

# Minutes

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## PATIENT PARTICIPATION GROUP

Wednesday 27<sup>th</sup> July 2022 – 12:00pm

Western Elms Surgery    Chair    AP    Minutes    LL

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| 1. | <p><b>Attendees:</b></p> <p>PPG: Alan P, Susan P, Beti W, Philip, MrG, ChrisG, Colin McC, Hazel McC, Marilyn, Sue J, Debs and Alice</p> <p>Surgery: Lisa, Lucie, Angie, and Dr Hopkins</p> <p>Apologies: Hazel A, Jane, Norman, and Peter</p> <p>Due to current Covid restrictions, we held the meeting virtually using zoom.</p>   |  |  |
| 2. | <p><b>Matters arising</b></p> <p>Alan started the meeting by welcoming everyone, hoping everyone has been keeping well.</p> <p>Lucie has contacted Janette Burt regarding doing a dementia talk at our first F2F meeting in September.</p> <p>We have provided feedback to PALS regarding patients access to clinical letters.</p> <p>We contacted Melrose Surgery regarding their PPG following and newsletter. The chair from the PPG at Melrose Surgery responded and confirmed that they had 12 members attend their recent AGM in May 2022. At our last AGM in November 21, we had 18 members attend.</p> <p>The minutes were voted as accurate and accepted.</p>  |  |  |
| 3. | <p><b>Financial</b></p> <p>The balance for WES and CL has not been changed. The reports were voted as accurate and accepted.</p> <p><b>Future Fundraising</b></p> <p>Lisa asked the group for comments regarding MrG's fundraising suggestions which was circulated to the group prior to the meeting.</p> <p>CG/SJ commented that it is not clear what the fundraising is for and who does it benefit. Marilyn responded that the monies raised previously have enabled the surgery to buy equipment and that they could not otherwise afford. AP commented that any fundraising is a bonus.</p> <p>MrG responded that in his opinion, fundraising should be owned by the PPG members and not the staff, whose key role is to look after the patients. Marilyn</p> |  |  |

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|    | <p>responded that nobody in the past has felt under pressure to fundraise and whatever monies have been raised have been put to good use.</p> <p>Lisa again reiterated that Friends and Family feedback is much more important than fundraising and we are exceptionally lucky to have a patient group of people who can enable us to focus on how we deliver our patient care. In the October meeting we can review fundraising again in time for ideas for Christmas, including a Christmas raffle if time allows.</p>  |  |  |
| 4. | <p><b>Surgery News</b></p> <p><b>FFT – June 2022</b></p> <p>Lisa passed on her thanks to Beti, MrG and Marilyn for coming into the surgeries and helping with the FFT. They were amazing and the feedback is important to us.</p> <p>This month we have received 112 feedback responses and there was a lot of qualitative data. Lisa asked the group if they thought there were any common themes and asked perhaps whether we could do things differently.</p> <p>MrG suggested that some of the information could be put in the next issue of the newsletter. Based on his most recent visit, he felt that the reception staff have to put up with some very inappropriate behaviour and the hostilities aimed at the surgery.</p> <p>Beti commented that when she visited there was a problem with the patient calling system. Lisa responded that this has now been fixed.</p> <p>Marilyn wanted to express her thanks to Catherine who was on the reception desk during her time doing the FFT. She was fantastic. In the main, most of the issues were with prescriptions. Lisa responded that prescriptions are sent electronically to the pharmacies and these issues should not be happening. Ultimately, it is the pharmacy who decides how they run their business, and this can impact the service that we are trying to provide our patients. We are also struggling to keep up due to the volume. Between the two it can be a perfect storm.</p> <p>SJ suggested that perhaps a pharmacist from one of the local pharmacies could come and attend one of the PPG meetings to discuss how their process works.</p> <p>CG understood that every patient has a nominated pharmacy, the prescription is issued, and an alert is sent to the pharmacy requesting them to fulfil the prescription and then the patient is notified. He suggested that we should find out each pharmacies process so that we can share that with the patients. He felt it would be more beneficial to know them than try and invite all of them in with a different process.</p> <p>MrG agreed to help again with FFT next month.</p> <p>SJ commented that most issues were around appointments and availability. Lisa responded that at the present time it is a case of setting expectations.</p> |  |  |

We have had several clinicians off sick; however, we always have doctors and there are pre-bookable and OTD appointments available. We have phlebotomy, smear, and childhood immunisation appointments available online. Changes are happening on a daily basis, and we need to somehow share this with the patients. We continue to procure locum GP's however they do not want to commit to last minute which enables us to top up.

Appointments are available again now 6 weeks ahead as they were prior to COVID. It would seem that no-one remembers this!

Marilyn commented that a friend had been struggling with getting an appointment. Angie to contact Marilyn regarding appointment.

### **Extended Hours**

Lisa informed the group that extended hours will be changing slightly from October 2022. We currently provide extended hours on Monday, Tuesday and Thursday evenings and Saturday mornings for the PCN. Doing all day Saturday and Sunday would deplete what would be available in the week and when we have done this previously with the building development the number of people who did not attend was extortionate.

The final draft for our extended hours offering has been submitted and we are suggesting offering our Friday allocation on a Saturday giving more capacity; it would very often be for people who may be working out of area needing to get here. This way they could be booked in next day. The group agreed this might be the way to go with review.

The members wanted more appointments available online. LT explained this is the intention.

5. **PPG Issues**

#### Fences

Lisa advised the group that we are still waiting for the official document to come through regarding the planning permission for the fences at WES.

#### Access to CL due to time restrictions

There is a camera with time restrictions on the roundabout at CL surgery and some of the staff have been fined due to using it. MrG explained that members of the public are parking in the car park to drop off school children due to the time restrictions that are currently on Southcote Lane. He felt that there should be an exemption for staff during the time restrictions so that they do not receive fines. Debs responded that the restrictions were put in place to stop the bus lane getting congested. There have been several public meetings regarding the time restrictions. Perhaps we could send a representative from the surgery to the next one to see if there is something else RBC can do regarding how it works.

Lisa responded that our staff are aware that there are time restrictions in place when they start with us. If they receive a fine, we would support an appeal!

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| 6. | <p><b>Patient Voice</b></p> <p>There has been no meeting since the last one on 14<sup>th</sup> June.</p>  |  |  |
| 7. | <p><b>AOB</b></p> <p>MrG - Who pays the delivery costs for free deliveries on prescriptions?<br/>Lisa responded that it is up to the pharmacies. Each pharmacist earns a portion of the money for every prescription that is issued.</p> <p>MrG - Figures on shortage of doctors?<br/>Lisa responded that we are currently advertising for GPs through the LMC. Every single medical practice is advertising for GPs, and it is a case of diversifying our workforce. We currently have 3 interviews lined up for GPs.</p> <p>CG - How is the practice funded?<br/>Lisa responded that we receive a capitation figure per patient. This figure is different for every surgery and depends on where the patients live, the poverty of the area and the patients' age, male to female. We get incentivised to do different things such as childhood imms, poverty ethnicity etc. This figure is confirmed as at 1<sup>st</sup> April each year and if our patient cohort increases by 2000 patients then we would not receive the capitation fee for them.</p> <p>AP closed the meeting by thanking everyone for attending.</p> |  |  |
| 9. | <p>Date of next meetings:<br/><b>Wednesday 7<sup>th</sup> September – 6.30pm – In the surgery, location TBC</b><br/><b>Wednesday 19<sup>th</sup> October – 12.00pm – In the surgery, location TBC</b></p>   |  |  |