

Patient Participation Meeting

3rd June 2024

Present: Wayne Penegar (WP) Chair, Lynsey Buckles (LB)-Mins, AM, PA, SP, TC, RJ, JL, IT, GN,

Apologies: MM, WPr,

Actions carried forward from last meeting

Only actions that are either incomplete or where members have not confirmed either way remain in the minutes. If the action is no longer here, please assume it has been done.

Action	By whom	Outcome
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.	LB	Remain on the 'To do' list
Whatsapp Group-LB to add members to the group	LB	Completed
LB to add IT to the email distribution list	LB	Completed
LB to share Tanuja's details with the PPG so they can send information on local projects they are involved in that Tanuja can access.	LB	Not completed-will send out with next minutes
PPG members to email Tanuja with their suggestions of locations.	members	Unable to do until I send her details through!
LB to confirm who the practices digital enabler. LB to then ask EGW to organise Tanuja to come into the practice for a drop in with the digital enabler.	LB	Partly completed
LB to pass on Melanie's email address to GN so he can share information with her	LB	Completed
LB to share Outcomes from 23/24 targets with minutes	LB	Completed
LB to remind GP's & secretaries NOT to send non-appt letters to patients	LB	Completed.
LB to make sure we add the details of the PCN clinics to the Locum induction.	LB	Completed
LB to check this is followed why blood tests weren't processed by pathology.	LB	
WP will liaise with the members	WP	Completed
WP to print PPG policy for AM and resend it to MM.	WP	Completed
WP to send round the document for comment.	WP	Not yet completed

Discussion	Action
Matters Arising	
LB apologies for the late arrival of the minutes from last meeting Akilah is going to be on in-house digital enabler (Care Coordinator). Emma (her manager), Akilah and Tanuja are liaising to arrange plans going forward.	
Today's Discussion	
Staffing updates <u>Sickness</u> A lot currently in admin/reception team, which is having a knock on affect across the whole admin function. Today as an example, we have 2 receptionists on longer term sick, another was off sick and then 2 receptionists were on annual leave-which left us with only 2 members of the Reception team for this week. We need 3 staff on at all times. Managers and Care Coordinators are having to cover reception and prescriptions. Also both document management clerks were off (1 on leave and 1 off sick). This is very challenging.	

<p><u>GP recruitment</u></p> <p>We have recruited another GP for 6 sessions, Dr Maha Nadeem-female GP. Very experienced. Unsure of a start date at this time.</p> <p>Another GP has also resigned (3 sessions), due to work life balance and family commitments. So we have offered the role to one of the other interviewee's and are awaiting confirmation of this appointment.</p> <p>Mental Health Practitioner</p> <p>New person started-Shania (to replace Antonietta). Started with us last week-should be here 2 days a week. Very interesting experience around Autism and ADHD in women. Mental Health reviews will be done by her.</p>	
<p><u>Complaints & Compliments</u></p> <p><u>Compliments</u></p> <p>Compliment from WP about reception team-one of his neighbours said to him that it's the best reception team we have had in a long time.</p> <p>Continued to have lovely compliments on Google reviews.</p> <p><u>Surveys</u></p> <p>LB has changed the survey messages based on feedback from the last meeting, so now rather than automatic texts being sent after appointments and texts only going to pts who've had a reminder, and also only being able to complete the survey once per month. It will now only be sent once per month to all who have had an appointment. This is more efficient and cost effective. LB noted changes in cohort of respondents-more about GP's.</p> <p><u>Complaints</u></p> <p>We have had a few recently, some have not been to do with us (blood tests at the Nelson for example).</p> <ul style="list-style-type: none"> *One was where a patient felt patronised and would not give her what she was wanting. This was not upheld, proper clinical processes were followed. *Reception staff communication issues regarding an emergency appointment. Learning was around a newer staff member not understanding the communication route properly with the Duty Dr. LB acknowledged this is difficult for the receptionists as the GP's all like to do things in their own way. *Chemist referral complaint-Pharmacy First didn't contact the patient within the timeframe. <p>Discussed some instances of unhappy patients but that haven't resulted in formal complaints for example, frustrations with getting ADHD medications prescribed, as we required a shared care agreement to be completed and care to be properly shared. So people who have been diagnosed abroad and want NHS treatment, unless the go privately they need to be added to a waiting list here to be assessed and for shared care to be agreed (unless they go private).</p> <p>Patients wanting to be able to access our online consultations 24/7, which we stopped doing over a year ago. LB understands the frustration, but we are not contracted to have it on 24/7 and also acknowledge of the fact that managing the online consults is becoming a full-time job. LB was covering this last Tuesday and it took the entire day, they just did not stop coming in all day. Even though it is not meant to be used for urgent things, some of them do need urgent triage and we don't want them to be left there when the phones are prioritised. The process is evolving for how we use and manage it. LB explained that this can be used multiple times in a day by 1 patients, for different issues, some of which certainly people would not previously have called about as they are so minor or advice requests which previously they would not have called up about and may well have just googled.</p> <p>LB explained we have a complaints manager-Erika-Assistant Practice Manager. We have tight timescales of acknowledging the complaint and then investigating and responding within 21 days of receiving it. It is important that each one is investigated, causes and actions for learning identified and taken forward. She will determine if it's upheld, partially upheld or not upheld.</p> <p>LB advised that it helps being able to listen to the receptionist calls.</p>	
<p><u>Students</u></p> <p><u>Nurse student</u></p> <p>Have a nurse student on placement as well in her final year and is doing a lot of competency based skills which need to be supervised by our nurses.</p> <p><u>Pharmacy student</u></p>	

<p>We are starting to have Pharmacy students, which we haven't done before. The aim is trying to encourage trainee pharmacists to come into primary care once they have qualified. The placements are for 2 weeks and have quite a lot of practical elements to them, it isn't just shadowing they are very much expected to undertake medication reviews (supervised by our pharmacist) with patients which on placement.</p> <p>We have also hosted paramedic students recently and are trying to do our bit to encourage new roles to want to join primary care on qualifying.</p>	
<p><u>Dementia Day feedback</u></p> <p>WP gave an update. It unfortunately wasn't as successful as the previous year, with more patients wanting home visiting. Those that did come thought it was brilliant, some walk ins were worried about relatives and some themselves.</p> <p>Wimbledon Guild, Dementia hub and Dementia Alliance all were present to offer information, support and advice.</p> <p>WP was in the patient waiting area, promoting services and the PPG, the patients were really happy.</p> <p>Learning for future was around how we sold it to the patients and carers when we called them up to book them in.</p> <p>LB thanked the members who were on site to help in the morning and also those tee'd up for the afternoon that were then not needed.</p>	<p>LB to speak to EGW to get some testimonials for those who did attend.</p>
<p><u>Lease Update</u></p> <p>Work has start on the floor above, getting ready for us. Lease has not been signed as yet, but is with solicitors. Progress is being made though which is excellent news. Hoping to have moved upstairs by the end of September and then the refurb can start on the first floor and ground floor.</p> <p>LB is conscious she hasn't put any information out as yet to the wider patients, but is slightly worried that until the lease is signed things may change.</p>	
<p><u>Air conditioning</u></p> <p>It is now completely broken and the Landlord will not replace it until the lease is signed and the work on the first and second floors are completed. It is currently very hot and stuffy in the surgery.</p> <p>Looked at options for renting air con units is prohibitively expensive. We have purchased a few standalone units, but they are also very expensive when it is only a short term solution.</p>	
<p><u>PPG general feedback/issues</u></p> <p><u>Admin waste</u></p> <p>A couple of people SP knows keep getting invites for cervical screening but they are trans. Born male but transitioned to female.</p> <p>LB spoke about the fact the practice are hoping to be get a place on the Pride in practice accreditation this year. LGBTQ+ patients are part of our patient populations, but we aren't necessarily that aware of what we can be doing better to support their health needs.</p> <p>LB explained that the 1st 2 letters come from NHS England and then if the pt doesn't attend we are given a list of patients to call in directly. We can remove patients from the list but we need to be made aware or become more aware of who this would apply to and then we can code our system and advise NHS England as well. We are hoping this is the type of this the accreditation will support us in thinking through solutions for.</p> <p><u>Vote on Strikes</u></p> <p>SP queried whether our practice had a stance on the proposed GP strikes. LB advised that it wasn't something that she had discussed with the Partners, however, will feedback when she knows anymore.</p>	

<p><u>Physician Associates programme</u></p> <p>SP asked if the practice will be involved in the PA programme. LB advised that the practice needs to be a training practice in order to offer these positions and FGS is not currently a training practice. Although we are in the process of completing the paperwork to submit and Dr Mohan is due to complete the Trainers course later this year. Until the lease is signed and we have the additional clinical rooms, we cannot proceed with teaching.</p> <p><u>Pharmacy nomination</u></p> <p>One of the members asked how she could find out who her nominated pharmacy was. LB advised to send in a 'contact us online' and ask the question. If she wanted to change the pharmacy, on our website there is a pharmacy nomination form she can fill in and we will alter the pharmacy for her.</p> <p><u>Dogs</u></p> <p>One of the patients attended the dementia day with a dog. It attempted to bite WP. LB advised that we have an assistance dog policy.</p>	<p>LB will check with Emma whether the sign is on the front door.</p>
<p>Date of Next meeting: 7th August. 6.30pm</p>	