

NOTES - JOINT COMMITTEE OF THE PATIENT PARTICIPATION GROUP (PPG) AND  
BEARSTED MEDICAL PRACTICE  
Thursday 1st August 2024 at 1.00pm at the surgery

1. Welcome and introduction

2. Present

Fiona Brown, Chris Dobson, Dr Lisa Dolman, Sarah Harrison, Sue Henderson, Sue Jackson, Goff Norrington (Chair), Derek Stevenson.

3. Apologies

Christine Shade, Bill Shepherd,

4. Minutes from Meeting on 2nd May 2024

The minutes were approved by the chair.

5. Matters Arising from 2nd May

Action 5.1: Goff to continue to update the committee on progress with leaflets. (See agenda item)

Action 5.2: Sue J to work with Sarah to obtain the coffee machine. Goff would then reimburse the practice. Complete.

Action 6.1: Chris to provide a write-up from the PPG's perspective relating to the implementation of AccuRx and provide it to Sarah. Complete. Sarah noted that the submission for the AccuRx implementation award had been made but there had been no feedback to date.

Action 6.2: Chris to include the newsletter on the agenda for the next joint meeting. See agenda item relating to PPG Terms of Reference.

Action 7.1: Sue J to raise (the PPG table) with Sarah. Complete. The table is now in place.

6. Update on Practice matters.

Sarah noted that it is now one year since the implementation of AccuRx and provided some updated figures:

On Monday 22nd May 2023, prior to the implementation there were 341 telephone calls, most of which needed to be triaged and there was a waiting time on the phone of between 20 and 30 minutes.

On Monday 20th May 2024 after implementation there were 216 telephone calls, some of which required triage and 259 on-line triage submissions. The wait time on the phone was 4 minutes.

This demonstrates two very positive aspects of AccuRx implementation - increased availability of appointments and much easier access for patients.

Dr Dolman noted that last week the waiting time for a non-urgent, routine appointment was just 3 days.

There has also been some very positive feedback from patients via the Friends and Family test which selects 100 patients at random each month to request feedback. Last month 93% reported they were pleased with their interaction, 3% were unhappy and 4% neutral. Also the NHS patient survey for January to March reported 91% had a good experience, 100% trusted the clinician who dealt with them and 93% found reception helpful.

Sarah also noted that the Pharmacy team has now cleared the backlog of medicines reviews and the practice was working its way through the blood tests triggered by the review.

Dr Dolman noted that to spread the load of blood test reviews, patients were being moved to their birthday month. This may have resulted in some patients being called for blood tests earlier than they anticipated.

There was further discussion around blood test results and Dr Dolman described the process she uses whereby every blood test is looked at and, where appropriate, comments made. Should she believe action is required, the patient would be contacted but otherwise no news is good news. Patients can still look at their results on line or ring in to obtain them. She noted that at the end of each day the on-call doctor will scan all results to check for anything very urgent prior to the requesting GP looking at them, perhaps the following day.

However some members of the committee believed there may not be a consistent approach amongst the GPs. They knew of examples where a patient has noted abnormal results, contacted the surgery and then been connected with the requesting GP for a consultation.

One member asked for confirmation of the available hours for AccuRx and Sarah noted it was 0800 to 1600hrs. Dr Dolman noted this couldn't be extended because any urgent submissions need to be dealt with on the day which could result in an unacceptably extended working day. She noted that patients had options outside of those hours to ring the surgery if necessary.

The only staff movements noted were one nurse going on maternity leave with another due to return from maternity leave in September.

## 7. PPG Update & Terms of Reference.

At the PPG meeting on 22nd July the committee once more reviewed the terms of reference with a view to establish the actions necessary to continue to meet the Aims. A summary of those discussions is attached to these notes.

Members of the PPG wanted to express their belief about the importance of communications and expressed disappointment that the newsletter had not been produced and that the screen within the waiting area is still blank.

Sarah noted that one individual within the administration team was keen to work with both the website and the display screen and this would begin once the individual had completed their probation. She indicated that screen would definitely be active within 6 months although noted this was at the outside.

The committee were keen to see it in action faster than that since it is a great vehicle for communicating and also makes the waiting area more welcoming.

### **Action 7.1: Sarah to bring the screen to life as soon as practicable.**

It was agreed the PPG would take back ownership of the newsletter. There was discussion about how it might be distributed but, if the practice believe that GDPR presents a challenge to distributing it to all patients, then an alternative should be found. Sarah indicated she would include a link to it on the website and Chris proposed that, once it was published it could be advertised on the community facebook pages.

The priority is to identify the content and it was agreed members should make suggestions.

**Action 7.2: Chris to ask members for suggestions for the next newsletter.**

Also identified in the TOR review was the issue of encouraging patients towards healthy lifestyles. It was agreed that the GP talk at the upcoming AGM should be around healthy lifestyles.

**Action 7.3: Sarah to ask one of the GPs attending the AGM to give a brief presentation on living a healthy lifestyle.**

Finally there was some discussion about the “Digital Front Door” and whether there was a risk of some of the population being left behind in the increasingly digital world. Sarah noted that the practice would definitely not be aggressively pushing digital access and the option of visiting the surgery or ringing in would remain for the foreseeable future.

8. Update on leaflet production

Fiona is updating the leaflet in relation to young peoples’ mental health and Sue Henderson the signposting leaflet. Once updated they will be passed to Goff to arrange printing. Leaflets on the role of the PCN and the role of the Social Prescriber have also been produced by the PCN.

9. Healthy Walking update

Chris noted that one of the walkers returning after a long absence had been over-ambitious in the length of walk she could manage and had to be escorted home by car. A subsequent home visit by one of the walk leaders found the walker had been admitted to hospital. This is being monitored.

In a general discussion about the walks, Chris noted that there are currently sufficient walk leaders to provide individual chaperoning for walkers with particular needs where necessary.

Dr Dolman asked about the length of the walks - about 45 minutes/ 1.25 miles and 75 to 90 minutes/ 2.5 to 3 miles.

Chris noted that only a very small percentage of new walkers arrive after GP recommendations with most coming by word of mouth or the walk advertising. Chris indicated there was no real limit on the numbers they could cope with versus the historical numbers. Weekly numbers range from 25 up to 55 depending on the weather. An increasing number of walkers have switched to the shorter walk as they have aged with the walk!

Dr Dolman thought it would be good to discuss the walk at the regular practice meetings

**Action 9.1 Sarah to include Healthy Walking on the practice meeting agenda.**

10. Finance

Current situation attached. Goff noted a balance of £694 with a likely expenditure on leaflet printing. However there were funds available if the practice needs any special equipment..

11. AOB

The current situation with GP contracts and vote for potential action was discussed but, at the time of the meeting there was no clear message.

## 12. Future meetings

Joint 1st August at 1300hrs.

AGM 2024 5th September. 2024. (Moved from 13th September due to committee absences.)

PPG 21st October at 1100hrs

Joint 7th November at 1300hrs

Attachments:

PPG review of Terms of Reference.

Current financial position.

## Terms of Reference and Role of the PPG

The committee members have reviewed the Terms of Reference ahead of the AGM in September and believe they are still relevant. The four aims of the PPG are:

1. To represent constructively the views of registered patients regarding the service provided by the surgery as a whole.
2. To provide a pathway for communication and promote co-operation between the practice, patients and the wider community for the benefit of all.
3. To work with practice staff and doctors to improve the overall patient experience.
4. To promote the general health and wellbeing of practice patients.

In the recent past we have asked for suggestions from the practice about ways in which we might meet these aims. The only suggestion forthcoming was that the leaflets we have produced can be very valuable in assisting the doctors to advise patients in areas where medical intervention may not be the most appropriate solution. The two main leaflets relating to young people's mental health and more general signposting are currently being reviewed prior to reprinting. Leaflets relating to the role of Social Prescribing and describing the workings of Primary Care Networks have been produced by the PCN and are available on the PPG's new table.

All the PPG committee members believe that one of the most important of the Aims is number 2 relating to communication. There is a number of examples from the past where good communication has helped both the practice and the patients:

- A. The PPG put a great deal of effort through the Virtual Group, community Facebook pages and local networks to communicate the suspension of the walk-in clinic. This was very successful in that no patients arrived at the surgery for the clinic on the first day after its suspension.
- B. The Newsletter has been successful in communicating staff changes and in introducing patients to various aspects of the practice's operations.
- C. The PPG supported the implementation of the triage system by making presentations to a number of local groups and at the same time persuaded the practice of the benefits of producing short videos.
- D. After considerable discussions, the screen within the waiting area was upgraded and began providing valuable updates and information to patients, admittedly only to those who come to the surgery, but perhaps this is the population that is most in need of information.

With regard to A. the PPG will continue to use the Community Facebook pages where appropriate.

With regard to B. the practice did commit to take over the production of the Newsletter with input from the PPG. This would have allowed the Newsletter to be circulated to all patients with email addresses who gave their consent whereas the PPG has a very limited number of email contacts for such communications. This would still be an ideal solution. However at the most recent PPG Committee meeting it was agreed we should take back control of the Newsletter in order to get something published.

With regard to C, the PPG will continue to support the production of regular videos to maintain the contact between doctors and patients. Not only do these videos provide the patients with information but they also enhance the reputation of the practice with its customers.

With regard to D, the PPG committee are very disappointed that the screen within the waiting area is still not being used. So much time and effort went into getting it running before COVID and it seems a real lost opportunity having it sitting blankly on the wall.

The PPG committee believes that addressing some of the communication issues and using all reasonable channels provides the foundation for addressing Aims 1 and 3 from the Terms of Reference.

With regard to Aim 4, we should value discussion about what might be done to try to improve the general health of the practice patients, recognising that a big factor in the huge burden on the NHS is the populations' knowledge, attitude and practices relating to its own health.

Finally with the proposed "Digital Front Door" into NHS services, do we need a more concerted effort to establish how to ensure nobody is left behind, recognising this is not simply a generational issue?



BEARSTED PATIENT PARTICIPATION GROUP
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