

Townhead Surgery Patient Participation Group

Minutes of the meeting held 23 November 2022

<p>Present</p> <p>Alex Merrett, Chair (AM)</p> <p>Dr Anna Woodhams, GP (AW)</p> <p>Andrea Hartas Operations Manager (AH)</p> <p>Anne Chalkley (AC)</p> <p>Pat Taylor (PT)</p> <p>Di Millen, Minute taker (DM)</p> <p>By Zoom</p> <p>Mark Pilkington (MP)</p> <p>Maureen Whittaker (MW)</p> <p>Jonathan Kerr (JK)</p>	<p>Apologies</p> <p>Pat Porter</p> <p>Catherine Redford</p> <p>Louise Davey</p> <p>Brenda Hawkins</p>
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Mark Pilkington was welcomed as a new member of the Group.

1. Minutes of last meeting held 22 September 2022

The minutes of the last meeting were agreed as a correct record.

2. Matters arising from the minutes

- a) Timescales and escalation process need to be added to the complaints procedure on the website. **Action AH**
- b) Wording of PPG sign-up information on the website needs to be checked again to see if wording amended as agreed. **Action AH**
- c) Work on the recruitment of community connect volunteers was in progress.
- d) PPG involvement in Practice recruitment had been discussed with the other GP partners. The conclusion was that this was not something they wished to take forward at least for now.

There were a number of reasons PPG members felt it might be helpful for them to be involved in recruitment. The following points were made:

- involvement would not have to be in actual interviews

- a patient perspective for patient-facing role interviews might be helpful for the Practice, and for candidates
- there was a wealth of expertise in PPG members that might be helpful to tap into
- the level of involvement would not have to be the same for all roles

AW agreed to take the question back to the partners and canvas other Practices. **Action AW.**

- e) No progress had yet been made on patients being able to book a telephone or video appointment online.
- f) Information about fuel poverty issues, published by Craven District Council was available for patients in the waiting room along with cost of living booklets. GPs were aware and were signposting to the social prescriber for the Practice. JK had a list of warm places which he could share.
Action JK.

Accessibility of information needed to be checked and advice given to the Practice about how best to make guidance accessible. **Action AM.**

3. Communications working group

The first meeting of this Group had taken place.

Practice newsletter

A second edition of the newsletter had been printed. Sharing and posting future editions as soon as possible after printing was seen as being important if time sensitive content (like vaccination clinics, etc) is to be helpful.

Laminated copies were preferable to printing off lots of colour paper copies. Copies should be placed in community accessible locations, like the Co-op, Booths, the library and swimming pool.

The Communications working group would agree a plan for distribution at their next meeting on 30 November. **Action DM**

Website issues

Improving the website was agreed to be a top priority. The aim was to replace the existing website but, in the meantime, we needed to do what we could to improve it. IATRO, the creators of the website, had proved difficult to contact. **Action AH** to continue to contact them. The following were agreed:

- we need to articulate the problems and talk these through with the designers
- we need to understand what patients use the website for
- the possibility of staff being given more protected time to maintain the website should be considered
- the PPG white board should be amended (January 2023) to ask patients if they use the website, what 3 things they use it for

DM referred to national guidance about website design and content, based on user surveys and agreed to ask PPG members to review the current website using the criteria developed nationally. **Action DM**

Social media

AH had now been given admin access to the Practice Facebook page along with CR and one other team member. The PPG did not yet have the capacity to create and manage its own page for now so would send any items for posting to AH who would post under a heading 'on behalf of the PPG'.

Postings had been few and far between and it was hoped they would now become more frequent.

Action AH to check whether it was possible to monitor Facebook stats. **Action AH**

Other matters

PT to post feedback to the Practice through the website to see if it reaches AH. **Action PT**

MP offered to take photos of the Practice team and GPs for use in a variety of ways. **Action MP/AH**

4. Surgery update

Accessibility

Copies of booklets about accessibility support were available in the waiting room. GPs needed to refer patients to them as necessary. **Action AW**. Patients should be able to request large print versions. **Action AH** including a statement in the next newsletter. Guidance about the use of accessible fonts, etc was available and should be sent to AH. **Action AM**.

It was suggested that the focus for now should be on the documents most important to patients, e.g. letters. Patients with accessibility issues should be identifiable to staff.

Telephone data

The data on telephone usage had been circulated and was discussed. There was agreement that it was interesting but that in the current format was not meaningful. It was clear that there are more calls on a Monday and a Friday and that numbers are increasing with the change in seasons. A form of graphical representation would be helpful in tracking trends over time.

The summary data presented was just a small part of the data available through the new system. **Action MW and AH** to work on graphical representation of the data.

Online booking of appointments

It was likely that many calls to the Practice were about appointments. It was hoped to be able to continue phasing back in the booking of appointments online to increase convenience for patients and reduce pressure on the phones. Phone triage was, however, helpful in ensuring patients were seen by the most appropriate team member. Patients needed to choose who to see but also needed good information about the choices available to them. The newsletter could help with this. **Action AH.**

Staffing

A new nurse had been recruited to replace a retiree and another extra nurse was due to start in early 2023. Two new receptionists had also been appointed to replace staff who had left. One GP was due to start in May 2023. GP recruitment continued.

5. Patient feedback

Feedback from Friends and Family Test (FFT) responses and other sources had been circulated. It was agreed that the FFT should be promoted on the Facebook page and in the newsletter. Signposting to the suggestions box from the reception counter had produced a good response.

Feedback about standards of clinical care were really positive. Suggested areas for improvement were largely about systems and processes. Many of these were 'quick wins' for the Practice. **Action AH and AW** to review and create a 'you said, we did' poster/sheet for sharing with patients/the PPG notice board.

6. PPG AGM

The PPG was due to have its AGM in February 2023. This was not a good time to hold an open meeting, but this should be considered. Everyone asked to let AM know what they think about this. **Action all**

7. Any other business

a) Online access to full health record

It was noted that the national date for making full prospective records available to all patients had been put back to the end of November 2022.

b) PPG report by Practice

The Practice was required to submit an annual report about working with the PPG. AM asked when this was due. CR to feed back to AM. **Action CR**

c) PPG social event

Members were asked if they would like a social event in December. **Action AM** to create Doodle poll.

d) List of defibrillators

The current list of defibrillators was out of date and needed to be updated, then posted on the Practice noticeboard. MW volunteered to contact the local ambulance service and update the list. **Action MW**

The meeting closed at 8pm.

Addendum

The following items of feedback had been received in addition to those circulated with the meeting papers (from BH):

- Do they have a Protocol for hospital scripts
- Temporary residents
- Out of hours appointments
- Tel call back on the phone system
- Informing 111 that the surgery is closed

