

**MINUTES FOR A PPG MEETING HELD ON
TUESDAY 24th MAY 2022 IN THE SURGERY**

1. Apologies for absence

James Green
Jenny Phillips
Mike Tindall

2. Attended

Ann Whatson (AW)
Mark Burgess (MB)
Muriel Simmons (MS) (Chair)
Sandra Gilliard (SG)
Suzanne Walsh (SW)

3. Minutes of last meeting

22/03/2022 – approved.

4. Matters Arising

MB provided the requested statistics.

5. Plas Meddyg Brief

MB submitted the following:

a. Surgery News

- Another change in the Prescriptions team, with Kate moving over to a Medical Secretary role (replacing Kairan who is relocating to Suffolk) and Sue joining us this week to replace Kate!
- Doctors now have to spend two years in general practice if they are considering becoming a GP and, as a result, Dr Stokes will have two trainees from August under his supervision rather than the one we would have expected previously. Dr Ralf will continue to have Dr Thomas under his wing.

b. Telephone system

- We are having a new telephone system installed soon that should put an end to the problems we have had with the current one over the years (to be fair the old one has been behaving itself much better recently!). Cabling work is taking place w/c June 13th with a “Go-live” date of June 27th.

Queries: AW: Will this resolve the wait often experienced? There is no limit to the number of calls waiting so more receptionists can answer. With the current system, if the call is not answered it will get cut off, hence one reason why receptionists answer the call and then ask the patient to wait if there is someone at the desk.

AW: how much detail does the Receptionist have to ask when booking an appointment as it can be quite awkward when booking, especially if doing this in person, and the issue is sensitive? This is usually for the duty doctor where more information is needed.

MS: Can stats be obtained to determine when the most calls are received so resource can be allocated accordingly? This has been done for certain days known to be busier.

AW: Are there any ways to make the Reception area more confidential when patients do need to discuss sensitive issues? **ACTION:** MB to look into options for greater confidentiality at Reception desk.

c. Covid-19 Booster vaccinations

- We are well under way with the Spring Boosters, although we are behind now giving to our eligible housebound patients as we were unable to get stock. We are now receiving stocks of the Moderna booster and will be rolling this out over the next few weeks.
- The Joint Committee on Vaccination and Immunisation (JCVI) has recommended that certain at-risk groups should receive another booster in the autumn. Nothing definite yet, but their recommendation is that it should be offered to: care home residents and staff; all those aged 65 years and over; adults aged 16 -64 who are in a clinical risk group; frontline health and social care workers. I would expect these to be given at the practice, rather than at a PCN site, particularly if stocks are available at the same time as the flu vaccines.

MS: Does the surgery need any help with the Covid Boosters? Not this time, but possibly during the Flu vaccinations later on.

d. Flu vaccinations

- We should be rolling these out at the end of September. Groups that were included for 2021-2022 but are not included for 2022-2023 are: those aged 50 to 64 years; secondary school children in Years 7 to 11.

e. Nurses

- The Chair has asked that I cover this topic. We have lost Cynthia to secondary care placements for May and June as part of her Nursing Associate training programme which she is finding really enjoyable and useful. This has meant it has been a bit tight for nursing appointments at Plas, particularly when a patient is discharged from hospital and urgently needs some dressing changes. However, we continue to move things around to accommodate requests and have been successful so far, although we are sending the occasional patient to the Northumberland Heath Nursing Hub. The duties that our Nurse Wunmi can carry out is increasing rapidly as she completes stages of her academic programme and is signed off by Pearl.

f. Test Results

- Mike also asked me to inform the meeting on our protocol for advising patients of their test results.
- The doctors review results of any tests that they ordered and, if any action is required based on those results, will advise the patient (this may be either directly or via Reception).
- We ask patients to wait a week from having a blood test before calling the surgery for the results.
- Any urgent blood results are phoned through to us by the lab and are given to the Duty Doctor to action and contact the patient.
- Tests ordered by consultants/hospitals will be reviewed/followed up by them

MS: Are medicine reviews still carried out? Yes, with the Pharmacist. Patients on multiple or addictive medicines are generally contacted by the surgery for a review.

AW: Is there any reason actual figures cannot be given when asking for test results so patients can keep track of them? Yes, a printout can be given which includes the ranges. This is also available via the online GP record or the NHS App..

6. Working Group report and progress

Please see Patient Engagement Outline below also.

Questions that were agreed:

- Age bracket (drop down menu for choice)
- Do you have, or care for, someone with an ongoing condition? (Yes/No)
 - Please would you specify the condition. (Free text)
- Do you feel these conditions are being adequately managed? (Yes/No)
- Do you feel you might benefit from additional support? (Yes/No)
- If one was available for the condition(s) would you be interested in a focus group? (Yes/No)
 - If interested, please give your email address and we will be in touch with you when/if a focus group is set up.
 - (Information about the PPG).
- Were you aware of the PPG and that it is there to represent your views to the practice? (Drop down menu for Yes/No/Partly)
- Would you be interested in hearing further from or about the PPG? Please add your email address if so.

The survey jumps to the appropriate next question depending on answers given.

ACTION: MS and MB to consider how the survey is set out for hard copies.

Queries: does the Surgery support this survey? Yes, Dr Stokes helped design the questions and Dr Ralf fully supports it. The survey will be sent via the Surgery so GDPR compliance is maintained.

AW: Is there a deadline for completion? SW suggested a week but as this does not allow time for people who may be on holiday, it was agreed a month would be a suitable.

7. Any Other Business

SG gave positive feedback about Dr Wright; MB outlined that Dr Wright is due to leave in August as he finishes training, but may be able to stay on a little longer.

8. Date of next meeting

Tuesday 26th July 2022

Plas Meddyg Patient Engagement

Aim of project:-

- a) Ensure that patients voices are heard and contribute to the service provided by the surgery.
- b) Improve communication/understanding between patients and practice.
- c) Increase patient knowledge of services offered by Plas Meddyg and the procedures necessary to access them.
- d) Increase patient knowledge of conditions and encouragement to take an active part in managing their conditions.
- e) Would demonstrate to CQC and Healthwatch that the practice take the views of patients seriously and are prepared to listen to them.

Draft Project Plan:-

Stage 1. - Circulating survey.

The survey would be created by the PPG but with input from the surgery.

The survey would be used to discover patients views on the services provided, the level of interest in focus groups, the type and subjects of open support/information meetings, recruitment of patients to sign up for e-newsletter (using mail chimp?) recruitment of additional volunteers for the PPG.

The survey would be circulated on-line, in surgery, website(alert to this by text message?).

Stage 2

The results of the survey would be collated and analysed by PPG and from that an Action Plan would be drawn up.

If an outline of complaints received over the six three months could be fed into the Action Plan the PPG could work with the surgery to improve the issues raised. The action plan could then be reviewed annually to measure success/failure.

Results of survey would be circulated to all patients via newsletter, social media (Closed Facebook Page?) Website, in surgery etc.

Establish focus groups – member of the PPG to co-ordinate initially. If virus restrictions continue then meetings would need to be on Zoom/Teams but hopefully with restrictions lifted meetings could be held using free facilities such as libraries/civic centre.

Stage 3

Open public information meetings on the conditions plus one general patient meeting for an update on CCG plans.

At the end of the year carry out a patient survey to review the success/failure of the project.

Hopefully by carrying out the pilot project other PPGs in the PCN will carry out similar projects so that knowledge/meetings/resources can be shared.

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