

## PPG Meeting 9th March 2023

Apologies: Claire Buffin, Chris Rogers, Sam Dunn, Dr Chris Hewer. Diana Rosewell, Andrew Gravells, Sid Venkatanarayanan.

The matters arising from the Dec meeting were covered in Ian's report.

Ian's Report:

He shared the results of both patient and staff satisfaction surveys, the results will be very helpful in planning and implementing improvements in the practice.

The patient survey showed high rates of satisfaction from patients, this has given the team a lift, but staff tend to focus the patients who gave poor feedback. Ian was asked if the patient journey has been improved and pathways have been streamlined. He said this work was ongoing and the "hearing pathway" highlighted at the Dec meeting has focused the attention on other pathways, now staff have clear information to share with patients when they first make contact. An audit showed that 99% of appointments were seen by the correct staff member first time round. The vasectomy pathway does not need a face to face, and children's hearing can be referred on to the appropriate dept and ADHD are now going direct to the school nurse.

The waiting time for appointments has been reduced considerably and the use of remote locums has worked well and the knock on effect is increased availability of face to face appointments. A new GP started last month, but we are still one GP down, there is a locum in place until the end of June and hopefully he will stay on permanently.

The initiative to recruit staff from overseas, although not successful on this occasion recruiting a GP they now have a licence for five years to recruit staff from abroad when the need arises. Dr Chris will support the team in May PLT meeting, the "How to get the best from the Practice" will go out with information to patients. This is on the website for everyone.

The staff survey was also shared and the learning from this is invaluable. How to make the staff feel valued and listening to staff through the suggestion board and other areas such as staff meetings. All staff suggestions are now looked at and responded to, there will be a monthly meeting chaired by Emma with one person from each of the departments such as the prescription team, the patient advisors, the admin team, this will be on a rotational basis so everyone has a opportunity to be engaged with the whole team, this is to make everyone feel part of the team and can make valuable contributions with suggestions and comments and they will be listened to and appreciated for their involvement. The staff responses show that more work is needed on staff retention. A question was asked about staff supervision, this was highlighted as a important area that could be taken forward. Monthly supervision is common in health and social care with positive outcomes. It was suggested this could be started on a alternate months to start with and then developed. Its also gives the opportunity for staff to be up skilled with training and support to undertake more challenging roles.

Staff should be able to say they are not at their best today and have support from their colleagues.

The morning meetings started in lockdown allows the teams to get together first thing in the morning to share ideas and have a catch up.

A new practice nurse has also been recruited, extra to the current team of nurses. There are covid spring boosters available for over 75s and those in the severe clinical risk category, they will be held at Hadwen starting in the spring

The Diabetes eye screening cannot be held at Hadwen due to building space but the ability to invite them to bring their bus to the car park will be proposed.

The improvement programme has now finished but the action points will continue to be worked on in the months to come.

Millie has attended the PPG Network at Sangar House which is bimonthly where she listened to a presentation on Ageing Well, she heard about the frailty teams who respond to community calls

with the emphasis on preventing hospital admissions and now the wards at GRH are called frailty wards. There was no advice on how to age well which she found very disappointing.

The 2nd presentation was a proposed Personal Health Records initiative by the IT dept, this will be many months if not years in the planning stage. There are information buses that attend supermarkets around the country to share this information to the public. A survey was circulated to some members online and members reported back they filled it in. Examples of the issues involved was shared with members, such as when older people who could benefit from a service such as falls prevention or a OT assessment but refused to give permission to accept the service. The PPG Network is attended by the Chair of each PPG but any member is welcome to attend, just let Millie know.

The initiative of keeping people at home is excellent and the fragility team is able to refer to other services.

The Living Well course is going well, the first course has finished and the 2nd six sessions has begun, its about lifestyle changes. Millie explained how the course works and how it is tailored to the needs of those who attend.

Feedback from patients was very positive but this needs to be an annual engagement and Ian is looking at getting a better response rate to the family and friends test questions. it is a bit hit and miss currently but from next month a text will go out to some patients to get feedback. The National Patient survey has a very poor response rate with no indication when they engaged with the practice- it could have been five years previously. A close to home survey that is current and up to date will be much more meaningful.

A question was asked about having a continued engagement with the same Dr who has started an investigation or treatment, Ian reassured us that this was normal practice to stay with the same GP, Ian suggested the patient should contact the practice directly so the case should be investigated. Drs had continuity slots in order to follow up cases where this is appropriate.

The next question was about the information coming out in the press regarding the political influences on health policy and publicity especially during the covid period. We felt this was not something that lies on our domain. Ian explained the levels of buffer between the politicians and health delivery at GP practice level.

The government is doing a major review from the Covid response and this will take a couple of years for us to see the results.

Ian update the PPG on the issue which arose last week with text messages getting overlapped where some patients were sent incorrect information at 6pm on the Thur evening, this was picked up on Friday morning and a updated text was sent out to these patients apologising for the incorrect information being sent out. Many of those affected contacted the practice on Fri - they received an apology by 10am on Friday morning.

A test batch of test messages had been sent out previously which worked perfectly well. No incorrect coding was entered on patients notes. There is now clear understanding of what went wrong and a further stage of safely checking is now in place. Some patients were very understanding and others were less sympathetic to the team. This was a learning opportunity for the team. Millie had been contacted by a concerned patient and the PPG was pleased that a fast response was forthcoming.

Emma fed back on the muscular skeletal service which is very short staffed, she now feels more informed and she found the treatment to be excellent. Those who were given appointments too far in advance had a lower attendance rate, appointments given nearer the time had much higher attendance rates.

Millie thanked everyone for attending.