

WALKDEN AND LH PCN

PATIENT PARTICIPATION GROUP MEETING

The aim of the PCN PPG is to work together to improve access to services across the community.

DATE	12.12.23	TIME	11am	CHAIR	D & H
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PPG MEMBERS			
D – The Gill	H – Ellenbrook MC	ME – Walkden Medical Centre	G – The Orchards
M – The Limes	E – Walkden Medical Centre	J – Walkden Medical Centre	S – Cleggs Lane
JN – Walkden Medical Centre	EP – Ellenbrook Medical Practice	K – The Limes	J – The Gill

AGENDA

TIME	ITEM	OWNER
11am	Attendance sheet sign in	D & H
	Welcome and introductions H went through housekeeping with the group, there were no fire alarm tests scheduled and so advised that we will evacuate the building if the alarm went off.	D & H
	Physio telephone H made some enquiries with regard to the difficulty in ringing the physio. Physio were aware of the issues and had tried a couple of changes that unfortunately didn't seem to help the situation. The understanding was that the booking office number was now being given for people to cancel or change appts to free up the actual physio team for other queries.	

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11:15	<p>Friends and Family</p> <p>H issued the friends and family data to the group. It was explained that the responses from this survey were currently capped at 50 responses. J raised objection as he said that he could be patient number 51 who takes the trouble to respond to the questionnaire and potentially is just wasting his time.</p> <p>This is a valid point and we will take it back to the ICB (Integrated Care Board).</p> <p>The question had been raised to them why the results were capped and this was explained as a cost issue. ME asked what the costs were and we will feed this back at the next meeting.</p> <p>D explained that practices are all starting to gather the feedback at practice level, however it is a relatively basic survey in relation to whether a patient would recommend the practice to their family and friends.</p> <p><i>The response received from the ICB was that iPlato do not send any more invites to patients to complete the survey once they have 50 responses</i></p>	D & H
11:30	<p>Blood results on the App</p> <p>We had a discussion about patients getting their blood results on the NHS App. J raised the point that there isn't enough information as to what the actual result means, just a number, and therefore he has to Google what that particular result means, and this could be worrying for some patients. H was under the impression that there are patient safety reasons as to why the "normal" ranges are not visible and some patients could be very anxious especially if they were unable to contact the practice out of hours. The question has been raised with our Integrated Care Board. D asked if the results showed differently on the patient online access through EMIS but it isn't.</p> <p>It was noted also that some results that are outside of the "normal" range, might very well be a normal result for that individual patient.</p> <p>J asked how practices inform their patients about their results and there was a consensus between the 3 practices represented that we do the same thing. We advise the patient to contact the practice for the result in a few days time, however if there is anything of concern, the GP will send a written task to the reception team to contact the patient with the GP message.</p>	

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	<p>There have been times when the GP has even gone to the patients home if we have been unable to contact them. Asking the patient to call for the results is a safety net in case we have not been able to make contact. In all cases for urgent results that require action, we would always get in touch.</p> <p>K made the point that often patients do not let us know when they have changed their contact numbers, and this does present enormous problems for the practices.</p>	
12:00	<p>The PPG patient representatives</p> <p>We talked about how the group was not representative of the whole population of Little Hulton and Walkden, especially younger members of the community. The practices have tried so many different ways in trying to engage patients to the group, even offering a virtual meeting for the patients who are at work during the day. We have held the meetings in the evenings for this reason, but we are still not successful. We are also a very diverse ethnic community which the group is not reflective of.</p> <p>ME asked whether all practices were actively involved in trying to engage patients to the group, which we confirmed they are, and all the practices are involved in providing the information needed for each of the meetings.</p> <p>J mentioned that he liked the format of having a meeting in his own practice and said that attendance was much better when this was in operation. He suggested that 2 meetings are held in practice and the remainder held as a group. D will put this to the next practice manager huddle.</p> <p>D acknowledged that the patient participation groups have lost momentum since before COVID. Our GPs and nurses hand out invitations, but we have never had any response to this either.</p>	
12:20	<p>Care Coordinators</p> <p>We had briefly introduced the role of the care coordinator at the last meeting and provided a list of what each practice use their resource for.</p> <p>For those new to the meeting the role of the care coordinator is to help to co-ordinate and navigate care across the health and care system, helping people make the right connections, with the right teams at the right time. They can support people to become more active in their own health and care and are skilled in assessing people's changing needs.</p>	All

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	<p>Care co-ordinators are effective in bringing together multidisciplinary teams to support people's complex health and care needs. They can be an effective intervention in supporting people to stay well particularly those with long term conditions, multiple long-term conditions, and people living with or at risk of frailty. They have the time to make connections with our most vulnerable patients.</p> <p>The care coordinators can work across multiple sites within the PCN and have a range of skills not necessarily NHS experience.</p> <p>J asked whether the GP would know if a patient had not attended for a hospital appointment. The short answer is yes. We do know because the hospitals write to us to advise that the patient has not attended, and may have been discharged from the service for non-attendance. Most practices have a "did not attend" policy and for children is a "child not brought" policy. The practice would make contact with the patient and if they have been discharged can then make arrangements to refer back to secondary care.</p>	
	<p>Who is who</p> <p>S thought it would be useful for practices to have staff photographs displayed with their names so that patients know who's who. However, K stated that a member of her staff had been stalked by a patient who knew her name and said it would not be advisable. H also said that she only provides the first names of her staff on their name badges.</p>	
	<p>Practice Managers</p> <p>D advised that the practice manager has now left Walkden Medical Practice and the GPs there are actively trying to recruit a replacement.</p> <p>G asked for the name of the new practice manager at Orchards, D advised.</p>	
	<p>New booking system at Walkden Medical Practice</p> <p>J said that his app would not permit him to make 3 appointments. He could make 2 appointments but then would be declined unless it was for a flu vaccination as this appears to fall outside of the criteria.</p>	

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	<p>This limitation is usually set by the practice to prevent patients from making a “just in case” appointment and thereby reducing the availability for other patients. K gave a good example of this where a patient was making inappropriate appointments and unfortunately had to have their online access removed.</p> <p>We then discussed the new triage system at the practice. This is a new model and has been adopted by a number of Salford practices, whereby patients cannot make appointments, they have to complete an online form, and this is triaged by a doctor who then decides whether an appointment is necessary. J made the point that he then got an appointment texted to him but raised the question if the appointment was unsuitable would he then have to phone the practice to rearrange. D said that the ICB had had a few complaints about this process and practices cannot, under any circumstances, limit patients to one method of making appointments. E mentioned that his neighbour had also experienced this and had ended up not making an appointment.</p> <p>Many practices use care navigation, whereby the receptionist will ask a number of questions with a view to making sure the patient gets an appointment at the first point of contact and with the most appropriate clinician and this was discussed with Zain at a previous meeting, but the new “Modern Practice Model” has gone to total triage.</p>	
	<p>Website</p> <p>H advised that all the practices in the PCN are changing their websites so that we all have the same. There are some new laws governing websites and we all wanted to ensure we are compliant.</p>	
	<p>Point for next agenda</p> <p>J raised objection with the statement at the top of the minutes regarding the aim of the PCN PPG. He advised that this is not inline with the GP Contract. H stated that this objective was discussed and agreed at a previous members meeting. J asked for it to be discussed again at the next meeting</p>	
	<p>We do not know all the answers to all questions but are more than happy to take questions away to the appropriate persons and provide responses at the next available opportunity.</p>	

TIME	ITEM	OWNER
	<u>Next Meeting 13th February 2024 at 11.00am</u> <u>Little Hulton Health Centre</u>	

ACTION LOG

DATE	ACTION	OWNER	DATE COMPLETED
01.08.23	Dates of meetings for the next 6 months to be reviewed and shared with practices and members	D&H	Ongoing
01.08.23	Members to think about specific areas and questions they'd like to include in a PCN survey	Patient members	Ongoing
01.08.23	Increase PPG engagement communications across the locality – practices to have at least one member attend the next meeting	Practices	Ongoing
10.10.23	Investigate whether the check in screens can include a function to show patients how many DNAs per month	D	
10.10.23	Practices to gather DNA rates for <u>GP's only</u> for July/Aug/Sept	All	
12.12.23	To find out what the cost of the iPlato friends and family texts are to see if we can increase the current 50 cap	H	
12.12.23	To find out why the patient access to blood results does not show the "ranges" of results	H	
12.12.23	To discuss in PM huddle whether practices want to host 2 of their own group meetings	D	
12.12.23	To revisit the agreed "PCN aim" as outlined at the top of the page	All	

Abbreviations

NHSE	NHS England - https://www.england.nhs.uk/
CQC	Care Quality Commission - https://www.cqc.org.uk/
PCN	Primary Care Network, this is our locality made up of 9 practices - https://www.walkdenandlittlehulton.nhs.uk/
ICS/ICB	Integrated Care System/Board, this is the Greater Manchester wide health system - https://gmintegratedcare.org.uk/
PPG	Patient Participation Group
FFT	Friends and Family Test - https://www.nhs.uk/using-the-nhs/about-the-nhs/friends-and-family-test-fft
Pt	Patient
Appt	Appointment
F2F	Face to Face appt
Tel	Telephone appt
HCA	Health Care Assistant