

Minutes of Elgin Clinic PPG Meeting 8.5.2024

Present: John Goldring (JG), Debbie McCarthy (DM), Odeta Pakalnyte (OP), Jonathan Deere (JD), Joyce Salin (JS) Zain Ismail (ZI) Anita McCleod (AM) Tavia Allan (TA) Suzie Wild (SW) Maria Corcuera (MC)

1. Healthwatch report recommendations

DM reported on the visits. Healthwatch visit surgeries to check access and services. On the first visit there were few patients so they returned for a second visit (unannounced). The report is quite favourable, with only four minor recommendations made. 1) Displaying the staff structure with photos. This is not a popular option with the practice staff; moreover, all this information is on website. 2) Clear complaints procedure to be displayed. This is available on the website, staff can explain, and there are leaflets. However, DM will take action to make a poster summarising how to complain. 3) Eye level noticeboards in waiting room. There was consensus in the meeting that the notices are not currently displayed too high. 4) Front door to be automatic. The practice doesn't own the building, and this could be prohibitively expensive. There is an intercom so anyone unable to manage the outer door can buzz for help. DM has given an initial response and said she will respond further after this meeting.

OP reiterated that the practice has the right to respond and asked for PPG contributions.

JG commented he hadn't known there was a bell outside until DM had told him. The door is too heavy, but now he's aware of intercom he will use it. DM says other wheelchair users do use the intercom, and there are always enough staff for someone to assist. **JG** suggested including this in the next newsletter to remind people. JG then asked about the complaints procedure.

DM explained that complaints in writing are much better so that each point can be checked and addressed.

JD agreed that verbal complaints are difficult, and written provides protection for both patient and clinical staff, gives thinking time, and eliminates hearsay disputes. This was generally agreed.

DM said that a 'clear point of contact' was requested i.e. the name of the practice manager. A complaint box was requested but we already have one. Healthwatch visitors didn't ask about the complaints procedure on the day.

2. Charging for non-NHS Work

JD: Until now patients have not been charged by the practice for non-NHS letters such as housing letters or letters for exam extensions. The workload is becoming untenable and the doctors now feel they should charge for them. Other surgeries' charges are a bit high. JD wanted to ask PPG their opinions.

JG agreed in principle with making a charge for these sorts of letters; the only issue would be the level of the charge. JG suggested a lower fee for people on benefits.

JD didn't want to discriminate between those on benefits and not as it would add complexity. The proposal is to charge at a low level (e.g. £10-15) which is affordable but high enough to maybe give pause for thought. It would be a flat charge regardless of length of letters.

JG asked for the opinion of the meeting. **TA**, **JS** and **SW** all agreed on the principle and thought the proposed amount fair. There was some further discussion about exemptions or discounts for those on benefits.

JD pointed out other surgeries charge double what Elgin Clinic is suggesting and it would be best to have a fair price for everyone. **DM** said discounting would involve staff having to 'police' this, which could be very sensitive and difficult. **AM** suggested differentiated charges could cause misunderstandings and a flat charge would be fairer. **ZI** said all surgeries he was aware of charged and none had discounts for people on benefits, and that people on benefits were less likely to ask for these types of NHS letters.

OP asked for clarification of which letters would be charged for. **JD** said everything under NHS services would continue to be free (e.g. sick notes). It would be easy to draw up a list of those letters that would be charged for and this could be published on the website and displayed.

The meeting was unanimous in support of this policy.

3. Introducing Dr Corcuera and Dr Ismail

Both doctors introduced themselves to the meeting. **ZI** works 4 days a week at Elgin. **JD** commented that **ZI** has useful IT skills which have been beneficial to the surgery. **MC** has previously worked in hospitals, especially in orthopaedics, and is now doing 9 sessions a week at Elgin.

JG asked whether the surgery now has the appropriate number of GPs for patients.

JD replied that the practice is now able to offer about 2 sessions a week more than the minimum necessary. The practice is no longer looking after Beechcroft Home which has reduced workload and freed up more time to focus on the surgery.

JG commented that it was very useful to see all the doctors at the meeting.

4. Update from PCN PPG Group

DM has not yet had a response to her query about this, so nothing to report. (No agenda was sent and there has been no feedback). **DM** will keep chasing. The next meeting will be online – they are planned to be twice a year. **DM** will let the PPG know as soon as she hears something.

5. AOB

SW asked on behalf of a client whether it was correct patients now have to pay for vitamins.

JD explained that practices are asked every year to review prescriptions that can be purchased over the counter. The NHS is short of money and people are living longer and needing more drugs, so unnecessary prescriptions have to be reduced.

JG asked if there are financial implications for practices according to what they prescribe.

JD clarified that the practice has to meet targets and money can be 'clawed back' if criteria within the prescribing budget are not met. Targets are now PCN based rather than surgery based, meaning everyone could be penalised for one surgery not meeting criteria.

Next meeting: August 6th Tuesday 1.30pm