Attleborough Surgeries

Patient Participation Group Minutes Monday 30th September 2024

PPG Chair: DB

Attendance (Initials of Participants Only): GH, JG, MK, SH, LM

Apologies for Absence: IA, JM, LH, MH, PH

1. Apologies for Absence

A number of apologies were received, but members requested to go ahead with the meeting. A few resignations had been received from members since the last meeting, due to a conflict of the time of the meeting and personal commitments; new members will be invited to join the group.

2. Approval of Minutes of the Previous Meeting

These were agreed as a true and accurate record.

3. Practice Flu Days

LM thanked members who had volunteered to support the Practice flu day on 6th November. She will contact individuals separately to confirm the time and their role. Primarily it will be to support people in the queue who may need to be directed to a seat due to mobility issues, helping with the car park (weather dependent), refreshments and promoting the PPG group.

4. Practice Waiting Room Information

LM confirmed that following the PPG audit of the wating rooms, the Practice has developed an action plan for implementation across both sites. The aim is to improve the display and access of patient information currently available in the waiting room areas. The plan will be to use display boards with topics of interest and include the corridor areas so these can be viewed 'at leisure' by patients when visiting the Practice.

5. Practice Based Patient Feedback

DB had attended Queens Square Surgery on 11th September and had spent a few hours carrying out an informal face to face survey with patients who had

attended for an appointment. DB spoke to 7 patients and asked the following six questions, with a summary of responses noted:

1. From past experience how would you rate the Surgery on a scale 1-10 (10 being excellent)

The average score across 7 patients was 7.7, with the range being from 6-10. This was very much in keeping with the Friends and Family survey results collected and published each month.

2. Why do you give this score

No problems and seen regularly Delay sometimes in getting a response following request Lack of specific time given for telephone appointments Mostly good experience Good experience with reception, nurse practitioners and nurses, but would like more access to a GP

- **3.** Have you had any difficulties in the past Responses ranged from no issues to request for better telephone access and getting an appointment.
- How do you normally make contact with the Practice Patients did not always use the same contact method, results: Visit - 2 Phone - 4 On-Line - 3
- 5. What changes would you like to see made

Service back to how it used to be Nothing Additional GPs Quicker response on the phone x 3 responses

6. Do you regularly complete the Friends and Family survey sent to patients after a visit.

3 out of 7 patients had completed in the past.

LM discussed that recruiting and retaining experienced reception staff was a constant challenge as the role required a high level of expertise and training. The Practice was also operating in a very competitive pay environment, with our staff expected to manage high service demand and patient expectations, while experiencing increasing levels of poor patient behaviour and verbal challenge.

6. National Patient Survey – PPG Review of Results and Action Plan

The Practice was asked to respond to some of the high level issues of poor satisfaction from the national patient survey and what action had been taken. LM confirmed that the new cloud based telephone facility was introduced in the spring, which had greater resilience and capacity to manage the call demand and also a call back option for patients when the queue length reached a certain point. Additionally the Practice has changed its on-line provider and linked website. All of the websites that are available for primary care to use are predominantly designed to facilitate on-line patient access core primary care information and the functionality for patients to navigate the website to find general practice information and health promotion can be difficult; LM accepted this feedback but confirmed that the available offers for our website provider is driven nationally and procured by the Central NHS Digital Transformation Team.

LM confirmed that the Practice had recruited Dr Abdelmohsen in August as a full time GP, creating additional capacity. The Practice also now has 3 GP Registrars currently working at the Surgery, who provide all face to face appointments. Service demand continues to increase, while registered patient numbers remain fairly stable. There are many factors impacting on this, but general waiting times and access to secondary care and specialist services across the NHS have a significant impact on primary care workload as we are the backstop when patients are not able to get timely access to specialist services.

LM also confirmed that considerable re-design has gone into our Same Day Clinic service, which is well resourced and supported each day by a GP and a number of Advanced Care Practitioners (ACP). This redesign has resulted in a significant increase in the availability of face to face appointments with ACP clinicians, rather than telephone appointments and all requests are reviewed by a GP, who determines the urgency and most appropriate clinician to manage the health issue notified by a patient. Routine access for non-urgent matters remains a concern and frustration for patients, with waiting times averaging between 2-3 weeks, despite the additional GP and Registrar resource now available.

Agreed that the next meeting would focus attention on an action plan for the PPG to take forward, linked to a few core areas of the National Patient Survey.

7. AOB

LM suggested that at some of the future meetings, an agenda slot could be arranged for different Practice members to attend to support PPG members understanding on some of the Q&A topics raised, including Reception and Dispensary and a GP.

8. Date and Time of Next Meeting

Following notice from a number of members confirming that late Monday afternoon was now a difficult time to meet, LM was asked to send round some options of different times and days for the next meeting, but proposed to be early November. LM on leave 4-8th November, but will action and then confirm next meeting date.