



Meeting Minutes

PATIENT PARTICIPATION GROUP MEETING

[Tuesday 7th November 2023 @ 2pm]
[Staff meeting room – 1st floor - practice]

Attendees:

Stephen SHELTON (SS) - Chairperson
Suraj N Gupta (SNG) - Vice Chairperson
Pardeep Chibber (PC)
Lakshmi Tumpati (LT)
Rohima Uddin (RU)

Non-Attendees:

Mohammed Saleem
Suresh VASISHTHA
Rakesh BANSAL
Abdul Aziz
Rakesh Bansal
Paul Addison

No.	Agenda Item	Action
1.	<p>Introductions</p> <p>RC Thank you for coming today to take part in our Patient Participation Group. Whilst most of you are familiar with the format, this forum is to encourage people to engage with the NHS as well as with their own healthcare. The group can provide practical support for the surgery and help contribute to the continuous improvement of services. What the PPG purpose is not is for the discussion of personal medical history with clinicians and topics of religion or politics such as gender politics is best avoided. Thank you again for your support.</p>	RC
2.	<p>PPG Positions</p> <p>All PPG positions were confirmed as follows Mr Stephen Shelton –Chairperson Suresh Vasishtha – Secretary Abdul Aziz– PPG Member Rakesh Bansal - PPG Member Paul Addison - PPG Member Mr Mohammed Saleem</p>	PC
	<p>Actions from Previous Meeting</p> <p>First item on here is approval of the previous PPG meeting minutes. Action points noted at that last jointly held, PCN run, PPG meeting was surgery staff should focus on recruitment of PPG members plus improve communication between surgery teams, patients and across the PCN. Today's meeting will show the progress made by working as a PCN collective of</p>	PC

	<p>practices in Barking & Dagenham. A key example includes locally available Together First same day access appointments that act as evening spillovers by providing additional clinical appointment slots weekdays from 6pm until 9pm and on Saturdays too from 9 am to 6 pm but only for nurse appointments presently.</p>	
	<p>In addition national NHS/ local Integrated Care Board initiatives such as 'Demand and Access' have come through in this GP contract this year. This focus welcomed, given the national bad press about the wait times for appointments and these new initiatives are all about managing the demand for appointments and servicing them and making more appointments available for our patients by making sure we have the right mix of appointments. These new appointment measures and monitoring of them are fully operational as of Q4 2023.</p> <p>SS confirmed that appointment experience had improved significantly recently and staff dealing with them were much more assured than earlier in the year. PC confirmed that there was a lot of staff turnover at the end of 2022 that impacted the start of 2023 but staff turnover has been very low since and the new recruits have settled well into their roles. Staff retention is a big focus for the practice and the measures are working.</p>	<p>LT</p> <p>SS</p>
<p>3.</p>	<p>National GP Survey 2023</p> <ul style="list-style-type: none"> - The practice did not fair as well in several of the measures including appointment access and patient seeing their preferred GP Plus feeling they had sufficient time and were listened to are other examples. This has been fed back to clinicians/ admin personnel in staff meetings so that they can build on addressing these concerns if not doing so already. - The strong reflection of this is because patients who cannot get an urgent appointment or be seen on the spot or just simply unhappy with the NHS service are more likely not to recommend our surgery or any surgery. None-the-less as a practice, we aim to deliver on every aspect of patient satisfaction where possible. - Patients not able to get an appointment is was not as high as wished for One poorly surveyed reason is that we have over 500 patients already who did not attend their appointments this financial year. This number has a direct impact on the patients who couldn't get an urgent or a routine appointment. We would expect patients to let us know if they cannot attend their appointment so it can be offered to another patient. This is what the percentage of the survey actually reflects. <p>We will look into displaying the number of patients who did not attend their appointments every month in the waiting room so they all understand that it is vital to inform us if you can't make it so it can be offered to another patient.</p>	<p>PC</p> <p>LT</p> <p>Governance Board including DNA no. etc</p>
	<p>Improving Appointments Availability</p> <p>None-the less there is as always room for improvement by the practice and this is being taken seriously via our own internal feedback forms.</p> <p>PC relayed that higher satisfaction levels was backed up by scores achieved by the practice's new Internal Patient Survey which has been running since August 2023 to address many of the weaknesses identified by the NHS National Patient Survey results released in July 2023 . Early poor scores were mostly down to appointment wait times or insufficient F2F availability. These scores have shown month on month improvement, with the number of poor/fair scores declining significantly. In addition the practice seeks Friends and Family (FFT)</p>	<p>PC</p>

	<p>feedback from its patients either by paper or via texts. SS asks whether that is the same FFT link he receives on his mobile and completes after each appointment to which LT replies that yes that is exactly it. That feedback is collated internally by practice management for performance tracking and also reported centrally via CQRS each month.</p>	
	<p>LT affirmed that the lessening of patient frustrations has been reflected in patient survey scores due to shorter wait times for F2F or telephone appointments running at 5 to 6 days; plus the share of F2F appointments as a share of total appointments had grown to around 70% to meet the demand for this category. Also the total number of appointments on offer has increased too: under the new GP contract we are obliged to give 150 appointments face to face per week but we're giving 252 upon this per week. Similarly instead of giving like 100 appointments for telephone we're giving 150 appointments per week. The practice appointment load has also been lessened by doing referrals to the community pharmacist for minor ailments like benign colds, cough and fever.</p>	LT
	<p>PC backed up the increase in total appointments by reporting that given the national issue of ageing GPs approaching retirement, the practice has recruited a cohort of new doctors, younger ones, who are doing more or longer sessions and have settled in well by receiving good feedback from our patients. They include Locum Drs Manideep Bhagal, Sarah Marouf, Sarah Sommer and Michael Ah Yoon. The added benefit of the locum pool is that holiday cover is never an issue.</p>	PC
	<p>On the flip side as already mentioned, PC reported that patient access to appointments is not helped by patients who DNA their appointment which for the current financial year to November 2023 is running at 553 missed. This is a significant waste and whilst staff are obliged to reassign replacement appointments to these patients, they do always remind them of the importance of attending or else to call up so that we can reassign these to others so that they do not go to waste.</p>	
	<p>SS asked if out of hours access was part of these new GP contract arrangements. LT reported that presently out-of-hours arrangements remain the same i.e. Dial 111 and if advised to do so then local A&E. PC said let's see if out-of-hours primary care improvements will be included in the next phase.</p>	SS/ PC
4.	<p>Patient Survey Form was discussed with everyone adding input We all decided that the patient survey drafted for the last PPG meeting requires some minor amendments:</p> <ul style="list-style-type: none"> • The survey to be on ONE page or double sided at the least • The answers to be either 'Yes or No' • A comments box at the bottom of the survey if patients wish to leave any suggestions or feedback • A box in the waiting room for patients to place their completed surveys for added discretion • The receptionists would hand the patient the survey on arrival so they can start the survey and complete it after their consultation has finished either with the doctor, nurse or HCA. This would also give the patient the opportunity to ask for assistance if they encountered any problem with completing the survey. <p>The final draft to be shared with the doctors for review and approval. The approved version will be sent to the PPG members.</p>	ALL

5.	<p>Improved Patient Telephone Experience by early next year</p> <p>PC explained that he expects the patient phone experience to improve too by April next year, when new cloud telephony functionality is due to come on board starting with the 'callback' option and followed soon after by signposting and queuing functionality too.</p>	PC
5.	<p>SD wished to feedback his observations of the practice as a patient</p> <ul style="list-style-type: none"> - I feel there is a good atmosphere at the surgery with good service of late probably helped by greater appointments availability leading to less pressure on staff. The girls are always helpful and supportive and while some of the newer staff were a little slow to begin with, they have settled in now. <p>Dr SG has always provided me with a personalised patient centred service that indicates caring but this also takes up a lot of time resulting in other patients running late for their appointments.</p> <p>Dr SM always discusses matters with me in an educational fashion so I understand which is helpful.</p> <ul style="list-style-type: none"> - There is a feeling that patients at the surgery mainly the elderly attend the surgery regularly for social visits/chats with their neighbours and friends who have possibly booked a 'check-up' consultation with the doctor. Is this the case? And why can't social workers or the community take on this responsibility to work closely with the elderly? - Emphasise on the use of local Pharmacists knowledge and the promotion by Government to utilise this knowledge where possible. The local pharmacist has a booth, which I think is used for this? - There is also a survey for patients to sign in the pharmacists saying 'save the pharmacists' not sure what this is all about so I've invited the local pharmacist at the surgery to attend our next PPG meeting and these questions can be presented to them directly. I can find out about the survey and let you know. - This will also educate patients to explore medication that doesn't require a prescription as antibiotics isn't always the answer. This would also reduce the request for our urgent appointments. Seek advice first from your local pharmacist. 	SS
	<p>SS complimented the service he gets from our most senior nurse Gursharn who has been with the practice over 20 years. PC adds that she is part of a 3 strong nursing pool that includes Angela and Victoria too and again the pool of nurses mean that holiday cover is hardly ever an issue. In addition, we are also employing an advanced practitioner nurse Geneieve who is qualified to prescribe prescriptions to our patients too.</p> <p>PC also fed back that in addition to physiotherapy sessions at the practice, with the PCN's pooled AARP staff we have been able to restart child and adult mental health sessions, which is very topical at the moment given the well published mental health issues amongst the young and old in our communities.</p>	SS
	<p>Focus on Carers</p> <p>LT also fed back the focus on carers this year, who typically carry a high burden of responsibility. The aim being to check that they are coping ok and if need be, to connect them to other agencies such as social services, income support related assistance, Barking & Dagenham Carers organisation etc. The practice invited all 45 carers on our list to an afternoon coffee session in October of this year. Whilst only one turned up, a mother of a learning disability daughter, it still felt</p>	LT

	worthwhile as we took steps to refer her to daughters to social services as her daughter was seeking to be more independent by leaving home for accommodation of her own where she would have support. SS mentioned that his daughter worked with the council on setting up housing arrangements just like the one PC was seeking for his patient. LT agreed when finalising the patient's care plan, she would consult SS for good pathways at the council where such applications could be submitted.	SS
6.	<p>AOB</p> <p>Q? Can a water dispenser be placed in the waiting room?</p> <p>A- Due to health and safety and can be a hazard with children we can place a dispenser inside reception area and place a sign in the waiting area to let patients know there is a dispenser available if anyone wishes a cup/s of water.</p> <p>Q? Can some of the furniture be changed/upgraded in the waiting room?</p> <p>A- We have to have wooden or plastic furniture as required by our regulators for hygienic purposes. Our current furniture is in good condition therefore no requirement for upgrade at this time.</p> <p>Q? The TV screen needs information that will engage the patients to actually take a look and understand what is displayed.</p> <p>A - This has been significantly improved.</p>	PC/LT
7.	Next PPG meeting date TBA (Possibly, May 2023)	PC
8.	<p>Meeting at a close at 14.20</p> <p>Everyone was thanked for their time, commitment and feedback</p>	RC
9.	<p>Attachments</p> <p>Surgery PPG Patient Information Request</p> <p>PPG Application Form</p> <p>PPG Confidentiality Agreement</p> <p>PPG Group Rules</p> <p>PPG Poster</p> <p>PPG Presentation</p> <p>Historic Patient Survey</p>	LT