MINUTES

Patient Participation Group, Saffron Group Practice, Saffron Lane, Leicester

Wednesday 21st August 2024

Present: Georgina Lane (Staff-Patient Liaison), Rob Banner, Paul Aldwinckle, Stuart Broughton, Deb Wall (Chair and Minutes) Dr. Amit Rastogi (GP Partner)

Apologies: Sharmane Leeson, Sarah Hall, Sarah Moore

Welcome and Introduction

1 Minutes of the last meeting held on 21st August

The Minutes were approved as an accurate representation of the meeting. Deb Wall had located her notes for 26 June meeting and would put together a set of Minutes on Paul's behalf.

2 Matters Arising from July Meeting

Paul followed up on Good Morning Britain's reporting of the GPs' Industrial Action as a GP 'strike'. This had given GPs a bad press: Dr Hilary Jones didn't support the action whereas Dr Ranj made clear that this action was not a GP 'strike'. Dr Rastogi linked the reference to a 'strike' to the need for a 'news story' by the press. It looked as if the GPs had closed their doors to patients; this was not the case.

The BMA's 'GPs are on our Side' video was posted to PPG members via What's App and Dr Rastogi reported that it had also been shown on Practice waiting room screens.

Sarah Hall's AOB of the July meeting was discussed again and Dr. Rastogi agreed to feed back the issue of prescriptions and costs coming back to practices from hospitals, to the LLR Local Medical Committee.

Paul mentioned a poster seen at the LGH Neurology Outpatient Clinic saying that medicines would not be issued by pharmacists at hospital and that patients should go back to their GP.

3 PPG designed questionnaire for patients

Dr Rastogi addressed the design of a questionnaire for patients and its purpose which is to relook at the national survey and find out what Saffron Patients feel; to see if another survey sent out would provide a more accurate

reflection of their views. There was a need to truly find out what is working well at the Practice for patients and what is in need of improvement. Dr Rastogi suggested asking 5 key questions and letting patients talk in response. There was agreement from the PPG members that questions needed to be quick and simple but also be of sufficient quality to elicit meaningful and useful answers for the Practice. Discussion about the questions to be asked of patients followed, as summarised below.

Have you ever used the Saffron Health website? If so, is it useful and why. What have you used it for?

Can you find the information you need quickly? Is it easy to use? 'Are you aware of' questions eg Are you aware that you can use Accurx? Are you aware of the 'Here to Help' leaflet? If not, ask why not for each item.

To ask of those in the surgery -How did you make your appointment? How easy is it to get an appointment?

Was it difficult to make? If yes, what were the difficulties? What would you prefer?

What do patients really feel about the Saffron Health practice?

Dr Rastogi reported that Patients also have the Friends and Family questions to answer within the Practice, and these get an 80% positive response. Most are happy once they have experienced the service.

Paul asked what the Practice team wanted to get out of the exercise. Dr Rastogi replied that the Practice wanted to know what people feel about the Service they are getting; to come up with a more valid response than the NHS GP Survey. He also reported that the LMC had had a meeting with the CQC on the previous day- 20^{th} August and they had asked whether the CQC will take note of a poor response from a Practice. The survey is seen as national; the CQC's expectation is that the Practice will look at the results and analyse them with staff and the PPG. If it is felt the results do not reflect the Practice, then it is up to the Practice to do something about it; do their own survey. If they don't, there is a possibility the CQC could mark Saffron Health down.

The Practice is trying to be proactive in its approach.

Practices have received funding to promote the digital aspects of their services but there was recognition that this was not appropriate for all. A discussion followed about the patient cohort and how this may be different from other practices' particularly in terms of areas of deprivation and online access. Digitising access for patients might be the right way to go for some people, but it may not be right for Saffron Health's patient cohort.

A draft set of questions could be drawn up and used the first time with patients. A trial was suggested by Dr Rastogi, to run from September to October.

There was a need to consider how many responses are required. 101 responses were received to the National GP Survey, and so it was decided that 250 over 2 months would be reasonable to aim for. There was potential to get 20/30 patients to respond on one day with the Open Day on 11 September.

Dr Rastogi reiterated potential questions:

- 1. If you are here for an appointment, how did you make it?
- 2. How do you like to receive information?

How is it best to communicate with you/ what do you prefer:

By text

The website

Phone call

Letter

Printed Leaflet

In reception and so on

The Practice is trying to look at the time involved in patients accessing services; trying to achieve the right balance.

Text:

Can you remember receiving a text message from Saffron Health practice? Did you act on it?

How useful was it?

Do you understand the information sent?

4 Report from the Chair.

Deb Wall reported that, as the new Chair, she did not know of relevant meetings to attend outside the PPG. She had visited Sarah Hall to get an idea about the content of the Chair's Report and the putting together of the Agenda. Sarah had mentioned the ICB's '5 on Friday' and was providing past examples as well as details of contacts. There was also a PPG Network meeting attended by the Chair.

Since the July PPG meeting little had been done to progress the design of a questionnaire for patients, as a response to disappointing feedback received through the national GP Survey results. However, George had provided the link to a blank copy of the national survey (copies were distributed) and asked SH GPs to provide her with any questions they would like to ask.

George had also provided the link to www.smartsurvey.co.uk, a site used in the NHS and providing survey templates. Further investigation showed that templates cost a minimum of £30 a month following a 'try before you buy' period. This did not seem a viable option for the group.

The Chair also reported that designing a questionnaire fit for purpose would take time and realistically it was unlikely that anything could be produced for 11th September.

George responded that the PPG Network meeting takes place at the NSPCC HQ and there is also a Forum Meeting. Deb Wall will need to know when these are.

George also advised that Agenda and PPG Minutes are kept on file at the Practice and that PPG Minutes are also uploaded to the Saffron Health website.

5 Report from the Surgery

The PPG Open Day would be 11 September 2024 from 10-11.30

Phone calls

Georgina: Of a total 9850 calls into the Practice during the July period, there were 1047 call backs. (Did not Attend) DNA figures were not reported.

SMS to promote the open Day

George mentioned that a message would be sent about the 11th September open day which would require wording. Lined up for attendance were Crimestoppers, ProstAid, Green Gym and the local PSCO, Vince Preston. The PPG designed Leaflet would also be made available. A message was required to say the PPG Members were coming along. Those patients attending would include those who have appointments and those without them.

Appointments and ways of contacting the Practice

There was a short discussion about getting online appointments. 20 are available in the morning (6-8.30) and 20 in the afternoon. The Practice is moving towards opening up for longer too.

1,485 calls came through the script line (open 10.30-3.30) which would have otherwise come through the main number. The Practice is trying to move people off the phones so that those who really need to use them ie don't have access online or use technology, are able to get through.

George explained that patients are sent an SMS on the day of their appointment as a reminder; an automated text is also sent by computer the day before as well.

There followed a discussion about Saffron Health's patient cohort. Some patients are better to phone, but this can be time consuming. Accurx is available for the tech-savvy and removes patients from using the phone lines.

Dr Rastogi differentiated between an appointment for six months of back pain and an appointment required for 2 weeks of a bad cough. There were 'day' appointments and 'some stage' appointments. Routine appointments for a follow up may be made for a few weeks' time.

George explained about the embargo on same day appointments. X amount of on the day appointments are available; then for 3 days time; 5 days and 10 days.

Echocardiograms

Dr Rastogi reported that echocardiograms are to be done at Saffron Health rather than at the Hospital. An ultrasound machine and technician will be available once a month on a Friday for 'any patients; it will make this service much easier for those who are local. There are 12/13 sites set up across Leicestershire, including at Wigston.

Vaccinations

The Autumn vaccination campaign will cover FLiRT 1 the new COVID variant. Flu vaccination training is currently being undertaken. Pharmacists are able to get the vaccinations first as they can order in bulk sooner than GPs.

Use of mobile bus

George reported that childhood immunisation had dropped despite offering appointments and so the Integrated Care Board were approached for a solution. The 'COVID' vaccination bus and a driver had been provided for free as it was the Summer holiday period. An SMS was sent out to patients to attend a Mobile Health Unit on the morning of 20^{th} August in the Iceland carpark. There was concern that attendance at the 'drop in' would be low and so the message was widened beyond child immunisations. Attendance went the opposite way. There was a queue; 85 people were seen and about 30 had to be turned away. There was a lesson here about the text being too vague and covering too much including a "health check". There was no improvement of the childhood vaccination rate through this means.

This pilot was useful, but could not be done on a regular basis. Some booked hooping cough vaccinations and advice was also given out (took 3 nurses and 2 receptionists out of clinics). In future, it may be that the drop in van or Saturday clinic could be used specifically for NHS Health Checks or vaccinations. George reported that the idea of a 'mop up' clinic may work bearing in mind the chaotic lifestyle of some patients.

Group clinics

Dr Sharan's afternoon clinic for women has been operating at Saffron Health since July. Funding has been provided for it to be rolled out to the Primary Care Network, with the service based at SH.

Menopause review requests are also being booked in. Dr McSweeney will do a group consultation with Q&As for 8/9 people over an hour. Other group consultations such as this have been done e.g. Pain Clinic; Long COVID.

6 Social Media Feedback.

There was no report on social media feedback

7 AOB

Paul expressed his frustration with the 'System' and his efforts to not disturb GPs by seeking their direct help. He spoke about his visits to multiple pharmacies (including outside Leicester). One receptionist from a pharmacy outside Leicester, said they would issue antibiotics without examining his health issue. Others asked for payment for products.

Paul was unable to get an appointment despite calling Saffron Health and receiving a call back. He asked to see a doctor as he had had a problem with an infected foot for over 2 weeks. He was asked to ring in every day by the receptionist; he just wanted to get an appointment. Dr Rastogi suggested using Accurx (opens at 8am but can try at 6am) as the on-the-day Dr looks at all messages.

Paul reported that he had tried not to put a strain on the system but demonstrated it had not worked for him when he needed to be seen.

Deb Wall reported that she would feed back on the discussion around questions for patients as soon as possible so that there could be further suggestions and revision to them before 11th September.

8 Date of next meeting

Members agreed on Wednesday 18th September 2024 @ 10:00hrs to 12:00hrs. Stuart is unable to attend on the 11^{th} and 18^{th} September and sends apologies.

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