**Patient Participation Group Meeting**

4th December 2023

10am at Brooklea Health

Attendees: Mike Hodder / Gordon Owen / Coel Pullin / Debra Spencer

**Agenda**

1. Practice Update
   1. Staffing – update on change in staffing inc more GPs, an Advanced Nurse Practitioner to support same day urgent needs and and extra nurses hours. PPG advised of revised staffing levels throughout and current absence challenges.
   2. Building – discussed re new builds and impact on community and access. Shared detail on Archus building priority survey and that aim for a new building is ongoing. Expect update next PPG Meeting
   3. Resource – Update on PCN and staffing given including prescribing hub responsibilities/protocols and challenges to resource care home visiting teams with paramedics/ANPs
   4. Extended hours – we shared how we currently manage our extended hours – nurse team in the morning and GPs 1 evening each week (sometimes more). We explained how when we work late we add in extra surgeries to reflect the additional evening calls and these are routine appointments which then don not have to wait to be booked by a patient. The PPG advised that patients receiving care is the priority and when and how this is done/recorded is not important as long as the calls are being made.
2. Continuity of Care Strategy – we shared the strategy for increased follow up slots, double appointments and “on the day continuity slots”. We explained how this will initially appear to reduce routine capacity but with the improvement in patient continuity of care it should free up more routine appointments where a patient is not flitting between different doctors and having to repeat their history and form a relationship. We discussed how capacity is greatly affected by long hospital wait times meaning that patient risk is held in the practice.
3. AOB / Next Steps – AOB below. Also agreed to put PPG lead from Priory surgery in contact so they can discuss how other PPGs work. Agreed format of meeting today is preferred and to arrange in January.

**Telephone Consultations**

Time of a call – can it be narrowed down?

Good discussion held.

Pros and cons to a narrower window for a call. Explained that although our policy is to only make 2 phone attempts, we do try and call more to avoid a callback. The effect of this is that the window is larger. That said we can look at if we can narrow it where phone calls are at different times of the day for different GPs.

We believe we can create additional slot types to link in to MJog,and will trial this and keep PPG members updated.

**Text Messages**

Discussed aligning the text message to the appointment type to reflect the above to ensure the txt message is reflecting the appointment type correctly. We acknowledge will not be perfect as NHS app will always pick up the time an appointment starts rather than a time period. All those present accept the system limitations.

**Telephones**

Call queueing info. Does not tell you your new position as they wait. We all agreed it would be reasonable to expect to be told your queuing position as it improves.

Also, can we remove the man giving his message so frequently.

Update phone message to reflect the call back will be today.

Req different music – not sure if we can but we will ask ☺

Happy for callback to be reduced and unavailable from 12.30-1pm and 6-6.30pm allowing for the reception team to clear waiting calls before lunch and closing. All acknowledge the risk associated with patients not having time to be dealt with. Practical solution. PPG

**Urgent versus Routine**

How do staff explain to patients when what they have called about is not urgent for the day?

Digital Triage Tool is used by reception and a new template is filled in and patients are advised the triage tool is signed off by the clinical partners.

**Reception Feedback**

Quality has improved considerably. Really cheerful and empathetic.