PATIENT PARTITIPATION GROUP

**Notes of meeting held on Thursday 21st March 2024 at Cradley Surgery at 1pm**

Present: Dr Peter Clegg (Partner), Mrs Kirsten Jonathan (Practice Manager), Mrs Stella Oakey (Secretary), Patients: Cherine Thetford, Judith Aldridge, Ann Carver, Roger Jones, Lee Richmond, Angela Thompson, Jill Nicklin

1 Apologies for absence:

AH, AS, EW, KH and SV.

2. Introduction of all attendees

3. Approval and adoption of pre-circulated minutes (not relevant for this meeting)

4. Discussion re the Terms of Reference – adoption of entirety or changes to be made.

The draft Terms of Reference for the Patient Participation Group were handed out by KJ for everyone to take away with them to read at home for approval or suggested changes.

KJ said there had not been a meeting for the last 6 years, due in part to Covid, but the plan now was for at least 2 meetings, hopefully 4, per year. They do not need to be all face to face meetings. Communication can be via video calls, emails etc.

KJ said she had named the Group Cradley Surgery Friends but the name was open for change. She asked the group to let her know if there was anyone else anyone wanted to invite to join and she would put them on the list.

LR suggested that for demographic reasons the meetings may need to be a different time of day. This was agreed by all.

KJ informed the meeting that the PPG has been described in the Newsletter and on the Website but perhaps not in the best descriptive way. The principal is for the surgery to give patient members information and for this to be fed back to the community as well as to receive ideas and information from patient members. KJ said the group’s purpose was to always strive to do what is best for patient care.

KJ agreed that there was a challenge to get NHS or surgery information ‘out there’. Not everyone logged onto the website regularly, not everyone read the newsletter or knew it existed. It was suggested that perhaps a ‘one way’ Facebook page could be created – where information can be put up but not necessarily allowing anyone to air grievances on there, she would prefer they come to the surgery, but it would be a way of getting information out. KJ explained that whilst it was not possible to answer/send emails on a daily or even weekly basis it might be possible to pass this on to others to help. It was also suggested a well-informed poster be put up in the waiting room, with some posters taken down so as not to overcrowd the information on the poster boards. Leaflet dropping was suggested but KJ said this was not allowed as it could be seen to be touting for business.

LR reported that he was surprised a lot of people did not now about the NHS APP and perhaps a poster should also be put up to explain that. KJ said she had known of a PPG group who had invited patients to attend an NHS APP training session where someone could set it up on their phones and explain how to use it. It was also agreed that something be put on the New Patient Questionnaire to promote the NHS App.

The topic was also raised regarding a Cradley Surgery Facebook page, this is something the surgery has previously looked into and discussed and will depend on the logistics of the page and how we can monitor it with staff roles etc. The page would purely be to help communicate important information from the Surgery and would be a one way communication tool without ability for comment as a way of the surgery being able to communicate quickly to patients about upcoming events or any changes. As well as our website and the NHS App, which most patients navigate well. It has been noted also that those patients who are not on social media or have access to the internet can still look at local parish notice boards or the Surgery newsletter.

KJ reported that the surgery were in the process of arranging for a new website to be built, hopefully up and running by autumn. More information will be able to be posted to this website.

5. Items that came up for discussion:

* Patient capacity
* Fund raising
* Progression for group
* Surgery specifics

KJ reported the surgery had just under 4000 patients now, up by 500+ in the last 10 years and there were more new houses being built within the surgery’s catchment area.

LR asked if there was a limit on how many patients the surgery could take. PC said there was a guidance but Cradley was not hitting the maximum yet. He thought it was around the 4000/gp mark.

KJ reported that there was a Primary Care Network Group – where surgeries work together but this was not always useful as some were much larger than Cradley, so it is at times like comparing apples to pears. She said the surgeries are individual businesses but all work differently. However the 4 practices Cradley work with all want patients’ interests to come first. Cradley being a rather small surgery has merits in that quick reactions can be taken to action things, pass on messages, change processes etc.

PC explained that the NHS, after Covid, required surgeries to change all of their consultations to ‘on line’, hence the reason you hear of people saying they can’t get a face to face appointment at their surgery. However, Cradley declined this and currently offer some routine face to face appointments as well as on line availability which includes phone, apps, etc. and the NHS were happy with that. He said the current wait for a routine face to face appointment can be up to 3.5weeks which, he said, is not at all desirable and work is being done to reduce this wait. KJ reported that Last January there were 60 online consultations, this January there were 600. Face to face consultations were 6 times more than last year.

KJ informed the meeting that the Receptionists are highly trained for triage and their job was to point the patient to the best person for their need. If, for example, the query from the patient is a pharmacy one, then the Pharmacist would be the best person to deal with it rather than a GP.

JA/AC asked if there was anything she could help with fundraising for currently. PC thanked her and expressed the gratitude for all the donations people have given the surgery. However the surgery needs recurring monies into the practice to be able to pay for more staff. He said they had applied to do some training roles, which may bring in some income. Funds raised by the community have to go to something the NHS don’t provide, i.e a project. KJ said she would welcome any suggestions for a project.

PC said there was money to be given from the housing companies for the new houses but the process to get the money was complex. You have to have a definitive plan and costings for that plan in place before you apply. You can only then apply when the first person moves in to a house on the new estate. Surgeries are not informed when to apply, but literally have to see when someone is living in the new estate in order to apply. The plan currently is for a temporary building in the back garden for administration. Other funds to extend the building permanently have to come from Central NHS England.

KJ asked the group, what people thought was best to do, going forward. It was suggested that when the surgery needed to put across information, that could be via email, text, website. For collective ideas to be discussed there needed to be face to face meetings or “Teams” type meetings – preferably outside work hours. AT suggested someone may go to another practice and see how they conduct their PPG. KJ thought a separate Chair would be ideal, not necessarily from the surgery but she was happy to do the chair for now. It was agreed the next meeting to be held At The Legion, which would hopefully be free for the first meeting. KJ to investigate this

KJ said Cradley Surgery had been voted best surgery in Herefordshire for the last 3 years running. PC said their first year (last year) of the new partnership had been a very big learning curve and had been pretty tough but they hoped they had a lot of things now sorted for this year.

A question was asked about boundaries and how ridged the surgery were to these. PC said historically the surgery had not been so ridged but now they take on each case to see if there is a good reason to stay registered when moving out of area. Often it is better for the patient and patient needs to move to a surgery closer to them.

A question was asked what hours each partner doctor does. PC said both he and Dr Spruce do 3 days in the surgery each plus hours working from home. The rotas will be put up on the new website.

All patients present said how good they thought the surgery was and thanked the staff for their care and attention to their patients. AT asked if she could take the large flower pot by the front door and plant with geraniums and to look after it thereafter. This was gratefully agreed by KJ.

Actions to be taken:

* Adopt or make changes to The Terms of Reference for the PPG - **All**
* Agree on the Name of the Group -**All**
* Look into Facebook Page -**KJ**
* Look into posters/information on New Patient Questionnaire re NHS APP- **KJ**
* Ideas for a project for community members to fund raise for if they so wished- **All**
* Decision to go to another PPG and if so who – **All**
* Decision for who to Chair meetings- **All**
* Book room at The Legion for future meeting- **KJ**