

PPG MEETING MINUTES

Location: Microsoft Teams
Date: 29th November 2023
Time: 5.00pm

Agenda:

- **Introduction** – All members introduced themselves and their roles. BJ explained he works for N3I the practices IT company however he is acting as a patient and not in his role with N3I. MP informed us he is a new member to the PPG, and this was his first meeting.
- **Feedback on Klinik** - BJ said he had used Klinik a few months prior and found this had gone smoothly and that he had received an appropriate appointment following this.

MP mentioned that it may be confusing for patients as there are several web-based things that the practice uses, and he cannot get these apps to work. MP also expressed concern for those patients who may not be tech savvy and explained he feels there are too many ways to contact the surgery. GH indicated that the practice is no longer using Push doctor as this was only for a brief period so that is one system less and that patients can still use the traditional methods (telephone and in person) to contact the surgery.

RJ mentioned that sometimes you can be in the que on the phones, get to number 1 in the que and then get cut off. GH apologised if this happens and could be down to human error and will follow up with reception to review.

***Action- VC to discuss with receptionists if this is happening often and feedback information to telephone provider.**

- **Call back Feature on phones** – GH introduced a new 'call back' feature on the phones, if selected the system will call them back. RJ said she felt like this was a good idea. MP also felt this was a good idea as a way to reduce burden on the practice. RJ asked how many staff members are working on the phones and GH indicated that there were 2 in the back of reception who answer telephone calls and one on reception dealing with patients.

NS explained that NHS England want surgeries to be able to be accessible in lots of ways to patients which is why we were in the process of setting up the call back

feature. NS also explained this is the reason we try to see as many patients face to face as possible as we try to be accessible to all.

GH informed the meeting members the timeline for the call back feature to be up and running was the end of December 2023.

- **Telephone Feedback-** MP explained that he had been lucky enough not to of had many health issues however he had recently used our services and felt that when an appointment was booked it wasn't clear whether he was to ring us, or the clinician was going to contact him. NS explained to members of the meeting that reception should never give a specific time for a telephone appointment to patients but a window of time either AM or PM of when a clinician may ring.

Action – VC to check that reception are doing this & review messages to see if clear to patients re appointment type.

- **Care Navigation –** GH explained that care navigation had been implemented for quite some time within Winterton medical practice and explained the purpose was to ensure patients are sign posted to the most appropriate clinician. MP indicated that he had spoken to the surgery before, and this had been explained to him at the time.

Discussion was then held around the concerns of patients coming to the front desk with a private issue and VC informed the members that this is something she is currently looking into and reviewing solutions for this to alleviate this issue for patients.

NS then explained that there are many different pathways to manage priority of patients i.e. Physios, mental health nurses, pharmacists etc. RJ felt it would be useful to promote these roles on website and leaflets. GH added that this information is contained on our website, and we promote them in our newsletters etc.

BJ added that he feels Winterton surgery is good but doesn't particularly like the Burton surgery layout for confidentiality. NS mentioned we can have a look at the burton surgery layout and maybe look at ways to improve this.

***Action – VC to look at Burton surgery layout.**

MP mentioned that even at Winterton conversations can still be overheard when patients are discussing things at the front desk.

RJ advised that if she had something private to say she would probably write it on a piece of paper and hand it over to the receptionist so that she didn't have to say it in the waiting room.

MP also mentioned staff members discussing things outside of work and GH and VC advised this should not be happening as training is provided to new starters and ongoing updates are given. VC mentioned an update training session was planned next week and if any information was brought forward, it would be investigated.

- **Website -** VC asked the members if they were able to provide feedback as the website had recently been updated. VC advised the reason we wanted feedback was to ensure that the website was user friendly and accessible.

MP mentioned he had used the website before and found it worked for him.

BJ explained that he had looked at the website and liked it.

RJ asked whether there is still a patient leaflet that contains the same information for those who don't have internet access. GH confirmed that there was.

Action – For PPG members to look at website again and feedback at next meeting.

- **Access to records** - GH gave an overview on the new access to records legislation. This meant that patients who didn't have full access to their records would now be able to access their own medical records from the 31st October 2023 onwards, if they had an appropriate app.

BJ explained how this had not been an easy thing for practices to do and how clinicians now had to write things with patients in mind & that clinicians need to hide things that may be harmful to patients. BJ also mentioned that through his job he had noticed issues from other practices in that patients were noticing slight issues on their medical records. BJ said he felt this was a good thing as patients records can then be made accurate and feels this empowers the patient. MP also agreed with BJ about improving the data quality.

NS discussed how she felt there were pros and cons to accessing records and would be better if hospitals switched on a system called "patient knows best" to sync together. NS also mentioned that clinicians had started to be more cautious when typing in patient notes and trying to cut down on abbreviations as this may be confusing for patients. BJ also mentioned that the patient knows best app will eventually be able to accept data added from patients to add to the record.

Discussion was then had between PPG members around current apps, ACCURX, NHS app and Airmid. BJ said he thought that Airmid was a TPP based app. GH then went on to explain as a practice we don't have a choice of which app patients use as they are all national choices for patients. MP then asked if there was a way, we could put something on our website to say which preferred app the surgery would prefer patients to use. GH indicated that for the practice it didn't matter make any difference what app was used. This was more down to patient choice/preference.

MP also mentioned that when the surgery was using Push doctor it felt like we were pushing patients towards private healthcare. GH & VC explained this was not the case at all and this system had been provided to practices to use for a short duration to support capacity.

- **How to recruit more PPG members** – GH asked PPG members if they are happy to hold these meetings virtually rather than Face to Face. All members agreed this worked better and took the pressure off the practice.

GH then went on to ask the members if they had any ideas on how we can recruit more PPG members. BJ said that using our Facebook page may be a good way. BJ also explained that he had been a PPG member for some time and had been involved in efforts previously to recruit new members and had visited the school as part of this effort.

RJ asked whether we could have a screen in reception that promotes other services and GH explained we do already have a screen that does this. VC advised we are also looking at a new Jayex board and again this can be done on there.

NS went on to say that patients don't realise how many DNA's we have, how many patient contacts we receive or the work that goes on in the background from all staff but also GH and VC. NS also mentioned the issues around the car park and asked the PPG members if this is something they would be willing to help with. RJ said she has noticed the car park is an issue and more patients / staff who are able to, should walk.

BJ then went on to say the car park relates back to earlier conversation that if patients can ring and not be waiting for long periods of time then this would reduce the use on the car park and also the carbon footprint.

Action- VC to look at promoting PPG group on practice Facebook.

- **AOB** – NS mentioned upcoming CQC inspection that may be in 2024 and gaining user perspective.