

PPG MEETING 24/04/2024

Present: Sgy-Dr Jonathan Smith, Julie Gulliver, Stephanie, Chris M, Chris S, Amanda H.

PPG: LK (Chair) JP RH CJ RA PC DC

Landlord: The surgery has received advice from the BMA and are awaiting ICB (Integrated Care Board) advice.

Garden: No funding or response from Leeds Council. PPG to chase. **Post meeting update-** Garden wall has been smashed by a lorry & plants have been stolen.

General Practice Improvement Programme (GPIP): JG discussed the 13 week programme which has just come to an end.(23/4/24) This covered many issues from appointments, training, policies, to medicines management. The results will be reviewed by the surgery and action taken eg care navigation/ appointment booking. The PPG enquired about the effect on patients and timescales. JG advised that it would be easier to book appointments and it would affect continuity of care.

On prescriptions JS explained emergency prescriptions are dealt with urgently, however life-long/routine prescriptions could have a realistic timescale of 4 days.

The feedback from the GPIP will be discussed at the next weekly Practice Meeting on 1st May 2024. Liaison with the PPG will be via the existing route between JG and the PPG chair. Once new procedures are in place patients will be advised via sms and on media platforms to keep a balance of what is important to send to patients.

E Consultations: JS discussed incoming E Consultations being triaged by a clinician and receptionist (for admin issues) on a morning and dealt with accordingly. The E Consultation service is only available from 7.30am – 4.30pm Monday to Friday. For patient

safety, it is not available outside these hours. (The surgery is not open 7 days a week.) These specific hours ensure that all contacts can be triaged and dealt with accordingly on the day. LK agreed 7.30am was a good start time, e.g for working people being accessing E Consultation before work but the system did require that patients press “the right options”.

JS said that going online only was not an option as the surgery understands that not everyone has access to the internet or is able/wants to use it.

The PPG felt that the E Consultation service could be improved if it was simplified on the website. SW will look into it, but it was agreed that a subgroup of the PPG could meet at the surgery meeting room to review the website from a patient’s perspective.

Telephone Issues: Survey Connect will start in June (the earliest option). This will provide an altogether better way of accessing the Practice. Training will be provided.

The PPG requested that before the service was completed, they would like to have input in the wording of the designated options available on the system to enable patients to access the most appropriate department.

Communication: It was agreed that once new procedures are in place patients will be advised via sms and on media platforms to keep a balance of what is important to send to patients.

Car Park: The car park is now monitored by remote cameras. Arrivals and departures. Anyone seen walking off site will get a ticket. This information can be put on the website – SW and a poster displayed in reception.

Privacy in Reception: Personal conversations are still being heard by patients in the waiting room. LK mentioned this is still an ongoing issue. JG confirmed this had been raised with Reception team and will be discussed again. There is a sign informing patients of the availability of a private room for such discussions.

Artwork in Corridors: Judy Cain, who is a patient at the Practice, is a local artist and offered to provide and hang prints along the corridors. All artwork is now up.

Groups of patients the PPG could support – eg sight impaired/hearing

JS spoke about targeting selected patient groups to ask if they wanted to take part in meetings with the PPG to better understand their specific experience and needs in e.g accessing the surgery. SW advised that this could be done by interrogating their systems. SW/JS to action.

Carer Registration: JP said most carers don't register. Is there a way the surgery can encourage carers registration? To be reviewed by the surgery.

AOB: RA raised the issue of menopause and the lack of information available for patients. JP suggested that the surgery ran a campaign sending texts at ages 40, 45 and 50 on a rolling basis, with a link to information about the menopause and to let patients know that there is a doctor who specialises in the menopause in the practice. JG said this would be discussed at the next practice meeting and JS will check policies of what can be displayed and policy on leaflets.

Date of Next Meeting

The next meeting will be 26th June 2024 time to be agreed. The subgroup would meet prior to that meeting.