**Patient Participation Meeting**

**31st May 2023**

Present: Wayne Penegar (WP) Chair, Lynsey Buckles (LB)-Mins, AM, WPr, PA, TC

Apologies: GN, SP, IP

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| Discussion | Action |
| Matters Arising |  |
|  LB to check if she raised the issue of accessible masks in reception with Max |  |
| Today’s Discussion |  |
| Dementia Day FeedbackThe Dementia Day (DD) took place earlier this month and 3 of the PPG were on hand to help patients and staff during the day. LB asked for feedback on how they felt it went and thanked them for making the day work as effectively as possible. On the whole the feedback was excellent, one felt it was the best DD we had had to date. The PPG member reported really lovely feedback from patients and they felt it was a really worthwhile day. The constructive feedback focused on making sure reception were aware of the plans for the day and perhaps had a refresh on how dementia can affect people so they may be able to support them more effectively when they are coming to the reception desk.  | LB to share the feedback with EGW. |
| Complaints & ComplimentsLB no longer manages the complaints so will need to make sure she gets a summary ahead of future meetings.The new survey that gets sent to some patients after an appointment contain anonymous feedback of which some is negativeComplimentsWe have had some lovely compliments on goggle as well as via the new survey that gets sent after appointments. Also via emails, some about specific interactions others more general.  |  |
| Staffing updatesReceptionists/Care Coordinators-Recruitment is on-going and getting very few suitable candidates. This means that other staff are needing to provide cover.GP Absence-We currently have 2 GP’s off, 1 off sick and 1 off on dependence leave. Both expected back next week. We have been covering with locums where possible.Paramedics-Both Paramedics are leaving us sadly, 1 to work in the private insurance industry repatriating people and the other to go travelling for 6 months. We are advertising, but have not yet been successful at getting applications.  |  |
| Childhood Immunisations SuccessDue to continued hard work and on-going review and improvement of our childhood immunisations call and recall systems, we were the highest achieving practice in Merton for uptake of immunisations. The commissioners will be using elements of our practice to promote best practice across SWL.  |  |
| Appointment dataLB went through the new appointment data requirements, the different targets including those that overlapped and the practices intermediate plans to meet/address the new requirements. PCN Capacity & Access * patient experience of contacting the practice; Payment will be based on Results from national patient survey and survey monkeys sent out after appt’s
* ease of access and demand management; Essentially how phone lines are managed, wait times on the phones, AccuRx triage, appt booking functionality, online consultations per 1000 pts targets. Pts not having to wait more than 2 weeks for an appointment
* accuracy of recording in appointment books.

QOF Quality Improvement targets:Make sure we are recording all activity accurately and that appointment slots are mapped correctly* The QOF QI modules in 2023/24 will focus on:
	+ workforce and wellbeing
	+ optimisation of demand and capacity management in general practice.
* We need to undertake a staff survey on workforce well-being, look at what changes can be made to improve wellbeing, implement changes and survey again at the end of the year to see if the changes have made a difference
* Extract and review appointment demand data, capacity and use of appt’s and look at improvements that can be made
* Demonstrate we are using data to inform operational decisions
* Reducing avoidable appointments

Core contract changesPatients should be offered an assessment of need, or signposted to an appropriate service, at first contact with the practice. Practices will therefore no longer be able to request that patients contact the practice at a later time. This requires a significant shift in how the practice works and will require clinical triage at first contact, currently the reception staff are either booking an appt with an appropriate clinician, signposting patients to other resources (such as Pharmacies) or advising them to complete the online triage so a GP can review it that day. Some practices have gone full triage, however this is something we have not yet taken a decision on.  |  |
| Veteran Friendly PracticeFGS is in the process of gaining accreditation as a Veteran Friendly Practice.Nurse Catherine will be the named clinical lead as she is herself a veteran. -Most frequent issues for vets are Audiology, mental health & orthopaedics.-Veterans may require a different approach than non-military patients-Veteran status will be included when referring patients to assist secondary care or community provision with providing a more specialised service if needed. -We have added the question to the registration form on the website. -We will run a search once a month for any new veterans that have joined the practice, so we can make contact with them and offer an appointment with Catherine to look at options.  | TC has experience in this area and advised us to share information on SSAFA the armed forces charity. LB will pass this on to SPx, EGW & CM.  |
| Carers SupportWe are looking what we can offering in addition to support carers. Will be sending out a questionnaire to get their opinions. Discussion moved to support carers received when they are bereaved and no longer carers. LB advised that we send out cards with information about bereavement services. All agreed that the majority of people will say they are fine, but the questions asked by clinicians in the months following will be important to identify loneliness or depression.  | LB to look into what we can offer carers after bereavement.  |
| PPG member feedback-Telephone consultations without specific timingsFeedback was that for some patients not having a specific time or a window of time means it is very inconvenient, especially if they are having meetings, or need to do other things that day. Requesting whether a 1-2 hour time slot might be possible.LB explained that due to various factors, GP’s can run behind with their clinics and their inclination will usually be to clear the waiting room of patients before making calls, however LB acknowledge dhow frustrating this was.-Sterling has changed hands and there was discussion about how some of the members were finding them rude and will be likely changing pharmacies. -AshtrayThe chair mentioned that the ashtray on the wall near the surgery is very unpleasant and asked if this could be moved.-Booking of COVID Autumn boosterMost members stated the communications about this have been poor, when calling our reception, they are saying they don’t know anything about it, given and email address which did not work, used the national booking service website but no venues locally. Confusing and unhelpful.LB apologised, but did advise that we have been given limited information on the autumn booster programme. The Nelson venue has closed now and so have the large vaccination centres. The only one we have now is in Mitcham. There were a few drop in sessions organised at Wimbledon Library, but we were only made aware of these from patients who attended.  | LB to raise this at the next Governance meeting to see if GP’s would be more willing to have time frames for telephone appointments.LB will ask the landlordsLB to feedback to ICB/Federation to look at how this can be improved for future programmes. |
| Date of Next meeting: 9th August 2023. 6.30pmIn person at Francis Grove Surgery.  |  |