**PPG Meeting – 22nd May 2024**

**Location- Beltinge Surgery**

**Present** Jill Clowes – PPG Chair

Sheila Chesney – Vice Chair

Carole Harper - PPG

Jacky Moore - PPG

Lyn Adams – PPG

Dr Robin Ho – GP Partner

Claire Sears – Operations Manager

Kayley Tilbrook – Minute Taker

**Apologies** Ros Clark – PPG, Sue Inkpen – PPG, Diane Hallett – PPG, Gayle Savage - PPG

**Minutes of previous meeting**

Sheila mentioned to make sure names are corrected. Kayley will ensure these are corrected.

Jill has asked to post minutes of PPG on website. Jill has also asked to get minutes in 1-2 weeks.

**Matters rising**

Diabetic eye screening: - Claire contacted Phoebe and has provided statistics but hasn’t provided any age related or transport related demographics so Claire cannot target people if we do not have the details of this.

Sheila asked if they are repeat DNA’s. We will carry this forward to the next meeting.

Spoke a lot about pharmacy and what they will do in the pharmacy. Jill asked if it would be possible to see if we can get GPs to see how many unnecessary appointments are wasted. Helen was going to mention in Partners’ meeting but it was not mentioned.

Pharmacy team is working. GPs are seeing less patients with sore throat, ear ache etc.

Lyn has suggested that this could be because patients now know about Estuary View Minor Injuries and Queen Vic UTC. Jill suggested we can address this in the next meeting.

Dr Ho will ensure this is brought up in the next meeting to the partners and will get some feedback on how many wasted appointments GP’s are getting and if there is a trend.

Jill mentioned the Digital inclusion programme. Claire has suggested that we have made a start on the reports and ensuring everyone has up to date contact details. This will be carried forward to the next meeting.

Ros was going to do a piece of work on carers. Jas has suggested Ros was going to contact Shelley- social prescriber to get some information.

Jill will email Ros to get her to contact Shelley.

Jacky would like to meet up with Shelley – social prescriber. Jill has suggested that both Jacky and Ros meet with Shelley together and Jill will also put that in the email to Ros.

The PPG spoke about Facebook and the use of the e-consultation service, how to use it and getting useful information. It has been agreed to put comms out for e-consult. Sheila mentioned that we have to be mindful of all the patients that do not use the internet.

Claire has suggested the PPG could put some comms about this as the surgery has put a lot of comms out about e-consult on the website and Facebook page already.

Dr Ho suggested patients could go to the library to access the internet as there is computers that you can use for free.

Lyn has asked if we have any posters in any of the waiting rooms when patients are waiting in the waiting room that they could read.

Dr Ho has suggested that patients do not read a lot of information in the surgery.

Lyn suggested reception can mention the posters in the waiting rooms for when patients are checking in at the surgery. This could get people to use the e-consult service more.

Jill will put information regarding e-consult, posters, library etc. Jill will send to Claire before it goes out to everyone.

Helen is revamping TV screens so will ensure Helen knows about putting information about e-consultation service on the screens.

**Visits**

Sheila has sent copy of all the results from 1 May 2024.

6 patients per site were interviewed from a wide age range. 5 patients found that the website easy to use and 2 didn’t know how to navigate the website.

Question A was the same as last time.

A lot of patients cannot get through on the phones. Telephone access remains a major problem. Results from Beltinge were slightly worse than last time.

The longest wait times has reduced to 47 minutes and average wait time is 5 minutes.

Lyn suggested that these figures could have been during busy times in the morning.

Lyn did 3 calls on three separate occasions and this hasn’t been an issue with long waiting times.

Claire has provided some statistics on call wait times and they do not match the answers of Sheila. For examples, 10 minutes is the longest waiting time that someone has to wait. The statistics were from the times 8am-9am.

Jill has mentioned an experience with calling the surgery and where reception couldn’t at first accommodate a non-urgent appointment.

Jacky has suggested if there is a way that we can pre-book an appointment in advance and Dr Ho and Claire confirmed that this is possible to pre-book in advance.

Lyn has suggested that she wasn’t aware that you could pre-book n appointment in advance.

Lyn has also said that it seems that the elderly are the people that wait outside in the morning for an appointment and that it might be a suggestion to hold back some appointments for the elderly for the afternoon.

Dr Ho has suggested that patients that are elderly could get a home visit appointment instead of waiting outside as we do have a visiting GP every day. We can triage all patients and make decisions whether or not they need a home visit.

Claire has suggested that there is a fine line with blocking appointments and this could be seen as singling people out.

Sheila has discussed questions regarding pharmacy first – results are very similar to last time.

* ¾ of the patients were aware of the service but not all knew the criteria.
* 13 knew about service but would prefer to see a GP.

It has been suggested that we run the questions one more time to collate the evidence.

Sheila has suggested keeping Hersden separate and Claire has agreed to keep this separate. Lyn and Sue are also happy to carry these on.

Jill has mentioned that we had a GP join and left in the practice in a few months and queried why he left. Dr Ho confirmed that he had personal reasons for why he left.

Dr Ho has explained the process of who runs the “winter pressures clinic” to all of the PPG.

**Annual report**

Jill has asked if there is anything anyone would like to discuss on annual report and everyone has agreed that there is nothing to discuss on this.

**CQC**

It was discussed that CQC are due to visit having our last visit in 2018.

Dr Ho explained that the CQC are looking for triggers in all GP practices and if there are certain triggers, then this will then trigger a visit to the GP practice.

**Governance**

Carole discussed the governance report and has looked at the new patient with EGPA. Carole said that the medication wasn’t issued for this patient at first as the previous notes did not come through. Patient should have had an old box of medication to get a new prescription. Prescription was given to the patient by the end of the day so there was no harm done to the patient.

Dr Ho has confirmed to the PPG that patients would be referred to the hospital if they noticed that something did not seem right from either a patients scan, blood test etc and the appropriate steps would be taken to refer the patient appropriately.

There was confusion about the PPG not knowing that other surgeries cannot view your records. This has been confirmed that all other practices cannot view patient’s records.

Carole also mentioned patient that missed the two week window for suspected cancer pathways. No harm was done for the patient having missed the two week window.

Claire confirmed that this could be down to the referral not being marked as urgent. If it is marked as urgent then this will be referred in 1-2 days. Sometimes some of the referrals are slipped through the net as GP did not mark as urgent. If this happens then a significant event would be triggered.

Carole mentioned about a needle being in a patients paper records and why when it was found, why was the name of the patient not noted. Nurse removed the needle as soon as possible.

Carole mentioned that there was a report of where a GP was seeing a mum and child (aged 6 years) and asked the mum to leave the consultation so they could speak to the child alone. asked to speak to the child (6 years old) alone. Child should not be left on their own.

Sheila mentioned regarding coding errors and human error. There were also 2 complaints for the same GP. What happens with these? Claire said that these are all discussed in management meeting and the appropriate manager would be informed to see if there are any training and learning needs that need addressing.

Claire also mentioned that there are regular significant event meetings and complaints meetings where this is all discussed.

Sheila said that there was some nice “thank yous” in the report which was a very good inclusion. PPG were very happy to see positive feedback.

There has been no information on governance from Gail.

**AOB**

Carole has mentioned that despite checking in for an appointment at reception, reception did ask for date of birth.

Jill has mentioned there was incorrect information on phones but this has since been rectified on Monday. PPG did not have anything else to add.

**Date of next meeting is 24 July 2024.**

Discussion of AGM – Claire needs to speak to Helen about a date for this. Jill has mentioned that we will provisionally booked 11 September for AGM.

Claire has asked Jill if there was anyone else that would be beneficial to invite to the AGM.

Jill has summarised all the points above and the PPG has confirmed.

Meeting came to an end.