

PATIENT PARTICIPATION GROUP

Meeting, Wednesday 7TH June 2023, 12.30pm

MINUTES

1. **Welcome:** MH welcomed Elizabeth D, secretary taking over from Claire and Ann T, Service Development Manager, Lionwood Surgery and all others attending.
 - a. MH noted that it was National Volunteers Week and as such thanked everyone for their contributions to the work of the PPG.
 - b. **Future meetings.** MH proposed that future meetings would alternate between (1) Business meeting and (2) General Meeting with a presentation for interest and to extend members knowledge of the NHS. It was noted that Lee Brooks, would be attending the next meeting to give a talk on Social Prescribing. Ideas for future presentations would be welcome. A presentation by HealthWatch was suggested and will be added to the list of speakers.

To be noted on future agendas that members can request to attend meetings via Zoom if it is difficult for them to attend in person.
2. **Attendance:**

Patient members: Mike H (Chair), Bob L, Tony P, Tony T,
TMG (Thorpewood Medical Group) Members: Cat D (Acting Practice Manager), Joe B (IT Manager), Claire PS (Secretary); Elizabeth D (Secretary)
In attendance: One Norwich: Sujata VW (Patient Representative); **Lionwood:** Ann T (Observing)

Apologies: Wendy H, Anne J, Cheryl P, Rick S, Jean T, Margaret W.
Jacqueline Romero, Public and Patient Involvement in Research, Project Officer, Research and Evaluation Team (Engagement with local communities – PPG Resource Pack)
3. **Resignation:** Margaret W had tendered her resignation from the group which was accepted with understanding and regret. Margaret had been a member of the group since its formation in 2008 and a vote of thanks was tabled for her considerable and valued contribution to the group over the past 15 years. A letter of thanks to be sent. **Action: MH**
4. **Minutes from the meeting of 19th April, accepted as circulated.**
5. **Matters Arising from the Minutes:**
 - a. **Patient Pathways.** Updated document circulated (MH). This highlighted the great range of access routes for patients to services at the surgery. Through the narrative on the website, the surgery encourages patients to contact the surgery along specific pathways for specific services. The 'online services' button gives access to a number of services which includes repeat prescription requests. Some changes to the website suggested: change the word 'prescriptions' to 'repeat prescriptions' and under 'appointments' indicate that these are for blood tests only (no other appointments are available to book online). **Action: JD.**

When it is deemed the document is complete it was suggested this could be made available to patients with some explanatory narrative.

It was acknowledged that access to some services at the surgery was possible through the NHS App. Although the surgery is not able to make changes to the NHS App, patients using this route to contact the surgery may be directed down a more appropriate pathway by the IT Dept.

- b. **Facebook / Website / PPG Notice Board:** to highlight the request for patients to update personal information.
Action: JD/AJ
- c. **WIC (Walk-In Centre) Consultation Outcome:** A recommendation had been made that the WIC will remain open, however no 'final decision' appears to have been communicated publicly. **Action: MH to circulate to members if /when he hears anything.**
- d. **List of Thorpewood Patient Services:** CD is in the process of compiling a comprehensive list to include signposting for patients with certain conditions, to be put on the website, TV screens in reception and on Facebook as well as the PPG noticeboard. **Action: CD.**
CD highlighted the reason reception staff ask patients for more details about their problem is to enable signposting to the most appropriate NHS service; ie a fall causing a patient unable to walk may indicate a break/fracture which will necessitate an x-ray and therefore the most appropriate service to signpost the patient to would be A&E.
- e. **Patient Survey:** CD reported that the Partners are happy for this to be undertaken. CD and SVW will meet to design a simple questionnaire. PPG members will be contacted to help carry out this in the surgery as they have done previously. **Action CD + SVW**
- f. **Staffing Update:**
A newly qualified GP, Dr Bellamy, will be joining the practice in September. She trained in London and is moving to Norwich in the summer. Locum GPs have been booked for the coming months. Meanwhile, there will be fewer routine appointments available with Dr Hampshire and Dr Ranasinghe as they will be on-call much of the time. Dr Dawson remains on maternity leave until September when she will let us know if / when she plans to return. Jakub Lato (ECP) has broken his foot but is working from home, undertaking telephone consultations. Mel Sharpe, Jane Waters and Callum Metcalf-O'Shea all Advanced Nurse Practitioners continue to be available.
For patients requiring to be seen for follow up appointments with a GP they can be seen by Dr Alice Prior (Salaried GP) or a locum GP.
Elizabeth Downes to replace Claire Penstone-Smith to join the Practice Secretary Team.

6. DNAs (Did Not Attend)

Considerable discussion took place.

- a. Currently at TMG (depending on the type of slot an appointment has been made in) a patient will be sent an SMS to let them know they have not attended. They will also be sent a letter. If they further DNA appointments they will be sent a 2nd and a final letter indicating they may be removed from the surgery list.
- b. Nurses may sometimes call a patient if they have not attended.
- c. Can we call patients to ask the reason why they have DNAd?
- d. Can we boost reminders to help people not to forget?
- e. When sending a reminder by SMS can we include a link to enable patients to cancel their appt if required?
- f. Could there be a quick form on the website patients could complete to cancel appts?
- g. Can we simplify the cancellation process?
- h. Could PPG members phone patients who DNA?
- i. Could latest DNA figures on website be kept updated? Could this include information about sending text reminders and a request for patients to ensure the surgery has an up to date mobile number for them?

SVW mentioned that at another Norwich practice time is set aside at the end of the day for staff to call patients who have DNAd on that day to ask the reason. They have noticed that this has helped to decrease the number of DNAs. Is it possible to find out by what percentage. **Action: SVW.**

How can we help people remember their appointments? Is about how we communicate with them and / or what we communicate?

- a. Keep Facebook / Website / Noticeboard / TV Screens fresh and up to date with current DNA figures. **Action: JB/AJ**
- b. Write appointment on a card – this is usually done by reception staff when appointments are made in person. It seems patients who miss most appointments are those who enter them onto a mobile phone.
- c. Increase the number of text reminders we send.

Action: All. To consider further at next meeting.

7. **Meeting of PPG Chairs**

MH has contacted other PPG Chairs in the Norwich locality and arranged a meeting with them (six in total) on June 28th to exchange ideas. A second person from each PPG will also attend and Bob will join MH at the meeting on the 28th.

8. **PPG Recruitment**

All agreed: optimal number 12 members to gain attendance of 8/9 per meeting; need to interview to gain and insight into a patient's expectations of being a member. Diversity of the group needs to be increased where possible. Suggested ways to gain members: talking to patients during the survey; ask clinicians to consider patients they may see; by personal contact through current members.

Action: All.

The PPG recruitment poster, requested from the ICB remains a work in progress.

9. **Any Other Business**

- a. Patients requiring a medication review are asked to telephone to make an appointment. It was noted that an alternative way to do this is via a template on the website via Econsult.
- b. Reception – in an ideal situation there should be two members of staff on reception but because of staffing issues (annual leave / sickness) this is not always possible. Receptionists know to ask backroom staff to help out if there are queues, but this may be dependent on how busy the telephones are.
- c. Communication from the practice to patients about hospital-initiated prescriptions remains a problem. **Action: CD/MH.**
- d. MH expressed his thanks to CPS for all her work with the group and wished her well in her retirement, which she will be taking before the next meeting.

10. **Date of Next Meeting: Wednesday 19th July at 12.30pm.**

Lee Brooks to give presentation on Social Prescribing.

CD gave her apologies for this meeting but Donna (Finance Officer) would attend in her place

11. **Date of next ICB Patients and Communities Committee Meeting**

Monday 22nd May, 3-5pm. This meeting will take place virtually via MS Teams.

[ICB Meetings and Events - Norfolk and Waveney ICS \(improvinglivesnw.org.uk\)](http://improvinglivesnw.org.uk)