

**Patient Participation Meeting**

**8<sup>th</sup> February 2024**

**6.30pm-8pm**

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

Apologies: GN, MM

Discussion	Action
<b>Matters Arising &amp; Actions from last meeting</b>	
Minutes of meetings-TC advised she wasn't able to do minutes as too busy currently. She suggested shortening the minutes to brief bullet points. LB said she has a bad memory and if the notes aren't fairly detailed she won't recall the discussion.	LB to attach last meetings presentation on the lease to these meetings.
LB and WP to work on the 1 pager about the PPG. WP can't find his original version. LB will check her emails	LB to get this completed ahead of the next meeting.
LB to consider how we can advertise what services we are currently offering and also ensure that plans for the future are also shared with patients.	Remain on the 'To do' list
Website-Thank you for everyone comments.	
<b>Today's Discussion</b>	
<b>Members</b> RJ is a previous member and we had the wrong email address for her so she did not attend, but has re-expressed her interest	LB to make sure JL, RJ, MM's emails are in the distribution list and minutes are sent to them. WP to email them about the date of the next meeting.
<b>Complaints &amp; Compliments</b> <b>Compliments:</b> Google Reviews: As part of the PCN work we are monitoring these reviews with the aim of increasing the number of stars we have by the end of March 2024. We have been advertising google reviews within the practice. LB highlighted how lovely it has been to see such nice comments on the whole.  NHS choice has also been promoted via the survey link and so we have increased the number of comments on here as well, which are mostly positive.  Specific handwritten compliment about Nurse Alice recently which LB shared and another one about the staff as whole. Another card from a family member of someone who had passed away to say thank you. Another pt called in about Dr Mohan and praised her for dealing with her daughters infection after 6pm, efficient and quick. Another one was shared about the HRT clinic and how beneficial the pt found it.  <b>Complaints:</b> LB went through one of the complaints about appointment booking 8 weeks in advance, advised why appointments aren't on that far in advance. Also advised Drs of what to advise pts if they need to book that far in advance.  Another one was discussed about a pt waiting at the reception desk who felt ignored as the receptionist was on the phone and did not acknowledge them. The complaint was upheld.  SP discussed his experience of going to LRMP where there weren't staff on the front desk, they were all out the back 'chatting'. He felt that at least at FGS you can see the staff member is busy on the phone or typing etc.	

<p>Also discussed issues regarding staff who naturally speak loudly and challenges other receptionists have working next to them. WPr also reported that when she called the practice this morning she struggled to hear the staff member who answered the call. Discussed some of the ways we have tried to combat both the issues of being too loud and those who are naturally quietly spoken.</p> <p>WPr mentioned that she was 17<sup>th</sup> in the queue this morning when she called at 8am and the call was answered within 8 minutes and she got an appointment easily. LB mentioned that GN had also commented that he was 12<sup>th</sup> in the queue and was answered within 3 minutes.</p>	
<p><b>Data</b> LB shared data on PCN data we are collecting which included waiting times on the phone. LB highlighted that we have good improvements on answering calls as quickly as possible. LB advised of how useful it was to see LRMP data as well as it gave us a marker of what we should be aiming for. Discussed the additional staff and the impact they have had on call wait times.</p> <p><b>Phone system issues</b> WP mentioned that twice in the last week the phones lines have dropped out-once whilst he was at the surgery in the waiting room and once when he was on a call. LB advised that the practice has been approved funding for a lease line which give us uninterrupted internet for the next 12 months and it will resolve the destabilising issues. This goes live very soon. This also means we can then switch on the 'call back function'.</p>	LB to update on the phone system at the next meeting.
<p><b>Staffing updates</b> Staff sickness is high currently. We've had 3 GP's off this week with illness which is very challenging.</p>	
<p><b>Whatsapp</b> Discussed this with SP who was the only member present tonight not at the last meeting. WP has done a draft whatsapp agreement which was circulated with the agenda-very comprehensive nothing further needs adding.</p>	<p>LB to start the whatsapp group with those who have agreed so far and we can add people as we go.</p> <p>Members to let LB know if they wish to join the whatsapp group.</p>
<p><b>Lease Update</b> LB shared that the ICB (commissioners of the service) have agreed to fund the additional rent and they have passed the business case. Which is great news as it means FGS will have a new floor in the coming year which will increase our capacity significantly and will mean we can get new air conditioning and also get all of the rooms renovated. The practice has a lot of things they need to pay for in order to set this up, but we are pleased with the outcome.</p>	
<p><b>Website Updates</b> Thank you all for responding the request. LB hasn't had chance to review the website in depth, but will schedule time to do this inclusive of the PPD comments once we have had the training on how to edit the website ourselves.</p> <p>Query about requesting repeat prescriptions via the website-now member stated that when requesting it doesn't go via our website, but gets redirected to an NHS app.</p>	LB to review and feedback at next meeting.
<p><b>Text Messages &amp; NHS App</b> The practice up until this point has never had limits on the number of SMS's it can send. However due to funding restrictions the practice will be given a limit from 1<sup>st</sup> April and if we use over that number then we will have to pay for the messages ourselves rather than them being centrally funded.</p>	

<p>FGS has been flagged as a high user of SMS messages, we have had support and training on how to reduce our use which highlighted that unusually a lot of our use is individual messages not batch messages. So many of our staff like to write things in full and grammatically correct. This is costly and so we will be working with the clinicians to look at ways they can reduce word count etc. PPG members felt this was a shame as they appreciate the personalised nature of the messages and the fact they are professional and polite.</p> <p>LB shared details of the plan to reduce unnecessary messaging including promoting the NHS app and turning on notifications, signposting to the website, shortened links (bitly).</p> <p>The practice will be promoting the use of the NHS app and requesting patients to turn on the notifications as then communications go via the app in the first instance at no cost.</p> <p>PPG members mentioned that they get a survey link texted to them after each appointment, but the survey will only allow you to complete it once per month irrespective of whether it is a different clinician etc you have seen. LB was not aware of this.</p> <p>Members also say they are fed up with receiving lots of texts 'over texting' about providing feedback (not just from us, but from all places).</p> <p>WPr asked how the practice supports and identifies patients who do not have smart phone/mobile phone/internet access. LB explained that we have a policy for patients with special circumstances, one of those circumstances might be no mobile phone for example, or no phone at all and then we would have special arrangements with those patients. LB gave a couple of examples. The system also alerts us if the pt doesn't have a mobile number and therefore we know to phone on landline or send email/letter. Care Coordinators also do a lot of calling to patients and making sure that we can contact the patients.</p>	<p>LB to look into this to see if we can either reduce the instances of SMS's being sent or increase the frequency that you can fill out the survey</p>
<p>PPG General feedback</p>	
<p>Timings of the meetings Only SP here in addition to those at the last meeting so still not enough members for a full discussion. Members to note that meetings can be held on zoom particularly at any time during working hours so if it would serve people better to meeting on a morning or afternoon please let the PPG know and we can look into this.</p>	
<p>AOB SP wanted to share praise for Dr Mohan. Following a consultation where he mentioned he hadn't had a breathing assessment for along time and had been trying to get one from the hospital, she wrote to them and he had an appointment very shortly afterwards which has really helped. Also praise for LP very quick and efficient.</p> <p>TC-it was advised that TC could have access to her notes etc via the NHS app-but she doesn't have. She asked if it was easy to download and use. LB explained the difference between contemporaneous records and historical records and that access to these were via different routes. Other members advised on how they use Patient Access. WP &amp; SP explained you can use the NHS app for booking hospital appointments as well as COVID vaccines.</p>	
<p>Date of Next meeting: Monday 15<sup>th</sup> April 2024</p>	

