

Attleborough Surgeries

Patient Participation Group Minutes Tuesday 18th June

Attendance (Initials of Participants Only): MH, JG, DB, IA, LH, HH, GH, JM, LS, SH, CS, LM

Apologies: PW, MK

1. Welcome and Introductions

LM, Practice Manager welcomed everyone to the group. She introduced herself and new members did the same. The group had diverse backgrounds and interests and LM noted the good mix in the group regarding new and long standing patients of the Practice.

2. Agree Draft Terms of Reference

The draft terms of reference (TOR) were discussed and no amendments were suggested; the TOR was therefore adopted by the group. Members agreed that an annual review of the TOR would be good practice.

3. Patient Triage (Practice Manager)

LM gave an overview of the system that is in place to assess patient requests that are received by the Practice and the role of clinicians in this. The introduction of a triage system to the Practice five years ago, was in order to be able to increase capacity and access for patients. The Practice has seen demand almost double in the past five years, which is far in excess of any population expansion, but is a trend seen in primary care across the Country.

Requests that are received each day are categorised as either urgent or routine. Urgent need is deemed to require a response from our Same Day Clinic team on the day and up to 48 hours ahead; the team is made up of GPs, GP Registrars, Nurse Practitioners and Advanced Care Practitioners. All same day requests are reviewed by a GP, sometimes supported by an Advanced Care Practitioner, and the clinician will determine whether the health issue requires a telephone or face to face consultation and also who is the most appropriate

clinician to manage the health issue. Routine requests often include those patients with longer term health problems that can be complex, ongoing and need continuity of approach and while they can include serious health issue, will not automatically need to be dealt with on the day. These are assigned by our experienced reception team for clinical review, which can take place up to 2-3 weeks ahead. Once reviewed by the GP, they will determine the contact arrangements and whether a face to face or phone appointment is needed, usually on the day that the health matter is reviewed by them. Sometimes an SMS text can be sent to update a patient or request that they book a diagnostic appointment, or collect a prescription, etc. saving significant time on an appointment that can then be offered to another patient.

It is necessary for the Practice to switch off on-line access in the morning in order to safely manage demand received, as it becomes unsafe to continue to receive written requests without the capacity to review and manage these in a timely way. At this time the phone lines become the primary source of access for our patients, where each request can be reviewed or signposted to an alternative service.

The group thanked LM for this information item and LM confirmed that she was happy to include a short topic discussion item at each meeting that the group would like covered.

4. Friends and Family Survey Results (Practice Manager)

LM presented the past 12 months of friends and family information including some of the comments also received from patients . This survey requests that patients who have accessed our service rate their experience from very good ←→ very poor or don't know. An average of 430 responses are received each month, with an average satisfaction response rate of 92% confirming their experience was very good or good. The Practice is aware of some of the negative posts from patients on Facebook and always welcomes feedback, but also uses the Friends and Family information as a barometer of the quality of the experience that patients have when accessing our services. This information is published each month on the Attleborough Surgeries website.

5. Q&A

As this was the first meeting, members didn't have any specific questions, but did share some thoughts regarding areas of interest that might be suitable to progress as a PPG, which included a social media presence, setting up a PPG event to gain patient views, patient education and communication and ways in which members could be a conduit between our community and the Practice.

6. Appointment of:

Chairperson – The group felt that they would like time for the group to establish before considering chairmanship. LM confirmed she was happy to manage the agenda and meeting for the next 1 – 2 events, but that it was important that the group was patient led. Healthwatch had produced a very good PPG toolkit, which included the role of the chairperson and secretary that she would send round.

Secretary – LM offered to take on the role of secretary to organise the meeting, agenda and minutes. This was approved by the group.

7. Topics for Next Meeting

To be circulated in advance of the next meeting based on group feedback.

8. Date and Time of Next Meeting

The group agreed that ordinarily they would aim to meet quarterly, but requested that a further meeting was arranged in 1 months time in order that the group could become better established and they could consider some areas to take forward over the coming months. LM agreed to circulate some dates and arrange a second meeting in mid July.