**Reach Healthcare**

**Patients Participation Group (PPG)**

6pm on Thursday, 11th January 2024

Lordswood Healthy Living Centre, Sultan Road ME5 8T

**Present**

April – Dep Bus/Fin Manager

Carol T – patient

Daf – patient

Dr. Bijon Sinha – GP partner

Hannah – patient

Jeanette – patient

John – patient

Keith – patient

Lesley – patient

Lin - patient

Neil – patient

Sallyann – Comms. Lead

Sue – patient/Chair

Tina – patient

1. Welcome and introductions.

Prior to introducing the new members, the Chair reminded the group of using discretion, and if requested, confidentiality in communications: the PPG is not for raising personal issues unless it is a wider issue: the PPG always comes from the patient point of view but should treat patients and practice personnel with equal respect: issues requiring responses from the practice should firstly go through the Chair who will know to whom it should be sent.

The group was pleased there are six new members; alphabetically Donna, Jane, Keith, Maxine, Sandra and Tina, although only Keith and Tina were able to attend, and were welcomed. Sue D had left the group, and Ken will be returning.

1. Apologies for absence were received from Adrian, Carol H, Christine, Donna, Dr. Sati Lall, Gill, Jane, Helen, Marion A, Marion R, Martin, Maxine, Ken and Sandra. Several were last minute due to illness.
2. Notes from previous meeting of 12th October 2023 were previously sent, and on website.
3. Actions from previous meeting

Follow up HOPT invitation Not pursuing.

Check sensor Walderslade car park Completed the following week

Equality, Diversity, and Inclusion issues To remain as an action. Dr. Lall/Chair

Update on discussion w/Anima developers re times On Agenda

Check Anima Admin box to remain open during day On Agenda

Update regarding equipment in waiting room New, upgraded Check-in machine at Walderslade.

Draft Patients Newsletter sent to PPG Completed

Distribution of First Newsletter Completed

Produce IDs for volunteers in waiting rooms On Agenda

Arrange dates for training PPG waiting rooms On Agenda

Send NHS England link to members, Access to Records Completed via other options.

Pass on PPG’s appreciation to Ann E Completed

Book room for next meeting Completed.

1. Updates from practice
2. Anima Online Consultation

The members were given a summary graph of demand on Anima for the previous month (weekdays) up to the meeting. During the festive season, the demand went right down. Mondays were the busiest days with up to 190 Anima submissions. Monday 8th January was the busiest day of all with nearly 200 submissions. The group agreed this was very high demand and accepted the need for clinical safety. The average across the month was approximately 160 each weekday morning.

There had been a trial opening later in mornings in December, which had not improved the situation. The practice will be trying other options. There is a very high demand for Anima against the capacity of Duty Doctors to clinically triage. Manual submissions over the telephone from those with no internet have to be included. Also, when patients telephone in to make routine appointments (not ‘same day’) they still needed to be submitted manually.

The group had raised the issue of the admin dialogue box being closed during the day. There is a “cap” on admin box daily, although it was agreed that perhaps a cap was not required because it was admin not for same day. The practice will investigate.

1. Telephone system

The group was shown summary charts for the three months since the previous meeting. Information included inbound telephone calls totalling 28,834 (December’s demand went down in the festive season). The average queue time answered over the three months was five and half minutes. 96% of those calls were patients using the main telephone number.

1. Access to clinicians/stats at the surgeries

There is now a PPG member patient in Balmoral Gardens, so the practice gave answers to some questions about this surgery.

How many of Reach’s patients are registered at Balmoral Gardens? *1800-2000*

How many face-to-face appointments have been given there in the past 6 months?

3*-4 GP sessions per week and 1-3 nursing sessions per week.*

*40-60 GP slots and 16-30 nursing slots. These are average; flu clinics in past 6 months skews data.*

What staff currently are based at Balmoral Gardens?

*GPs, Nurses, PCN Physios and Receptionists, with manager presence monthly.*

How do Balmoral Gardens patients cope if they cannot be seen there?

*They are offered care via telephone consultations or at another site. They also have access to hubs at Rainham*

It would appear it is not fully open there.  Is this temporary?

*Open all day Monday and every weekday morning.*

The practice shared with the PPG that Reach Healthcare is in early exploratory talks to merge with another practice, Medway Medical Centre, mentioning two specific surgeries in Gillingham; and want to get patient views. There were a number of questions raised, relating to the reasons why, the benefits or otherwise to GPs, the benefits or otherwise to Reach Healthcare, patients, together with practical issues including around the Primary Care Network’s additional roles, and about GP to patient population numbers.

As there were questions with no answers yet (talks being at exploratory stage) it was agreed to hold a one-off meeting with the PPG, possibly in late February.

1. New services from

*Reach Healthcare*

There is to be an Ambulatory Twenty-four-hour Blood Pressure service going live. Patients will manage their blood pressure at home with a practice owned machine for twenty-four hours for more accurate results. There will be one machine for each site.

PCN which impacts for Reach patients

Medway South Primary Care Network (PCN) of which Reach Healthcare is part, has some new services going or gone live.

OMRON is a Hypertension App. Patients in this service will have the app to measure their blood pressure; the results will go straight to the appropriate doctor. This will allow patients to be treated more quickly and improve outcomes.

Prostate Cancer service. For the over forty-year-old males, or adult males from Afro-Caribbean heritage of any age, invited to the service for a one-stop-shop for various tests to identify and treat potential problems early.

A menopause and HRT Clinic

A Well-leg Clinic. Patients who attend with potential leg issues can be referred promptly by clinicians to this clinic as a prevention and treatment clinic.

Spirometer Clinic. For patients with respiratory issues i.e., asthma for more prompt care and treatment.,

Contraception and Coil Clinic. This service is based in Strood, but this PCN’s patients can use.

National new Service

A national new service called Pharmacy First, will launch on 31st January 2024. Community Pharmacies with prescribing pharmacists will be able to prescribe in seven common conditions. It will include a walk in/self-referral service.

* Uncomplicated Urinary tract infections in females
* Shingles
* Impetigo
* Infected insect bites
* Acute sore throats
* Acute sinusitis
* Acute ear infections.

The prescribing pharmacist will inform the patient’s GP electronically of the treatment and alert if they were unable to help or it needs a GP investigation. The prescribing pharmacist would also be able to signpost to another service if relevant.

Members felt this would, if used properly, take pressure off clinicians, and would mean that GPs would be able to concentrate on the more serious conditions.

Agreed this would be an important article for the next Patients Newsletter with the names of the local pharmacies who are included in the scheme.

1. Communications Sub-Group

Members of this sub-group are Sue, Carol T, Lin, Carol H. Daf, Helen, Marion R. Lesley and Jeanette.

The Chair indicated that if other members wished to join, please contact her. They had communicated with each other and met with the practice to discuss the contents of the Patients newsletters. Since the previous meeting, Sallyann had produced the Autumn edition and the Winter edition. They contained articles of interest to local patients and sent out to patients via text links which many patients receive. Additionally on social media platforms. For those with no internet access there had been copies printed out in receptions.

It was noted by a member who had visited a reception that the newsletters were lying down and patients may well not have even seen them and asked whether they could lean on a stand somewhere in full view of patients. There was also the continuing issue of patients with no access to text messages who also had no reason to visit the surgeries. The practice was restricted where it could advertise.

* 1. Autumn and Winter Patients Newsletters. See above paragraph. Agenda 6.

The feedback from the group was very positive and thanked Sallyann. It was agreed that the sub-group meet up with Sallyann in late February to create the content for the Spring Newsletter in early April.

1. PPG Members assisting in waiting rooms.
   1. Specific reasons (Anima, Events)

There had been dissatisfaction among volunteers who had wasted their time organising, attending, or offering to attend for training to help patients register with Anima. There had been no follow-up explanation or acknowledgement. Members accepted there was no intention to disregard volunteers, but the practice was requested to communicate with the PPG in such circumstances. It was agreed that after nine months of Anima there had been no obvious need for the project, and it was shelved for the present.

* 1. Posters in waiting rooms

It was suggested that some PPG members should visit the waiting rooms to liaise with staff who manage the notice boards and posters: to give a patient view of the various posters on walls. It was noted particularly at Walderslade there was not much space for patient-related posters because of the number of Reach Legal/official notices on the long wall, and the fact that patients sit against the walls and will have their personal space invaded.

In addition to posters, the group discussed the feasibility of other ways to promote services and communicate with patients visually, e.g., television on a loop or LED notices with positive focus. There was another query on why patients cannot be sent emails from the practice, particularly as some patients do not have smartphones but do use email and it could be simpler nowadays to transfer patient information electronically within the system. The practice said it would investigate this.

* 1. Vaccine clinics – Feedback from practice and from volunteers

Staff from the practice felt the help from PPG volunteers at the Flu clinics in late autumn had been invaluable. The volunteers also said it had gone well and had felt useful.

1. Meetings attended by PPG members (unless already shared online) since the previous meeting.

The Chair attends KCC Adult Social Care People’s Panel. The group gives the views/insights/co-produces if appropriate, as citizens on potential new strategies, service, consultations. A proportion of Reach patients come under KCC Social Care (Maidstone or Tonbridge &Malling BCs). It is useful for this group for any health/social care links.

PPG Champions Group online, across England. Hosted by NHS England. Learning about good practice (and the frustrations) that can exist between the new Integrated Care Boards and the value placed on PPGs generally. It re-enforces that PPGs should be treated as an asset as the entity which represents all patients in communities, not just groups with specialist needs. There are complex reasons why interaction is patchy across the country. The next meeting will include a Care Quality Commission officer to talk abouts its responsibilities regarding PPG involvement/ GP practices.

A new group (Community Reference) was created recently across Medway & Swale, supporting community groups but potentially replacing real support for PPG Chairs. Because of the need for such support continuing, an informal meeting will be held to address this with the local healthcare partnership and hopefully find a way forward.

Medway South Primary Care Network (PCN) PPG. Due to Protected Learning Times clashing, and the festive season, there have been gaps in the meeting dates. Next one is in February.

1. Any other business

* John had created a QR code for patients to link directly to the practice website. This will save time and effort especially for patients who do not understand apps. There could even be more than the website QR code to link to other websites the practice may wish. There was a discussion about the potential for this. A new website is still to be created and the practice will then link with John.
* Hannah raised the issue of national shortage of certain prescriptions, where there was no alternative or at any local pharmacies, particularly when a patient is prescribed by a consultant and not the GP. The cause and effect were not directly within the practice’s remit, but information on these issues will be sought from the practice Pharmacist.
* Jeanette asked why there was disparity in the responses by staff when requesting blood test forms when Anima is closed. The practice will investigate this.
* Sue/Chair asked when the Complaints and Comments leaflet had last been updated? The response was last summer. The issue was raised because the PPG should know how to respond when patients ask how they can complain. Especially on social media when a patient may be frustrated and lash out, which sparks other comments. The PPG was alerted to the ways patients can complain which includes writing to the practice, speaking to the practice face to face or on the telephone, or by the feedback email as follows:

*A complaint can be made verbally or in writing. A complaints form is available from reception. Additionally, you can email us on* [*kmicb.feedback.reachhealthcare@nhs.net*](mailto:kmicb.feedback.reachhealthcare@nhs.net)

That is the wording PPG members can quote if necessary.The paragraph is just a part of the leaflet which gives other avenue for complaints.

The Chair asked why the leaflet itself was not on the website and why should patients who might be angry, upset (rightly or wrongly), potentially unwell, have to make a journey to a surgery for a form to find out their options? This is not patient centred. The practice will investigate this.

The Chair requested that the next time it needs updating, it would be a positive to include the communications sub-group to look at it from the patient view*.* This was agreed.

1. Date for next meeting.

**Thursday 11th April 2024 at 6pm** at Lordswood Healthy Living Centre, upstairs. Unless otherwise stated in good time.

ACTION LOG

Equality, Diversity and Inclusion issues Dr. Lall/Chair

Look into Admin Anima box being kept open Man Team.

Organise a one-off meeting re possible practice merger Man Team/Chair

Organise meeting Comms sub-group and practice staff

for both newsletter and posters in waiting rooms Chair

Investigate why emails cannot be sent en masse to patients Man Team

Alert John when work on website is in force Man Team

Speak to Pharmacist about information on national shortages Dr. Sinha

Speak to reception staff about disparity of information re

blood test forms when Anima is closed. Dr. Sinha

Look at embedding the complaints leaflet on to the website Man Team