

Burton Croft Surgery PPG AGM – THURSDAY 25-01-2024 (Draft Minutes)

Present: Burton Croft Surgery (BC) – Drs C Gibson (CAG) and J Smith (JS), Julie Gulliver (JAG), Chris Marshall, Christ Strangeway, Dr J Smith, Dr C Gibson, Steph Weston, Amanda Hartley (Minute Taker)

PPG – LK (acting chair), CJ, BP-V, RD, PC, DC, JP, YH

LK chaired the meeting and after introductions explained the history and background of PPGs and Burton Croft PPG.

Whilst surgeries have a legal requirement to have a PPG, many PPGs were struggling, (along with the Integrated Care Board.) Lockdown had been a major factor during which time many PPGs incl the BC PPG were dormant. The latest survey by the ICB showed the mixed state of PPGs. LK had tried to make contact with a number of PPGs but many were inactive.

Some GPs do not support PPGs but it was recognised that BC have always supported this PPG and it was felt that PPG involvement is beneficial to BC.

JS acknowledged that it was good to see more faces at this meeting. It was agreed that we did not want this to be a tick box exercise. For it to have meaning the PPG needs to be worthwhile to the patients and also benefit the practice to try to improve the focus of the practice. BC does have a wide range of patients who may have interest in joining the PPG.

It was agreed that:

- There was a need to recruit new members to the PPG by way of asking people to become involved and making the PPG known to the wider community.
- There was a need to keep the continuity of the PPG and endeavour to make it representative of our patients
- What can PPG do for us from a staff prospective?

- We are interested to hear the ideas of the PPG and see what can be put on the table.

It was felt that publicity was required and it was suggested that texts could be used to recruit more members but that may have legal issues. The TVs in the waiting room could be used to start with.

It was agreed that patient a representative at surgery meetings would be beneficial and a good way of getting two way communications with the patient group.

Surgery Issues

JS/CG: The major challenge BC is experiencing at the moment is with landlord. The lift has been out of order for some time awaiting a part to be delivered. There continues to be problems with the car park. We need the lift to run properly and the car park to be efficient in order for our service to run smoothly. The electricity bill is also an issue at the moment the bill has increased dramatically. The landlord is responsible for deciding the figure the tenants pay and is out of their control.

JS said it would be a useful voice getting the PPG involved (other than just that of the surgery.) Suggestions included approaching MPs, contacting the ICB and one PPG member offered to contact a lawyer for guidance. Another member had similar experiences which ended up with newspaper headlines.

CAG suggested that the landlord needed to understand, for example the impact the lift being out of order has on patients. The landlord owns the car park spaces. When we moved into the building BC were told that extra parking spaces could not be provided. Assura (now the landlord) are aware of the danger of the top car park and for patients getting to the surgery safely.

CAG also raised the issue that all tenants within Headingley Medical Centre have different tenancy contracts. They are trying to keep a service running and some of these issues are making that difficult.

LK asked if the surgery has someone look at the contracts. CAG advised that they have and one of the issues was that the contract could have been re-negotiated after a year but wasn't.

JS stated that the lease was woeful on a lot of grounds and very much restricts BC. Holly Bank Surgery has a contract on different terms to BC. JS stated that they had not had a clear answer from the landlord as yet regarding the heating and lighting for Nandos to clarify if BC paid towards this. PPG suggested speaking to Holly Bank Surgery about their contract.

Was BC able to seek independent advice on the issues raised?

JS advised that it could but they didn't have the money to do so and were hoping that the ICB could help. The ICB are interested in helping to solve the problems and they have a bigger voice but if the PPG were involved then it would be even louder and much more noticeable. CAG suggested that if we could get PPG (and patients) on board with feedback from questionnaires then this could be fed back to the ICB, we might get better support from them.

The PPG asked if not paying bills was an option? JAG confirmed that payment of some bills had been held back due to the lack of transparency regarding payments. Until these issues had been clarified they will not be paid. The rent is put up each year by the landlord and as yet the extra had not paid.

The surgery had reached out to Assura and CAG and DM were arranging a meeting with one of the managers. The building is not fit for purpose at the moment and could be improved.

It was agreed that the PPG should support the surgery with these issues and somehow "make a noise". Care needed to be taken on how to escalate things. LK agreed to contact the ICB Director of General Practice for Leeds and CAG will email LK with details of the managers of Assura.

LK said that it was of concern that this issue was distracting the surgery GPs and staff, taking energy and time away from patients and that this should be dealt with as a matter of urgency.

Ideas of ways PPG could help with the current issues facing BC.

- Is Google Analytics being used to see how the BC website was being used? It isn't but is something that could be useful.
- PPG could help with obtaining the experience of patients coming to the practice, parking, how to get upstairs if the lift is out of order, and for example how would a deaf or blind person find accessing the surgery? JS felt that the analytical data is required, and we need to reach out to patients via questionnaires to try and understand that our access barriers are for patients
- GP Survey online is much more detailed than Family and Friends feedback and might be tweaked to suit the surgery.
- Dr Peckham had asked if the flower bed outside the surgery could be made a PPG project to renovate it as a way of highlighting PPG involvement. CJ and RD are gardeners and would be interested in helping.
- **Other issues:**

Whilst the bulk of the meeting was taken up with the landlord issue, limited time was available for the surgery to provide updates on other issues so JAG provided the following update:

- BC has a Practice Nurse starting in March
- Telephones and IT –
 - BC is currently locked into a contract until April for the telephones. It is looking at a new proposal for GP Connect which offers for example a ring back facility and an appointment cancellation facility.

- PPG raised the fact that E Consultation was not available out of hours. SW advised this would not be viable as it would mean we would have too many to deal with the next day.
- Is E Consult being continued? SW advised that BC favour AccuRX . “Drop in” training sessions will also commence on the first Thursday of each month for patient queries with NHS App or online patient access. BC will send out messages to groups of patients advising them.
- Community Mental Health was then discussed. Urgent mental health care is available through the Primary Care Network. Other services were being provided by the PCN and SW said these were displayed in reception and is also on the website.

AOB: LK has agreed to continue as chair for the time being.

Action Points:

- Advertise PPG: Surgery, online and elsewhere. (More suggestions welcome)
- PPG support the surgery re-landlord
- Approach agencies for funding of the garden
- Liaise with the ICB to see if the patient questionnaire could be tweaked but, in any event, gather data on patient experience
- Gather data on how the website is being used.

Date of next meeting: 29 February 1000hrs.