

Manor Park Surgery
Patient Participation Group Meeting Minutes
Tuesday 23rd April 2024

Attendees:

Claire Turnbull (Head of Support Services)

Lucy Jones (Patient Experience Manager)

Fiona Holdsworth (Patient Representative)

Liz Conner (Patient Representative)

Jean Moran (Patient Representative)

Sue Okungbowa (Patient Representative)

Kevin Ritchie (Patient Representative)

Diane Wallace (Patient Representative)

Apologies:

Gloria Bagley

1.	Welcome and introductions CT welcomed everyone to the meeting, and everyone introduced themselves.
2.	Review last meetings minutes Actions completed. <i>Action to add to today's agenda – how can we target a wider audience to attract a more diverse group of patients to attend our meetings?</i>
3.	Ground Rules

	<p>LJ read out the Ground rules and shared printed copies for patient representatives to read.</p> <p>Everyone agreed to the ground rules.</p>
<p>4.</p>	<p>Code Of Conduct & Terms of Reference</p> <p>CT explained that we would have liked to have reviewed these today. However, the ICB have recently updated the PPG toolkit, but we are still waiting for them to update their websites with the updated appendices. Lucy explained that once received, she will share the updated versions when she circulates the agenda for the next meeting so patient representatives can review and sign during the next meeting.</p>
<p>5.</p>	<p>Practice Updates</p> <p>CT explained that we are still recruiting two care navigators. We recently made an offer to a local candidate who had been through the recent Health & Care Partnership GP CN recruitment programme, but she retracted as she was offered a position working in the hospital. It has been hard to recruit over the past few years which has been difficult for everyone and has meant management have had to cover care navigator areas where staffing has been low. We do have some interviews lined up. Job vacancies are advertised on the NHS website and on indeed.</p> <ul style="list-style-type: none"> ➤ A patient representative mentioned that some of the third sector organisations have incentives to encourage candidates to work for them. Things like; flexible working hours, refer a friend scheme, an extra day's holiday, a recognition scheme where you can refer a colleague and they get something small like a box of chocolate. Another patient representative mentioned how other workplaces organise monthly events, such as a breakfast morning. CT advised that an incentive we offer is a good sickness policy and all staff members can access a blue light card. ➤ Another patient representative asked about flexible working options and whether this is something we could offer. CT explained that we could offer a flex working option but that we need to ensure we have that cover and we do require staff to

	<p>work up until half 6 when the surgery closes. We currently don't have the resource to be able to do this given the workload. On discussion of recruitment and how hard it has been to recruit, a patient representative asked if we allow staff to work from home. CT explained that sometimes we allow this, usually for the secretarial team if they are unable to come in to work, as they can do some of their admin duties from home. However, not all our work can be done from home, and we do not have the option to divert the incoming calls to an individual at home.</p> <ul style="list-style-type: none"> ➤ A patient representative asked if we advertise with the Job Centre, CT advised that we tried to do this around 7 years ago and this didn't work. LJ explained we usually also add a post to Facebook but that we haven't done this recently so it was agreed it would be good to do another post sharing the care navigator vacancies. Another patient representative also suggested adding the job post to Pudsey/Bramley Hub Jobs board. <p>CT discussed the new cloud-based telephony we are changing to in May. This will be beneficial for patients as they can call the surgery and request a call back while maintaining their place in the queue. This means patients can choose to do something else instead of waiting on hold for someone to answer their call. The patient will then receive a call back when they reach the top of the queue.</p> <ul style="list-style-type: none"> ➤ A couple of patient representatives said this sounds brilliant but advised we should make it really clear to patients and educate them properly on the call back service, so they are aware that other patients won't move in front of them in the queue once they opt for a call back and end the call.
<p>6.</p>	<p>New Complaints Template</p> <p>LJ & CT talked through the current complaints template that we use which is used for patient comments/feedback, compliments and complaints. We then talked through the new complaints template which we have been reviewing. LJ explained that we like the new complaints template as we feel it breaks down what the patient's complaint is.</p>

LJ asked for patient's feedback and thoughts on the new form and whether we should keep this as a complaints form and have two separate forms or to make the new complaints template suitable for all types of feedback.

- Everyone agreed it would be best to use one form for all types of feedback to avoid having multiple different forms. One patient representative mentioned at first view, the new form looks much better than the current form.
- A patient representative pointed out that the wording on the first question of the form assumes that whoever is filling out the form is making a complaint and suggested that we change the wording to something like "please tell us in one or two sentences what the issue is".
- A patient representative suggested wording the third question better as they feel the question may frustrate patients further. The question at present states "Please can you describe how this issue may have occurred?" perhaps we can change this to "why do you believe this has happened?". It was also discussed that some patients may struggle reading the questions and suggested that we use simple English to make it easier for patients to read and fill out when needed. A patient representative advised that she has a copy of a form she uses at her workplace which has simple English and advised she will email this to us so we can review the wording. Another patient representative suggested reviewing an easy read complaints template that he has seen previously. He advised he will find this out and update us.
- Another suggestion was to change the order of the questions on the form and swap the second question with the third as it leads better.
- Question 4 asks the patient to describe if there is any specific outcome they would like from their feedback. A patient representative suggested amending the wording of this. CT explained that we feel this question is appropriate as different patients want different outcomes, some may want to make a formal complaint where another may just wish for us to share their feedback with the individual or it may be something we can resolve immediately, like a prescription issuing.

	<ul style="list-style-type: none"> ➤ A patient representative suggested removing the small text underneath each question as this could over complicate the form. ➤ The form states “if you are completing the form on behalf of an adult, we require their consent to proceed”. A patient representative queried what age we consider as an adult as it would be good to add this to the form to make it clear. CT advised it would be age 16+. ➤ As questions 2-4 are more relevant for a complaint, another suggestion was to indicate that these questions were for complaints only and to section the questions (e.g. fill out sections a, b, c if it is a complaint). ➤ A patient representative asked if it was possible to use the same form on the practice websites for patients to complete. LJ advised she would need to investigate this option further and speak to our IT manager. ➤ It was agreed the practice email would be added to the form so patients know they can email us their feedback / compliment / complaint if they prefer. <p>LJ will update the new form based on the recommendations discussed. Everyone agreed that the new form would replace the existing version.</p>
<p>7.</p>	<p>How To Attract Other Members</p> <p>CT asked if anyone had any ideas on how we can attract other members to join our PPG to make it more representative. We suggested that we will bring some demographic data to the next PPG meeting.</p> <p>Discussed contacting the schools / sixth forms to attract a wider audience and share the PPG with a career’s teacher at a high school or college in the area to attract younger patients. (Leeds city college, Notre Dame, Priesthorpe, Abbey Grange). This may attract patients who wish to come pursue a career in health and social care.</p> <ul style="list-style-type: none"> ➤ A patient representative mentioned that some patients would prefer to join the PPG meetings virtually. One patient also mentioned that if some patients were joining the meeting virtually and some were meeting face to face, there is a chance it

	<p>may not work as patients attending face to face are really engaged in the meeting and the hybrid patients could get lost in the meeting. CT agreed if we were to do virtual meetings, it would be most suitable to do one face to face then the next meeting virtual and rotate. We can review this as an option.</p> <ul style="list-style-type: none"> ➤ It was mentioned that it could be difficult to target a specific audience. A suggestion was made to add a PPG poster to the walls of the pharmacy inside the surgery and create a display to target under 25's. One patient representative mentioned that the PPG display board in the entrance of the surgery is easy to pass and is not very noticeable which is a shame as it is a good display. We will review the displays and see if there is anywhere more suitable for this.
<p>8.</p>	<p>AOB</p> <ul style="list-style-type: none"> ➤ Councillor Kevin Ritchie mentioned the Army Veteran Friendly Accreditation and asked if we were signed up for this. CT advised the doctors are aware of this and CT & LJ agree it is a great idea. However, CT explained that to sign up for this, we would need a clinical lead who would be required to do some additional work. <p>Suggested Next Meeting Dates – Thursday 18th July & Thursday 7th November</p> <p>LJ advised we will circulate the proposed next meeting dates with these minutes and if there are any other commitments patients can let us know.</p>