**Patient Participation Group Meeting – Wednesday 13th March 2024**

**Attendees**

Joanne Mcelwee Practice Manger – JM

Dr Rachel Bloomfield GP Partner – RB

Nicola Hyde Reception Supervisor – NH

PPG Members – TB

 MD

 BC

 CF

 CH

 EJ

 SW

 MW

 GL

 MH

 **Introduction**

Attending members of the Patient Participation Group and Staff introduced themselves for the benefit of those who weren't in attendance of the last meeting or were new the group.

**Minutes of the previous meeting**

The minutes of the previous meeting held on 11th December 2023 had been emailed to the attendees after the previous meeting and it was agreed they were accurate.

**Updates and Goals from previous meeting**

JM updated the meeting regarding the previous goals as follows :-

* High back chairs – the funding had still not been approved JM will chase.
* Phones – Call queuing and call back for patients is part of the new GP contract next year. JM has approached the ICB for funding. JM demonstrated phone data later on in the meeting
* Screens – One screen has now been dedicated to clinical information only – TB asked if a sign could go on this screen to inform the patients – NH will sort.
* E-consults – data was requested regarding E-consults which JM discussed this later in the meeting

**Agenda items and Updates**

**Practice Website**

JM demonstrated the new website and feed back from our secret shoppers. Overall there was positive feed back from the attendees about the website. It was asked if online consultations could also be headed as E-consults so patients are aware that it is the same thing. It was agreed that this would be done. The queries the secret shoppers had mentioned in their feedback i.e. language was demonstrated to be on the website. It was discussed that it was difficult to have everything on the home screen as it would become too busy but each individual tab contained more information. JM presented the data regarding E-consults/online consultations. In February 2024 there had been 118 E-consults/online consultations, 4858 face to face consultations and 1824 telephone consultations. The proportion of E-consults/online consultations was low. RB explained that E-consults/online consultations were ideal if the patient query can be dealt with remotely but for more complex requests the patients would need to be seen face to face. It was agreed that E-consults/online consultations would be promoted. BC asked if compliments could be added to the website at the same place as complaints. JM agreed this could be done then went on to share the patient feedback as follows:-

* **Very good – 455 responses**
* **Good – 54 responses**
* **Neither good nor poor – 13 responses**
* **Poor – 4 responses**
* **Very poor – 3 responses**

JM did explain that she does go through the comments on the feed back and does share this with all the staff. Most of the poor/very poor responses were down to waiting time to see the clinician. This had been discussed at our practice meeting held on the 12th March 2024 and it had been agreed that the reception staff would inform patients when a clinician was running late. BC felt that the compliments were being dealt with so maybe it didn’t need to be a specific place on the website for this.

**Practice Telephone Data**

As mentioned previously at the beginning of the meeting call queuing and call back is something that NHS England is wanting GP surgeries to have. JM explained that it wasn’t clear exactly how this would work within our phone system. JM presented the phone data for the surgery which showed the average call answering for the surgery to be around 11 seconds the longest wait time was just over a minute. JM also demonstrated the there were 60 abandoned calls last week. These happen for various reasons and JM and NH had previously discussed whether staff should be ringing these patients to find out why they had abandoned the call and if they needed help. At the time they felt this shouldn't happen as there weren't many abandoned calls.

**Staff updates**

JM informed the meeting that there had been a few changes in the practice.

One of our Practice Nurses had left but Emma Davison had been employed she started last week.

Two admin staff were also doing clinical work. Annette who was already an experienced HCA was working with the Nursing Team and Emma had completed a Phlebotomy course and is taking bloods once a week.

We are working with a company called Interface who are doing COPD checks for the Practice these are via the telephone and patients who were in the criteria had been contacted.

The Practice is still involved in Research projects such as virology and serology which look into background immunity which will then help with future vaccines such as flu and covid. Other research projects involve the Practice searching for patient within a certain criteria. Names and addresses are uploaded to Docmain to send letter to these patients. The Researchers don have this information until the patients consent to take part in the study and are not given access to patient records. Current research projects are going to go on the website.

**Covid Spring Campaign 2024**

Spring covid vaccines are scheduled to start 22nd April 2024 for over 75 year olds. Clinics will be held on a Saturday. Dates to be arranged and eligible patients will be contacted. JM informed the meeting that our uptake for covid vaccines is very good.

**Veteran Friendly Practice**

JM informed the meeting that we are now a Veteran Accredited Practice. Veteran's are entitled to priority treatment within the NHS. When a new patient registers and completes the new patient questionnaire there is section to record if they are a veteran. We do not have a record of this for patients who have been registered with the practice for a while unless they inform us. We will add this to the screens and social media requesting patients inform us if they are Veterans so we can update their records.

**New Patients**

JM discussed that our number of patients is consistently around 9300 but with the amount of new houses that are being built this should have increased. It was suggested that maybe new patients aren't registering with the practice until they need our services, haven't informed their current surgery that they are moved or younger patients maybe seeking private online GP services. She asked the attendees for ideas how we can increase our numbers. It was suggested that we use local social media groups, local businesses such as Estate agents and maybe leaflets/flyers posted into local housing and local free magazine's. EJ was happy to post an article in the parish paper she is involved with.

**Alternative Appointments**

JM informed the meeting as well as appointments here at the Surgery patients can also access Pharmacy 1st where the staff can either send a referral to the pharmacy or the patient go to the Pharmacy for acute conditions such as tonsilitis, urine infections and shingles etc. To help with he winter pressures a service has been set up at Northallerton that patients can also be booked in to. Initially, the patients get a call from a GP or Nurse Practitioner at an allocated time and if necessary the patient will be seen at the Friarage Hospital. Extended hours appointments are also available at Great Ayton Surgery and Friarage Hospital on an evening and weekends. Appointments are available to see a GP, Nurse Practitioner, Practice Nurse and there are also specialised clinics for Menopause and Feno testing. JM did ask the attendees about travelling to Northallerton as the surgery felt that our patients wouldn't be happy to travel there but the attendees all expressed that they would be happy to travel and didn’t feel it was too far. The group felt there should be more information about extended access appointment son the website/social media – JM will update website. NH to encourage staff to offer the extended access appointments.

**Any Other Business**

CH wondered how non-attenders to appointments could be tackled. She mentioned that if you book at a restaurant you get a text asking you to confirm if you will be attending or not. She wondered if a similar system could be set up with a follow up phone call for patients who hadn't replied. Texts are sent to patients reminding them they have an appointment with the option to cancel if the appointment is no longer required. NH explained it may generate a lot of work if we had to start ringing patients who had not replied.

MH had emailed NH regarding not receiving text reminders for an appointment. NH informed the meeting that the practice has a test patient and she had made numerous appointments for the test patient and had put her own mobile number on the records and had received texts reminders for all the appointments made so was unsure why MH had not received his reminders. NH will go through the appointment slots to check they are set up for text reminders

CH also enquired why the Breast Screening Unit had not returned. JM explained to the attendees that unfortunately when the unit arrived it was found to be a fire safety hazard as it was blocking a fire exit and was too near to the building. It had been offered to move on to the grass at the back of the car park but it was too short notice and expensive to do this for this time but should be organised for next time the unit is due in Stokesley in 3-years time.

MH said that every year he receives a letter informing him he has an allocated GP now his over 75. JM and NH informed the meeting that this had just been brought to their attention the day before by a member of staff and it was decided that this no longer needed to be done so he should not receive any more letters.

MH also enquired why phone calls are not available to book online. NH explained that they had previously been available to book online but the slots on the system need a time and unfortunately the doctors don't always ring at the time of the slot as they fit them around their other work. Patients were then ringing to see why the doctor hadn't rang at the time booked. When the appointment slots were previously on the website there was a note informing the patient that the doctors may not ring at that time but often this was missed by the patient so these appointment slots were taken off line

Date of next meeting June 2024 exact date to be confirmed. JM asked the members if they have any agenda items they can email us before we contact them with he date of the next meeting