**Minutes of Park Surgery**

**PPG Meeting**

**Thursday 13th April 2023**

**5pm at Park Surgery**

Attendees: Brian Roberts (BR) (Chair)

Kath Bode (KB) (Vice-Chair)

Mark Hope-Unwin (MU)

Sue Clements (SC) (Secretary) (arrived 5.20pm)

Jane Crowley (JC) (Park and Meadowside Site Manager)

Graham Clarke (GC) (Meadowside PPG and GPS PPG Chair)

Balvinder Devi (BD) (Compliance and Governance Manager)

Apologies: Richard Puzia

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| **Item** |  | **For Action**  **by** |
| **1**  **1a** | **Welcome** **and Introductions** – BR welcomed everyone.  Apologies – Richard Puzia. |  |
| **2**  **2a**  **2b** | **Minutes of Previous Meeting 5th January 2023**  Accepted as a true record.  Matters arising  2. Communications with patients – JC has checked with the IT experts and the system does not allow for separation of messages so additional methods such as posters and the website must be used.  2. Organisation chart – JC said this is still work in progress and only a draft has been produced but the aim is to complete by July 2023 and it will then be sent to GC. Following on from this, BD clarified the levels of resources.  5.2. Patient Questionnaire – BD took the group through the results of the questionnaire – it will be circulated to all PPG members. There were many positive responses and those comments which were not so good would be addressed. The overall impression is that once patients get through to the appropriate health professional, either via the telephone system or face to face with a receptionist, they were then satisfied with the care they received, so work to be done on the quality of the initial contact. The system went live in April 2021, but COVID has skewed the analysis of any data. The call stats are now looking good and there has been a huge improvement in the last year (time for a call to be answered down to 6 minutes 8 seconds). BD and JC confirmed that issues with the electronic systems are in hand, and the reception teams are being tracked to see what training is required. Some of the answers which were not so good (eg mental health care) probably needed a second question to establish the root of the dissatisfaction. BD said there is a national questionnaire done annually in July and GPS do their own in January. BD described how the dashboard works and the escalation process when the call-wait times get too long, and all staff are gradually getting used to how to make the system more efficient. She also said nationally that the expectation a patient can always see their preferred GP is a thing of the past. You must have an assigned GP as every salaried GP is allocated a set number of patients, and you can ask to see that GP, but it is not guaranteed. Any medical information will go to the GP who raised a referral and contingencies are in place if that GP is not in the surgery at that time. Red flag results are seen by another GP and lessons are learnt in the unlikely event a problem occurs. MU congratulated the team on the significant improvement and said the critical responses were such a low % it is of little significance, and time should not be wasted to drill down if the response was less than 10%. | **BD** |
| **3** | **Update from GPS PPG**  The next GPS meeting will take place on Monday 17th April. The problem is that half of the sites still do not have representation. The meeting on Monday will hopefully reach a conclusion which will ensure the issues of the individual PPGs are considered, and the GPS meetings are manageable – limit the time and number of contributions from the PPGs. JC said already our 2 sites behave as “MeadowPark” and this is happening at the other GPS sites, so representatives could settle individual issues at this type of meeting and then only raise points at the GPS meetings which require a wider discussion. |  |
| **4**  **4a** | **Park Surgery specific update and issues**  **Premises update**  JC explained how the damage to the building at Park had occurred and that the structural engineer had closed the site to both staff and patients for safety reasons. All is in place for the repairs and 4 months is the estimated completion time, so management is looking for an alternative location as an interim solution. Therefore, face-to-face appointments are likely to be at Tanworth Lane as a first call, with a sprinkling of visits to other sites when demand is high. JC will try to get some improvements included in the project, such as a wider main door and improved ramp. |  |
| **4b** | **Staff update**  JC reported that Dr Bagga had left Park to pursue other interests and a new partner had joined. However, recruitment is still difficult at most sites in a variety of roles. |  |
| **4c** | **Internal posters/signage**  This is probably irrelevant at the moment due to the building works. JC and GC said Meadowside’s A3 poster needs to be revisited which could be used at other sites and could include the information sheet GC had put together. It was felt that clinicians are the best people to approach suitable patients to recruit new members, and JC and BD will bring this up with the practitioners at the next big staff meeting. GC said NAPP have a template which could be adapted and used as a note to hand out to prospective members at consultations. BR and GC described how they have both been asked to meet with CQC auditors during inspections to give the PPG point of view, so it is important for all sites to have members. |  |
| **5** | **AOB**   1. COVID Spring booster – GC asked when this is happening and if PPG members would be needed. BD said it is a 12 week programme starting on 17.4.2023 with the same arrangements at Monkspath Medical Centre. BD will contact GC about PPG volunteers. 2. Booking appointments – KB reported a problem when booking a follow up appointment – GP at a face-to-face meeting had told the patient to book a necessary future appointment at reception but the receptionist said they must call on the day which meant it might not happen. JC and BD said this should not happen and the GP could book the appointment, and this was an area that they would look at. SC said the call back system had worked well for her. 3. Future developments – BD explained how the NHS is learning to work differently due to reduced staff and funding. Care will probably be provided by other health care professionals rather than a GP and this should not impact on the quality of care. In Solihull, this may extend beyond the GPS surgeries (there are 21 practices currently in Solihull) so some may specialise, such as dermatology, and BD reassured the meeting that patients will not get lost “under the umbrella” of a larger organisation. | **BD** |
| **5** | **Date and time of the next meeting –** Thursday 20th July at 5pm – venue TBC |  |

Meeting closed 6.50pm

Approved and Signed……………………………………………………………………………………………

Date…………………………………………………………