHS App

Mike shared that the PCN has held 4 help sessions however it is not clear how well these were advertised. During the first one some people didn't know their passwords so were not able to progress.

Laura stated that patients are being encouraged to use the app and Reception is explaining that a smartphone is not required only access to the internet. Currently, 73% of patients are using the app though there will always be some who will prefer not to use it.

Mike asked if the app was being used for communications. Laura explained that they do not get enough credits to send a text message to every patient. Emails will be sent through the app, however if patients are not opted in to receive them or do not open it within 3 hours it will revert to sending a text which will incur a charge. Patients must have notifications turned on and a campaign was sent out regarding this.

Mike offered to help sending this message out to the PPG membership of patients and asked if a message could be sent through the app promoting the PPG.

Laura advised that they would not have enough credits to do this and that she has fed back the frustration over this to the ICB. Mike added that he has also fed this back and asked if there was anyone more senior this could be directed to.

Laura said that new patients joining the surgery are being introduced to the PPG as part of the welcome text and it was agreed the surgery would canvas patients for new members.

6. PPG Fund

Mike explained that the PPG fund currently covers the maintenance costs for equipment it has previously purchased. However, the fund cannot sustain this level of funding and while there is currently a generous benefactor this cannot be relied upon indefinitely and options will need to be explored.

Mike asked whether the equipment would be unable to operate if the fund ran out.

Laura answered that this spend is about £1,000 per year, this includes the ECG machine being serviced, music licence and the spirometer. The ICB have agreed to pay for the calibration of the spirometer.

Dr Mallard-Smith advised that they would need to give the ICB three months notice if they could no longer fund the equipment. This would allow the time to create a plan, which might include using equipment at other surgeries, requiring patients to travel.

Laura stated she would ask the PCN if they could fund these services.

John asked how other surgeries fund the same services. Dr Mallard-Smith answered that for some it's through donations and others as a cost of the business.

7. Possible patient information dashboard - example attached

Mike shared that he thought the example dashboard looked impressive and Laura agreed, though they may not have access to all the same information.

It was agreed Laura would share with Mike what information she can easily generate with a view to it being included on the website.

8. Membership of the PPG committee

Discussed in point 5.

9. AOB

Bob raised concerns about the current service at the pharmacy and the number of prescriptions a day they are dealing with.

Laura shared that she has asked for a meeting with them to share their concerns after receiving feedback from patients, including longer wait times for their prescriptions and some patients are asking for their prescriptions to be printed in the surgery to take elsewhere.

Actions

- Mike to contact Louise Smith at ICB regarding text message allowance
- Mike to contact 100 patients for feedback on the digital triage
- Clinicians to canvas for prospective new PPG members
- Laura to share with Mike the information she can readily put together to create a patient information dashboard on the website
- Laura to meet with the pharmacy and raise concerns shared during today's meeting
- Laura to explore with PCN if they would be able to fund the equipment the PPG funds should the funds not be available in the future
- Laura to explore with reception team what signposting to self referrals they can add to the website
- PPG minutes to be shared on surgery website
- Alice to arrange next meeting with Laura

Update from Laura following the meeting:

From the point of view of what information I could gather relating to the dashboard image I could definitely get the majority of this information. Presently the only section which could be a little tricky is the booking within two weeks, as this would involve quite intensive search building. Possibly with the new triage model it will be easier to gather but I won't know that until we are underway using.

The rest I think is all quite manageable.

I will contact the PCN as agreed regarding funding streams to support our legacy equipment / services and feedback with their response.

In addition, I will work with our Secretary over the next few weeks to create some self-referral signposting materials for the website and in house. As mentioned the clinicians already use some sms / email self-referral signposting channels so hopefully we can bring this together in a useful way that patients will feel empowered to use. I will share with you once we have put some things together for your feedback.

I have instructed the clinicians at our meeting this evening to canvas for additional committee members, all are aware and happy to champion.

I think we will hold fire for now making any adaptations to the manual patient registration pack however I will of course be happy to take you up on your kind offer of support if I feel this would be helpful in the future.

I will keep you in the loop regarding any changes with current staff arrangements. For now the idea is to pursue recruitment around a practice nurse as well as minor illness support in the form of a paramedic or advance nurse practitioner. This is not to replace our GP offering but simply replace Lyn who is retiring in September. GP sessions will remain relatively unchanged until recruitment for our nursing staff and minor illness support is in place as-well as giving our new triage model time to embed.