**Minutes of the GPSH**

**Face-to-Face PPG Meeting**

**Tanworth Lane**

**Monday 25th September 2023**

**6.30pm**

Attendees:

Graham Clarke (GC) Meadowside PPG (Chairman)

Jean Barnett (JB) Knowle/Blythe PPG

Balvinder Devi (BD) GPS Compliance and Governance Manager

Mike Baker (MB) GPS Doctor and Senior Management

Andrew Geddes (AG) Yew Tree PPG

Elizabeth Tout (ET) Yew Tree PPG

Brian Roberts (BR) Park PPG

Kath Bode (KB) Park PPG

Sue Clements (SC) Park PPG

Stephen Clark (SC1) Village PPG

Sue Clark (SC2) Village PPG

Apologies:

Simon Tunnicliffe CEO GPSH

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|  |  | **For Action**  **by** |
| **Welcome and introduction** | GC opened the meeting and welcomed those attending, including SC1 and SC2 as new members of Village PPG and MB who was representing Simon.  Members introduced themselves and identified which practice they were representing.  GC reported that apologies had been received from Simon Tunnicliffe. |  |
| **Previous Minutes** | The minutes were approved, being proposed by KB and seconded by BR as a true record of the previous meeting. |  |
| **Matters Arising** | Action 1 - This action has been completed and PPG members were asked to look at the noticeboard in their surgeries and check the location is prominent and information displayed is current.  Action 2 – BD confirmed surgery staff are using the recruitment forms to try and increase the number of PPG members. |  |
| **Updates** | **Park Surgery** – Outstanding issue is refitting the front door. There are various stakeholders involved (eg insurance company, SMBC, Highways) so it has been hard work chasing them and getting them all to agree. Access is still limited to patients who must attend Park for appointments, but most patients are attending Meadowside or Tanworth Lane surgeries.  **Staffing** –  1. The Site Manager for Park/Meadowside sites is back from sick leave.  2. There is a new Site Manager in post at Tanworth Lane/Village sites.  3. 6 new receptionists have started and being trained up.  4. GC said he would like to meet the Site Managers and BD said she would ask the Operations Manager to invite him to their next meeting.  5. MB explained staff retention is a major problem in the NHS and GPS is working hard to compete with other local opportunities for staff so being creative and concentrating on things such as staff well-being and offering flexibility.  **Covid vaccination programme** – Saturday 23rd September was only dealing with flu jabs due to lack of Covid vaccine, but it will start on 30th September for both. BD said any help PPG members could offer would be appreciated and we could use the opportunity to try and recruit PPG members. SC said she had passed on the dates she was available up to the end of the programme but had not been contacted.  **Telephone system** – MB said the waiting time was a healthy 6 minutes up to July but increased to 52 minutes in August due to a combination of factors (eg sickness, increase volume during strike days, etc) which were outside their control. September’s figures should be better.  **New NHS telephone system** – BR said he had seen a report in the summer about NHS trialling a new national system which would improve access to surgeries. MB said this was a bit of a red herring and GPS had already moved to a cloud base system, but any system relies on having enough people to answer the calls. Every member of staff is being trained so they can hop on in the busy peak times. Advantages of this system include calls can be answered off site while still maintaining confidentiality with patient details, and algorithms which triage calls. SC2 said this was not happening and described several occasions when they were just told to try again the next day for an appointment without any questions about the reason for the call. They had to walk down to the surgery to ensure they could see a doctor asap. MB and BD said this was wrong and would investigate. JB said it was the same at Knowle. GPS is constantly trying to improve and modify the system to satisfy an everchanging demand for appointments.  SC2 also showed BD a SIMS message which showed the date and time of an appointment but not the location. This wasted everyone’s time when patients turned up at the wrong site. BD will investigate.  GC said the main gripe is not being able to book an appointment for that day after holding on for a long time. BD said it is a complicated process, but the new system was good if you can access online which will hopefully free up the lines for those using land lines. MB said they are testing out an upgrade on a 3 month free trial but only using it in-house to see how it works.  **GPS position regarding RAAC** – MB reported that all 6 sites are quite new so should not be affected by RAAC. However, they are waiting for the definitive advice from NHS to make sure. | BD  All  BD  BD |
| **Review TORs for PPGs** | Not discussed. |  |
| **Agree new standard format for future agendas** | BD and MB agreed to take this on board so KPIs are a standard agenda item. | BD MB |
| **Other questions raised by PPGs** | **Site Managers v Practice Managers** – AG asked what was the difference between the 2 roles. BD explained Site Managers were sufficient for the individual surgeries because the GPS organisation looked after the areas a Practice Manager at a stand-alone site would be responsible for – finance, HR, strategic management and planning, H&S, etc. The Site Manager looks after day-2-day issues at the site and reports to the GPS senior management.  JB is the sole PPG member at Knowle and said there is no communication with the Site Manager. She is not getting any information passed on – there have been 3 come and go within the last 2 or 3 years.  BD said there are now 3 Site Managers to cover the 6 sites – first time for a long time.  **CQC inspection** – MB said an inspection is due within the next 6 to 12 months but they do not have a date. They usually get 2 to 4 weeks notice.  **Update on actions since the last Patients’ questionnaire** – BD said a new one will be issued soon. ET asked if space could be included for you to put additional comments. BD said yes but there are guidelines on the format for them to follow. She said the results are seen by all the doctors, senior management and Site Managers and although the results have been steadily improving over the last 3 years, GPS wants them to be better. GC asked who looks at the comments on social media. BD said she monitors that and looks for trends and the comments have not been a surprise. Changes to the NHS contracts with surgeries have changed many times over the last 8 years and this has caused dissatisfaction.  **Can GPS share their Short/medium/long term plans with the PPGs**  – MB said the current main priorities are staff retention and clinicians’ well-being and how to improve access to the services. The crisis during the last few years has made it difficult to plan, but senior management will be producing some plans in the Spring next year. External factors (eg new housing developments with no consultation with SMBC) add to the challenges and GPS will not be looking to add more surgeries to the organisation.  **How does GPS feel that our surgeries have improved by being in a group of 6?** – There are very few standalone surgeries. The amalgamation has led to providing services inhouse (dermatology, muscular skeletal problems, women’s health, etc) and support for colleagues. Park surgery would have been in real trouble if the other sites had not stepped in to help. | BD |
| **Any Other Business** | (Items discussed during the meeting but not covered in the agenda items)  **GPSPPG and Site PPGs** – BD said this group had been formed because there were so few members at the individual surgeries and the senior management were available to answer questions. The final decision about the structure of individual PPGs must wait for when Simon attends.  **Ways members can help** – There was an animated discussion about support and communication both ways. Members want to help but are not coming forward when there are opportunities. Some members said they had not been aware of these, so we need to improve the circulation of information. Suggestions included holding coffee mornings to engage with patients and have brainstorming sessions (what does excellent patient care look like?). Our current objectives are to help with the vaccine roll out and increase the number of PPG members.  **GP:patient ratio** – MB said GPS was the 2nd best in Solihull 3 months ago but may have slipped now because we are 3 to 4 doctors short across the 6 sites.  **Where did it all go wrong?** – JB asked why patients (generally, not just at GPS) can no longer get appointments easily and with the doctor of choice. MB answered that it is a complicated answer – people are living longer therefore suffering with more ailments which are more complicated needing more expensive drugs, and they have rising expectations. This need is set against less funding and fewer staff. |  |
| **Next meeting** | **Monday 11th December 2023 at 6.30pm** at Tanworth Lane site.    Everyone was thanked for attending and contributing to the discussions. The meeting closed at 8.20pm. |  |