

**Minutes of Wetmore Road Surgery
Patient Participation Group Meeting
Virtual Meeting via Zoom
Wednesday 22nd November 2023**

Present: Patients Ian N (chair), Sarah C (secretary), Rob M, Bernard P, Aileen A, Caroline H, Mike P, Graham L, Ian R

Practice Staff x3 Amy Carter, Rob Paton, Dr Turfrey

Apologies: Gill R, Beryl W

<u>Agenda Items</u>	<u>Action</u>
<p>SC hosted the meeting. IN chaired the meeting.</p> <p>The meeting started with a few moments reflection on the service given to the PPG by the late Gill H.</p> <p><u>Practice Update</u> This had been emailed out prior to the meeting. Net increase of 37 patients taking the total to 12288.</p> <p><u>Staffing</u> A question was asked regarding the impact of a member of the nursing team leaving. AC replied that regardless how long it takes to replace a member of staff, patients miss the relationship they have built up with a nurse. If a replacement member of staff isn't appointed in a timely manner there will be an impact on patient service. Recruitment is an ongoing issue but there are applicants for the post and shortlisting will be happening in the near future.</p> <p><u>Phones</u> There have been delays to the installation of the new phone system as there are issues with the software. The HIS team from the NHS have to sign off the new system and they are liaising with the provider of this to resolve the problems that have come to light.</p> <p><u>Vaccinations</u> There has been a bigger uptake of Covid vaccinations than flu vaccinations this autumn. The annual campaign started earlier than normal and so they are ahead of where they have been in previous years. There has been lower uptake in the under 65s demographic. IN noted that we need to celebrate the success of the PCN wide approach alongside BACT. DT reported that the nurses from Wetmore Rd have been identified as deserving special recognition for going above and beyond in their contribution to this.</p> <p><u>Friends and Family Feedback</u> There was an overview of the feedback included in the Practice Update. AC explained that after any face to face or telephone appointment a patient is sent a text with a link to give feedback via the Friends & Family (F&F) Test. These are collated on a monthly basis and the basic results displayed in the surgery and on the website. Patients are asked to rate their experience as Very good, Good, Neither good nor poor, Poor, Very Poor or Don't Know</p>	

This can be completed via a text link, online or a patient can ask for a paper copy at reception and all responses are anonymous.

Patients are also asked why they selected the response they chose and whether they would like to make any other comments.

Of the 340 responses in October 258 were Very Good, 59 Good, 13 Neither Good nor Poor, 13 Poor and 6 Very Poor.

AC had looked at the themes in the feedback and for the purposes of this meeting identified recurring common themes when there had been negative comments. These related to the phone lines – both getting through and the time taken to answer, delays in the waiting room when coming in for Face to Face appointments.

RM noted that to get such a high level of positive response is to be celebrated as often people only complete feedback when they have something to complain about.

IN asked how many appointments had been conducted to give an indication of the response rate? He suggested that digging into this data would enable the PPG to identify some Key Performance Indicators going forward and be a tool for comparing Wetmore Rd with other practices.

RP responded that there is a 10-15% response rate. The appointments that trigger an invitation are when patients have had a consultation with a nurse, ANP or GP. In his opinion this is quite a high response rate compared with other practices. RP also explained that some patients have opted out of receiving texts or do not have smart phones and this reduces the number of patients invited to participate by about 10%. He also reported that patients are less likely to respond when they have multiple appointments as it becomes repetitive. There is an annual national patient survey and the response rate to that is very low.

IN asked how “Good” is quantified? RP acknowledged is subjective and a blunt instrument.

It appears that patients who have been registered at Wetmore Rd for a long time are inclined to report lower levels of satisfaction than those who have recently registered at the practice and are comparing levels of service with their previous practice.

IR asked for more information about the F&F test as it wasn't something he had previously heard of.

RP explained it has evolved over time having been running for many years but paused during Covid. It is called “Friends & Family test” as initially the question was “On the basis of your most recent appointment, how likely are you to recommend the surgery to friends or family?” It was reintroduced around April/May 2023 to survey patients' perceptions of the service they received. It is sent out the day after a patient had a consultation, unless a patient has opted out.

GL raised the issue of scam messages and people being warned not to click on links in texts etc and so there could be many people unsure whether this is genuine or not. RP acknowledged this is the reality of the world we live in.

IR asked whether asking people's opinion too often could mean invitations are ignored?

CH asked whether sending the invitations periodically rather than so soon after an appointment would give patients chance to reflect on the whole service they have received rather than focus just on one interaction?

RP responded that it is important people respond while the experience is fresh in their mind. The responses are checked at least weekly and this enables them to identify underlying causes of complaints and recall what the circumstances were on the day in question to see what other factors may have fed into service on the day. This enables changes to be made quickly. For example, with the increase in Face to Face appointments there are more occasions when patients are experiencing lengthy delays in the waiting room. It was quickly identified that because this hadn't been an issue during Covid reception staff had forgotten they needed to make patients aware if a clinician is running more than about 20 minutes behind time. Identifying this quickly has allowed the problem to be nipped in the bud and resolved.

There is a contractual format to the F&F test. Having all 18 practices in the PCN using the same format allows for benchmarking across the PCN.

CH commented that people like to complain and so it is even better that there are so many positive comments.

SC suggested that in the next practice newsletter it would be good to have an article both explaining the F&F test and also acknowledging some of the issues raised and how these had been addressed. RP & AC agreed this was something that could be actioned.

IN asked what the PPG wanted to do next? Was there a need for a wider patient survey? How can the data from the F&F test be used by the PPG? It was agreed that there is scope to dig into this further and requested that a report from the F&F test be included in the practice update. There is no point doing a separate survey at this point without exploring the feedback from the existing mechanism. However, this could be reviewed in around 6 months to see if there is any merit in surveying patients who, for whatever reason, haven't had a consultation but are using GP services in other ways, or the barriers that are preventing them accessing services.

AC is collating information for a demand/capacity audit and it was requested that this be share in the next practice update.

BP raised a question about the service provided by pharmacists attached to Wetmore Rd. AC explained that there are currently 2 pharmacists and a pharmacy assistant who does more of the admin side of their work. They have a really positive impact by carrying out many of the medication reviews, warfarin monitoring and other follow up work. BP asked whether a patient can contact the pharmacist directly and AC responded this can be facilitated if it is medication specific. There was some shared patient experience of the pharmacist being very proactive and holistic in their care.

Online Services

IN shared his experience of trying to get access to the online services. He had found it a struggle but considered that once it was up and running it was very informative.

AC and RP had met with the practice IT lead to ensure they were sharing the latest information. Registration for Patient Access is done via the surgery. Initially you activate Basic Access, there is a higher level of security needed to apply for enhanced access which included being able to see your medical records.

RP/AC

Dr T

IR had been deterred from registering by needing a letter from the surgery. GL had initially accessed the limited version of Patient Access and then enquired about registered for full access. This involved taking photo ID and proof of address to the surgery and felt it was quite quick for this to be processed in about 10 days.

There is also the NHS app which offers similar information but included information from previous surgery records.

GL reported he had been well supported by the IT Lead during the registration process. PPG members suggested that as it would reduce workload is patients could access their own test results online whether it should be more widely promoted? AC reported there it is taking up a considerable amount of time addressing queries patients raise when they review their records. DT went on to explain that when a patient requests enhanced access their named GP has to review this request to ensure there are no safeguarding concerns and also, whether a patient has capacity to make the choose to have online access. IN asked whether a patient is told if they are deemed vulnerable and whether they were able to appeal if they felt they were unfairly denied access – it was confirmed they can.

AC explained that all the forms necessary to create an account are available on the practice website. She also explained that the apps are being updated and records from 2023 onwards allow for free text comments as opposed to historic records that are just coded.

SC asked why there are 2 apps and whether there is merit in having duplicates? AC explained that the NHS is a broader app and changing all the time. The practice IT Lead has been in many meetings to keep up with it all. The NHS has more to be recommended and generates less work for the practice and so this is the one receptionists promote.

IN asked about the previous targets that had been set for the percentage of patients a practice was expected to have enrolled for online access? AC wasn't sure if this was still current.

GL queried the app stating "Your practice does not support access to this information" when in reality the patient just needs to register for access to the wider service. While this isn't something that Wetmore Rd have any control over it was suggested this could be fed back to the developers.

AOB

IN asked whether any members had experienced the new telephone system operating at Peak Pharmacy with a number of options to select before the call is answered and which he had heard was causing delays. One member had heard of someone having to call over 180 times before they were able to get through. That was the only feedback. IN was still talking to the pharmacist about attending a PPG meeting but as yet the invitation had not been taken up

BP asked for it to be noted, that as a local county councillor the practice was recognised for working well with the PPG. RP and AC's commitment to the PPG was outstanding. IN added how much the group appreciate Dr T's attendance and participation. It was asked that these positive comments be fed back to the practice.

Date of next meeting

24 January 2024 5.30pm via Zoom

AGM 20 March 2024 5.30pm via Zoom. IN reminded members that both he and SC would be stepping down from their roles at the AGM and so others need to put themselves forward to fill these positions.

Agenda item suggestions are welcomed and should be sent to SC in advance to be included.