

**ELM HOUSE SURGERY AND CATOR MEDICAL CENTRE
PATIENT PARTICIPATION GROUP MINUTES**

**Weds 23rd August 2023 at 12.30pm
in the Harrison Suite, Beckenham Beacon**

Present	Initials	Apologies	Initials
Nolene Harris (Chair)	NH	John Hilliger	JH
Dr Haroon Yazdani (GP Partner)	HY	Simon Chalk	SC
Geoff Cook (Patient Liaison Officer)	GC	Mark Phillips	MP
Diana Davidson	DD	Joanne Clements (Virtual Member)	JAC
Jane Ching	JC	Kirsty Armstrong (Virtual Member)	KA
Cecile Duerinckx	CD		
Graeme Thomson	GT		
David Hughes	DH		
Yvonne Mason	YM		
Helen Parker	HP		
Glo Sherman	GS		
Jean Beavan (Observer)	JB		

Agenda Item No.	Agenda Topic	Action Points
1.	Agree Minutes and Review Actions from Previous Meeting (JH)	Agreed
2.	GC introduced and welcomed Jean Beavan (PPG applicant) and Shahn (staff member) who were attending as observers.	
3.	<p>Appointment Booking</p> <p>HY gave an update on Anima, the new system of patient triage both practices will be introducing in October 2023.</p> <p>Two business meetings have taken place between Dr Yazdani, Dr Reddy, Dr Buckhoree and Anima representatives since the last PPG meeting to map out the new processes, to plan staff training and how the practices will promote/advertise the new triage system.</p> <p>HY asked for PPG help with raising awareness of the new system (E.g. in reception) from a patient perspective which was received well by all members present.</p> <p>HY to give GC links to patient videos to help PPG members sign up to on-line access of the new system and to Anima.</p>	HY

	<p>DD asked a question about on-line triage: “Is this only online or will Triage happen when you arrive at GP for appointment? Also, not everyone is happy discussing their health concerns with Receptionist if they go to surgery to make appointment.</p> <p>So we have Triage, (with or without receptionist) Doctor to review and then appointment made. This is ok, as long as the Triage process does not happen when you have a F2F appointment already because the chances are, that you will then have to make another appointment to see the doctor. This is or can be a great inconvenience to patients after the difficulty of getting through on the telephone to book an appointment”.</p> <p>HY gave a recap overview of the system algorithm as DD wasn’t at the previous meeting. It is hoped that most patients will go on-line to seek help, advice, book appointments etc which will ultimately reduce the burden on reception staff and clinicians.</p> <p>DD asked: “What is happening with appointments as a few times, both my son and I have had appointments, and confirmation from NHS online, only to arrive at surgery and be told that we didn’t have appointments. This also happened just yesterday to another patient who has been trying to get another appointment for six weeks after booking NHS online and being told by reception that she didn’t have an appointment – she was not offered GP Alliance – maybe there weren’t any of those either”.</p> <p>GS summarised the scenarios into one question: “How long will it take to get an appointment?”</p> <p>HY advised there is a contractual obligation to give every patient a satisfactory 24hr outcome solution to their problem and recapped the triage system.</p> <p>GT summed up the whole process by referring it to ‘a triage filter system’.</p> <p>HY agreed with this term and expanded the idea further by explaining that the current system of booking appointments is largely based on clinician availability on-site at the surgeries. Triage by filtering can be dealt with off-site as clinicians will be able to work remotely.</p> <p>JC said there is a need for change and we should embrace it.</p> <p>TM suggested that this could be used as an incentive to encourage people to use Anima and to get them on-board with the new system but that we need to manage patients’ expectations.</p> <p>HY encouraged the PPG members to sign up to access with an NHS login and ideally with Anima too.</p> <p>GS is of the view that triage will mean appointments aren’t allocated on a first come first served basis which is fairer.</p>	<p>ALL</p>
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	<p>HY re-iterated that whilst the new system will eventually prove to be vital to the way both practices work, the first 6 months will be challenging for some patients.</p> <p>GT said that although there will be challenges it will be a fairer and better system but it will need to be made clear to patients. A card on leaflet could be handed out to patients in reception in advance of Anima launch so people are aware and know what to expect.</p> <p>GC explained that it is hoped by the practices for this kind of information to be made available at the flu clinics at which some of the PPG volunteers and Rotary members will assist marshalling at.</p> <p>TM asked if it is possible for a dry-run of the new system to be tried out by PPG members.</p> <p>HY is hopeful that this can be provided by Anima prior to launch and will be speaking to them about this soon.</p> <p>YM reminded the meeting to think of the positives that the new system will bring i.e. at the moment there is a 5-week wait for an appointment. The new filter system could cut that down to 2.</p> <p>DH raised his concerns about the manual dexterity of some users of the system and what will happen if the system fails (E.g. a whole service outage).</p> <p>HY the system's ease of use should not be as problematic as envisaged. Brief questions suggested to trigger responses, it is easy for users and the clinicians to interpret, and therefore the risk of not being able to use the system is very low. There is a protocol in place to ensure patients who find it difficult or cannot use the online process can still communicate their needs to the practices as well as a back-up system if Anima fails, namely, to revert back to the old system and diverting enquiries to reception.</p>	
3.	<p>PPG Membership (GC)</p> <p>GC suggested a separate meeting would be a good way for the PPG members to discuss how the PPG would like to function as a group now that some members have left the group and new members have joined. It has also been over 2 years since the Terms of Reference were written and changes may be required to them as well as ground rules, terms of office, frequency/day of meetings, new member application process, AGM etc.</p> <p>GC also suggested that some PPG members could take on an area of interest (E.g. communication, data protection etc) for which sub-groups could form and then report back to the main PPG meetings.</p> <p>It was unanimously agreed to meet to discuss these aspects on Wednesday 27th September 2023 at 12.30pm in the Harrison Suite. GC suggested 2 hours for the meeting. It was decided that members should bring your own lunch.</p>	

<p>4.</p>	<p>Communication review</p> <p>GS gave a very brief overview of the survey she carried out in main reception. Access is the main issue and there are difficulties for deaf people.</p> <p>Everybody thanked Glo her for conducting the survey and for all her hard work.</p> <p>GS review of how the surgeries display/communicate info around the building:</p> <ul style="list-style-type: none"> - Information in main reception is really poor. - Needs a dedicated screen for practice info (and not outside agency info & advertising) and some large colourful posters with key info such as how to register at the surgery. - Noticeboards in wrong place (situated behind where people sit so they can't see the info). Some info far too small to read. - Take away smaller leaflets. - Remove prints and artwork in corridors – add info for patients to read. <p>DH suggested having a poster giving brief, but important info the new patients on arrival in the building.</p> <p>GC advised the Partners have agreed for replacement leaflet holders to be affixed so that information could be displayed better. GC is coordinating this.</p>	
<p>5.</p>	<p>PPG Newsletter</p> <p>GC asked if members could provide any information they would like to be published in the Autumn PPG Newsletter. Not received much input from PPG members so far. Maybe ask some questions so content can be written in response.</p> <p>DH Asked if many paper copies of the newsletter were taken by patients in reception?</p> <p>GC thought not many, partly because the leaflet holders were the wrong size/type but also because the expanded PPG newsletter is available online (on both surgery websites).</p> <p>GC thinks it is possible to send text messages to patients with links in directing them to the PPG page on the website so they can read the newsletter but also find out about what a PPG is, hence the need for the process for membership enquiry needs to be agreed first.</p>	

6.	<p>AOB</p> <p>JC said she has seen publicised that there's a limit of 25 patients max to be seen by a GP in any given day, recommended by the NHS as being a safe number. How do we fair in comparison?</p> <p>HY advised GPs see about 16 patients F2F (Face to Face or by telephone) in the morning and about 12 in the afternoon = 28 patients a day. Patient contact varies. Could be classed as 50 encounters but not necessarily all F2F.</p> <p>YM raised a query about her prescription being incorrect. HY could not really comment as he didn't have the details but was of a personal enquiry so could be investigated by the correct practice route for queries via reception.</p>	
	<p>NH thanked everyone for their attendance and input and concluded with the date for the next PPG meeting to be held on Wednesday 27th September 2023 at 12.30pm in the Harrison Suite.</p> <p>The purpose of the meeting is to determine the function of the PPG and to establish ground rules, terms of reference, terms of office, roles and responsibilities, new membership application process and an AGM date.</p> <p>PPG Members are to come prepared for the next meeting with thoughts and ideas on all of the above criteria. NB remember to bring your own lunch!</p>	ALL