**PPG Meeting 21 July 2022**

**Present**

Helen Lippitt

Dr Staite

4 patient group members

**Apologies**

6 patient group members

**Introductions**

**Agenda**

**Previous Minutes** – items from the previous meeting were discussed:-

**Call waiting** – This is variable, the call queue holds 12. Due to redesign of front of house workforce it is starting to improve with calls being answered quicker and more efficiently. Data from our phone system shows the average wait time is 12 minutes.

It was discussed whether the use of different phone numbers for different problems could be useful or whether patients could use patient access to enable booking of appointments. The practice plans to monitor the impact of redesign of front of house staff. Monday morning is the busiest time so it is best to avoid for all non-urgent requests.

**Dispensary -**  Helen mentioned that the service is improving and that we have employed a dispensary manager to help speed up and manage the dispensary service.

**Communication –** It was discussed that the website needs updating to make it more user friendly and that information regarding new doctors would be useful for the public. The PPG minutes from the meetings could be added to the website. Helen mentioned the use of Nova magazine monthly to describe various roles in the surgery. The development of Mjog, mass texting service, was also discussed.

**Social Media –**negative comments on social media do seem to be reducing and that WRS is having more positive feedback and support. Negative comments regarding the NHS as a whole has been a nationwide problem. We are planning resilience training for reception staff to help support them through their role.

**Patient demand –** it was discussed whether the patient demand has increased. Helen mentioned that numbers of patients have dropped slightly which could be related to more out of area letters which have been sent. Demand post Covid has increased due to patients now feeling safer to attend the practice. Clinicians are seeing patients with multiple problems which have been “stored up” over the last 2 years.

**PCN –** benefits of PCN staff in their various roles were discussed including vaccination clinics, physiotherapists and social prescriber and that they help to free up GP time by seeing appropriate patients. Receptionists are able to signpost people to PCN staff if felt appropriate such as medication reviews with our pharmacist. It was also discussed that in future GP surgeries are likely to change with more integration with hospitals.

**Appointments –** it was discussed that doctor/patient relationship has changed recently due to Covid which has brought in the necessity for phone consultations which don’t suit everybody. GP’s will see patients face to face if either a patient prefers this or the presenting condition necessitates it.

**Possibility of remote logging in to attend PPG meeting**– discussed that it may be possible to use conference call/Teams for people unable to attend meeting and that this may encourage attendance.

**Medical Negligence** – concern that incidents may increase. Changes in hospital referrals has changed causing longer waiting times for patients to be seen with hospitals requiring more tests to be performed before GP’s can refer patients in for conditions which may lead to delays.

**Patient confidentiality –** training for staff was discussed with the need to take into account patient’s confidentiality especially at reception. Helen reiterated the fact that staff have regular training relating to IG and confidentiality. Also staff contract and handbook contain clauses regarding confidentiality.

**Vaccination clinics ­** - it was asked why some chemists were able to offer flu and Covid vaccinations sooner than the doctors surgeries. Helen and Dr Staite explained that surgeries are dependent on NHS England conveying information as to availability dates. Helen explained that patients can now be notified when they are available via MJOG which provides mass communication to patients. It was also suggested that information could be available via the surgery website.

**GP/Patient Relationships** – it was discussed that there have been several staff changes recently and that patients/GP relationships have changed. Dr Staite discussed that named GP’s for patients are useful and that an element of continuity occurs when the patient is known but explained that not all GP’s work full time and that if patients wish to see their own GP then this can cause a time lag and that there may need to be a loosening of the named GP system in order for patients to get better access.

**Subsidiary clinics** – it was discussed that the surgery in the past used to offer extra clinics such as smoking cessation/obesity/spirometry clinics. New services have been developed such as Health Trainers and digital services for weight management where patients can be directed.

**Any other business -** It was agreed that minutes need to be sent out within one month of the meeting and that the agenda format should be changed to make the meeting run more efficiently.

**Date of next meeting -** Thursday 13th October 3pm to 4.30pm