



**MEETING:** Patient Participation Group  
**DATE:** Tuesday 12 December 2023  
**TIME:** 6.30pm  
**VENUE:** Meeting Room, Mayford House Surgery

### RECORD OF MINUTES

#### Persons Present

Gail Patterson (Practice Manager) **GaiP**  
Josh Parker-List (Assistant Practice Manager) **JPL**  
Dr Kenneth Atkinson (General Practitioner & Practice Partner)  
Five substantive members of the PPG were also present.

Para. No.		Action Owner
<u>1</u>	<b><u>Welcome and Introductions</u></b>	
1.1	The Chair welcomed everyone present to the meeting.	
<u>2</u>	<b><u>Apologies for Absence</u></b>	
	Two apologies had been received from absent substantive members of the PPG.	
<u>3</u>	<b><u>Minutes of previous meeting dated 20 June 2023</u></b>	
3.1	These had previously been circulated and were agreed as a true record of the meeting.	

<p><b>4</b></p> <p>4.1</p> <p>4.2</p> <p>4.3</p> <p>4.4</p> <p>4.5</p> <p>4.6</p> <p>4.7</p> <p>4.8</p> <p>4.9</p> <p>4.10</p> <p>4.11</p>	<p><b><u>Matters Arising from previous meeting.</u></b></p> <p><u>Item 4.22 – Surgery ‘Check-in’ Touchscreen</u></p> <p>This matter concerned the location of the ‘check-in’ touchscreen in reception, which became obscured on those few occasions when reception and pharmacy queues both became extended, and then merged. This also then placed arriving patients within clear earshot of personal conversations taking place with reception and pharmacy staff.</p> <p>An unfortunate side-effect of this congestion was that some people arriving late for an appointment tended to sit and simply wait to be called without using it to notify of their presence, thereby risking not being called at all.</p> <p>Efforts to find a suitable alternative location for the touchscreen had since proved unsuccessful. This is because it requires to be linked to a computer within lockable storage and have access to a data point.</p> <p>Currently, all this exists behind the reception counter.</p> <p>Anywhere else in the reception area would require significant and costly works to provide the required power, data link and secure storage, and this cannot be justified for the few occasions when the problem manifests itself.</p> <p>There appears to be no issue with the current positioning until queues develop at both reception and pharmacy counters, but it was felt patients must still be aware of its existence and purpose, and should therefore still seek to ‘check-in’, even if it meant having to carefully move between the two queues.</p> <p>The NHS app was also considered to be a handy means of ‘checking-in’ for those with smartphones and this will also be promoted in the coming weeks and months along with the additional patient benefits and conveniences it provides.</p> <p>It was felt some instructional material should be made available to patients to enable familiarity with the app, by means of the website, a YouTube-style tutorial or even a handout in the surgery so patients could link in whilst waiting for a consultation.</p> <p>These suggestions were to be considered alongside a larger promotional campaign in the coming months.</p> <p><b>Note: Since the meeting took place, it has been established that the NHS app will not actually allow patients to check in as suggested, so the solution at 4.12 below will be implemented.</b></p>	
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4.12	Nevertheless, in respect of the touchscreen, a suitably located wall-mounted sign or pedestal stand will be considered to direct people to the touchscreen. <b>Actioned by Josh.</b>
4.13	<b><u>Practice Update</u></b>  <u>Staffing</u>
4.14	Andrew Moreton, Research Nurse, newly appointed working alongside Ailsa and Jane Wright. He is working across Mayford and Mowbray to help with research. Ken gave the attendees an overview of the research that we are doing, e.g., ALABAMA trial looked at whether patients are allergic to penicillin, or not, most aren't and are now able to be prescribed penicillin. Ailsa has done a huge amount of work with this and has done an amazing job with research! LE does PPIE as her day job and said she is willing to support the research work if required.
4.15	Dr Jackson announced that she was to retire at the end of this year after 28 years at the Practice.
4.16	Salaried GP interviews are being held on Saturday 16 <sup>th</sup> December. 9 applicants. 5 are being interviewed. It was mentioned that our trainees have been very good.
4.17	Jayne PY is retiring on 23 <sup>rd</sup> December and there is a Secretary advert out at the moment to replace this role.
4.18	GailP also announced she is retiring and leaving end of January. We have interviews planned for this role.
4.19	Max Atkinson has left, being replaced by Lucy Hammett
4.20	Kathryn Wood, HCA, is leaving in February and taking up a wellbeing role in Catterick. We have applicants for her role which is still out to advert.
4.21	Social Prescriber, lady called Karen Andrews will be working 2 days at the surgery working alongside Kate Marriott.
4.22	Jocelyn Mortimer is going on Maternity leave in the new year, we have recruited Claire Young to help support reception while Carolyn Cook moves into Dispensary to help cover Jocelyn's Maternity leave.
4.23	GP Assistant recruitment, we are looking at how we can take pressure of clinicians to focus on the complex clinical care. This role will predominantly take non-clinical admin' off the clinician, e.g., meeting organisation in advance, minutes of these meetings, home blood pressures and averaging these figures, or peak flow figures so that clinicians just have what they need to action. They are like a personal assistant to the clinicians. An experimental role and we

need to find the right person with enthusiasm to make it work. In future we may get the GPA to do chaperoning, or take bloods etc. Role could be full-time or part-time depending on applicants. Key thing is that admin' is taken off the clinicians.

## **5** **Vaccination Programmes**

5.1 Josh updated on the Covid programme that the surgery stopped vaccinating for Covid on 31<sup>st</sup> October and Covid is now being done at the scout hut in Northallerton until 15<sup>th</sup> December, after which it is being de-commissioned. The surgery is still doing flu' vaccinations until stock runs out.

5.2 Successful campaign this year. Admin' was taken away from clinicians vaccinating, helping them to focus on vaccinating patients allowing for more patients to be seen and admin' doing the recording afterwards. This will be carried on next year as well. We will be compressing clinics into September and October, like we did this year, as well as organising and inviting during the Summer period.

## **6** **Services**

6.1 The Practice is continually monitoring care navigation processes and overall practice demand management and is soon to review call handling systems and rotas to ensure the best fit for the demand profile.

6.2 KA advised that 15-minute appointments are now being done, this is due to patients being navigated to other more appropriate services, leaving GP appointment slots for more complicated patient issues which take longer. KA went on to say that Care navigation has helped us achieve this and currently we have appointments available within the next 2 weeks for patients to be booked into. We are ending days with spare appointments which has pushed us to move to 15 min appointments. This started 4<sup>th</sup> December. GPs are not running as late with their appointments. Appointments have not reduced by 50%, more like 20-25%, but is allowing for better, more thorough consultations with patients which is working very well now. This does not mean that we see more than one medical complaint per consultation.

6.3 AG praised the e-consult process as she was able to book an appointment via the Care Co-ordinator who rang them up shortly after the e-consult was submitted.

6.4 GailP advised that the Primary Care Network (PCN) is looking at the Primary Care recovery plan which has resulted in all practices producing telephone data showing how many calls we receive, how long patients are waiting for their calls to be answered and how many calls are being dropped. The data has supported our decision to seek funding from the ICB to install a new iCloud telephone system. GailP

	explained that there are lots of features and benefits on the new systems e.g., call back facility, which would mean that the patient will not need to stay on the line, the system will call them back. This is to help with patient demand and service. It will also provide us with live data which will help us manage staffing levels.	
6.5	GailP explained as part of our PCN work the website is also being reviewed following receipt of a HealthWatch audit that was done on all practice websites. GailP and JPL are working with the website provider to improve the practice website by applying buttons that will bring up an e-consult link which will allow patients to click on to request things like sick notes, test results etc. LE and PH are happy to review the website. Gail is going to share the HealthWatch report with the group for their information. Once all of the changes have been made GailP said she would ask the PPG members to review the website for feedback.	<b>GP/PPG</b>
6.6	GailP asked the PPG group if they could also support the ongoing work that we are doing to improve our services by carrying out secret shopper on the telephones and provide feedback at the next meeting as they have done previously. This will help us improve our patient experience when contacting the practice by telephone. GailP said that patient surveys are also important, JPL explained that there is also a survey that is on the FFT text that is sent 24 hours after an appointment time. - <b>ONGOING</b>	<b>GP/PPG</b>
6.7	SystemOnline, LE asked is there a way to navigate patients to the e-consult system as we no longer allow patients to book through the online system. GailP said that we need to signpost patients. GailP/JPL to look to add a link/button to the website next to SystemOnline to signpost patients to e-consult. JPL advised that if SystemOnline can't be changed, we need to routinely send out a message to remind patients of the e-consult system - <b>ONGOING</b>	
<b><u>7</u></b>	<b><u>PPG Recruitment</u></b>	
7.1	This matter had been resolved within 'Matters Arising from Previous Meeting' at agenda item 4. <b>DISCHARGED</b>	
<b><u>8</u></b>	<b><u>GP Teams Panel Patient Survey shared via Bridget Jones with the PPG group for feedback.</u></b>	
8.1	AG and GS looked at this and wrote back to the study. The study was done in March 2022, then March 2023 was when the results had come out to the public. AG said that it was a very well-run practice and did not reflect the feedback that the study had recorded. The feedback on the study didn't reflect what we are doing at the surgery and all the work that we have done to improve it. Gail praised AG's response to this.	
<b><u>9</u></b>	<b><u>Any Other Business</u></b>	

<p>9.1</p> <p>9.2</p> <p>9.3</p> <p>9.4</p> <p>9.5</p> <p>9.6</p> <p>9.7</p>	<p>PPG Noticeboard discussed; members are to provide details to RC who will forward to Gail for designated receptionist to update the board.</p> <ul style="list-style-type: none"> <li>• To explain what a PPG is and what it stands for.</li> <li>• How frequently we meet.</li> <li>• State that the group is intended to be the voice of the patients.</li> <li>• Potential actions and achievements that the PPG has done.</li> <li>• In future could do patient engagement and signpost to it</li> <li>• "Fact of the month" information</li> <li>• Increase awareness of the PPG and what they do.</li> <li>• Could put a QR code up linking to a survey monkey asking for people to feedback to try to help younger people get involved.</li> </ul> <p>It was raised by RC that there isn't much for children to do when they come into the surgery, it was mentioned that years ago we used to have a small table, chairs and toys for the children, is this something that could be reintroduced? GailP to discuss with Infection Control Nurse.- ON GOING</p> <p>Ken highlighted that it was infection control which pushed us to remove these due to CQC issues. We could look into alternative items that could be put in the waiting area for children to play with that does not create infection control issues and additional cleaning work for reception.</p> <p>It was discussed if there were many patients getting in touch regarding the appointment reminders not being very descript as to whether it is a face to face or telephone appointment.</p> <p>JPL explained that unfortunately, due to the way that this needs to be setup on the appointment system, it would rely heavily on receptionists changing the slot types/ flags to highlight whether it was a face to face or telephone appointment, this would be very difficult to enforce due to pressures of patients calling in and having to move on to the next task. It can't be setup like this from the beginning as we are flexible with what the slot can be used for whether it is patient choice for face to face or telephone as well as it being too restrictive if setup in advance as patients wanting telephone appointments would need to have these as specific times of the day which may not suit.</p> <p>Do we have a problem with "Dr Google"? Should we try to promote the NHSApp/ HealthAtoZ. KA updated that he doesn't have an issue with this, if the patients are willing to have their symptoms taken for a clearer diagnosis. Most people go to good sources when search for symptoms.</p> <p><b><u>Date and Time of Next Meeting</u></b></p> <p>Tuesday, 19 March 2024 at 6.30pm</p>	<p><b>PPG</b></p> <p><b>GailP/JPL</b></p>
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	There being no other business, the meeting was concluded at 8.00pm.	
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