

Sheepcot Medical Centre

Minutes of PPG Practice Meeting Held on Monday, 27th January 2020

Attendees

Steve Macaulay (chair)
Jack Alvarez
Sharon Carter (secretary)
Andy Glodowski
Krystyna Glodowska
Brenda Hall
Stephen Hill
Dr A Jackson
Liz Lythaby

Apologies for absence

None required.

1. Review of Previous Meetings

No specific comments on or changes required to the Minutes of the previous meeting held on 4th November 2019.

Steve raised the outstanding point regarding the process for booking follow-up appointments. Dr Jackson advised that, in such circumstances, he either presented patients with a paper slip to be handed to Reception or made a specific comment in the patient's record which would be visible to Reception. However, based on recent patient comments and examples presented in the room, it appeared that this process was not being applied by all doctors, resulting in patients sometimes being unable to book follow-up within the time required by the doctor. **Liz and Dr Jackson agreed to follow up on this point to ensure consistency.**

Steve also advised that the group remained keen to pursue additional signage for the disabled parking spaces, in particular marking the road surface. He pointed out that, whilst the new signs had been erected, the space was still sometimes being abused by those without a disability. It was acknowledged that not all disabilities are visible but even in such cases, blue badges should be displayed. **Stephen Hill advised that he would seek costings for road marking for consideration at the next Practice meeting.** There is clearly an issue with some people abusing the spaces, particularly those "popping in" to drop off or collect items, but the Practice acknowledged that policing the issue by reception is difficult.

2. Updates and Items for Discussion

2.1 New PPG Members

Andy and Krys were introduced to the Practice members and Steve advised that there were potentially three further members who had shown an interest. The intention is to invite them along to the next Patient meeting as an introduction.

2.2 Introduction of additional online triage software for patient appointments

Current plans are for a 6-month trial of triage software to commence in Feb/March 20, although the Practice had limited information on this at present. The purpose of the software would be to 'filter' patients using an automated, pre-loaded set of questions approved by former GP, Sarah Jarvis, who is currently acting as advisor to EMIS, the software supplier. Minor, or possibly non-medical, cases could, potentially, be referred to other areas of support, leaving GPs more time to deal with more acute or complicated medical issues. The automated system would be used to filter "emergency" cases for patients calling in for a same-day urgent appointments.

The success of the system and the effectiveness of the questions posed will ultimately be determined by the trial. It is anticipated the CCG will also be monitoring any associated increases in A&E numbers. Steve advised that the PPG would be willing to help with introducing the concept of the process to patients, should that be deemed helpful to the Practice. Both Liz and Dr Jackson felt it would be helpful once further information is received.

2.3 Developments in Local Primary Care Network, Including Staffing

Dr Jackson confirmed that the Practice has appointed a senior Clinical Pharmacist for the local primary care network. There was discussion on the kind of things she would deal with, although the full extent of her job profile had yet to be agreed. The Clinical Pharmacist to be shared between the 3 practices in the local primary care network and would spend 2 days a week at Sheepcot.

Importantly, the Primary Care Network contract 20-21 has yet to be agreed at a national level, which would influence how and whether her employment will be extended beyond 31st March 2020.

Dr Jackson also confirmed that a Social Prescriber had also been identified and was scheduled to start shortly, also subject to 20-21 contract being agreed. The role of the Social Prescriber would be subject to further clarification, but is likely to signpost patients on non-medical matters to specialist support and information groups in the community.

Should these roles go ahead, it was agreed that information on them should be included in the next PPG Newsletter.

2.4 PPG Newsletter: comments and ways to encourage wider readership

General consensus was that the Newsletter was very informative but it was impossible to gauge how many patients had actually seen the document. Whilst it was available on the Reception desk, many patients may well have been unaware of it. **Brenda volunteered to create a sign drawing attention to it also highlighting the fact that a PDF copy was available on the Sheepcot website.** Liz would seek it to be included in News feed on the front page of the website. Unfortunately it had not been possible to proactively send texts to patients with a link to the website due to the GDPR implications and seeking consent/refusal from patients would detrimentally affect all mailings from the Practice.

Options for raising visibility included better sign-posting on the website, information on the waiting room plasma screens, increasing some newsletters to the size to A3 and placing copies on chairs in the waiting room. **Liz agreed to put this in place after discussing with Teresa.**

Krys also suggested that it might be possible to include a reference to it in the local residents' blog, which she offered to pursue. It was suggested there could be a mention in the blog, regarding attracting new PPG members from the estate also.

In order to solicit feedback on the value of the Newsletter, it was suggested that a feedback request be added to future publications, directing comments to the PPG email address or via the comments box in Reception.

2.5 Increasing Use of Patient Access

Dr Jackson indicated that he had seen an uptake in usage and broadly thought that around two thirds of patients now had online access. However, the actual numbers of patients using the service was not available at the time of the meeting. Ongoing issues with the software were raised and it was felt that, in order to be truly successful, it needed to be reliable. Liz pointed out there could be issues with permissions from Sheepcot as well as software issues-both needed to be checked. It was suggested that a questionnaire on Patient Access might be useful at some point.

Jack kindly offered to resume his waiting-room sessions. **Liz said she would check potential dates once Teresa was back.**

2.6 Cancer awareness training for PPG members

Steve confirmed that a date and time had been agreed for this (17th Feb at 6pm) but he was awaiting confirmation regarding room availability at the Practice. **Liz advised that, as far as she was aware, confirmation had been received regarding use of the upstairs waiting room but she would check and confirm.** Seating will be provided for around 20 people.

2.7 Patient engagement network meeting 3 February

Steve advised there would be a meeting of the local patient engagement network on 3 February. He believed there was now a push to improve the effectiveness of PPGs. Sharon, Stephen and Brenda confirmed they would be attending this meeting – unfortunately Steve was unable to attend due to prior commitments. Steve highlighted some of the key sessions on the agenda, notably an update on the possible PPG incentive scheme. However, Liz confirmed that the Practice had still not received any information about this.

3. Any Other Business

Liz advised the meeting that she was expecting an imminent call from CQC to arrange initially a phone inspection, which would it was anticipated, would probably require a face-to-face CQC visit thereafter. In view of how supportive the PPG were for the practice's first CQC inspection, she requested support from the PPG. Steve confirmed, on behalf of the PPG, that it would be happy to offer support as needed.

As a member of a CCG working party meeting every couple of months, Brenda outlined her contribution from the perspective of a patient, as well as her NHS experience; she highlighted her forthcoming attendance at a training workshop. The perspective of patient volunteers was invaluable: an example given was prescription "medication switch" letters which she and a readers' panel reviewed. Dr Jackson felt that this was a particularly worthwhile, given constant changes to prescription medication as a result of newer or more cost-effective drugs coming to market.

5. Dates of Future Meetings

The next PPG Patient Meeting is scheduled to be on Monday, 10th February at 6 pm.
The next PPG Practice Meeting is scheduled for Monday, 16th March 2020 at 6 pm.