

Shifnal & Priorslee

The AGM Patient Participation Group Meeting

Tuesday 14th February 2023, 18:30-19:30, Euston House


Meeting Notes/Actions

Attendees:

Marion Law (Chair)	PPG Chairperson	ML
Dr Ian Chan	GP Partner	IC
Dr Mahmoud Ziko	GP Locum	MZ
Alison Jackson	PPG member	AJ
Amelia Parsons	PPG member	AP
Ann Philips	PPG member	AP
Elaine Edwards	Director of Quality & Governance	EE
Elizabeth J. Stevens	PPG member	EJS
Gill Riggott	PPG member	GR
Hilary Norbury	PPG member	HN
Joyce Greaves	PPG member	JG
Louise Glover	PPG member	LG
Mark Patterson	PPG member	MP
Paul Thomas	PPG Interim Chairperson	PT
Sue Mckie	PPG member	SM
Trevor Tarran	PPG member	TT
Victoria Stokes	Patient Experience Lead	VS

Note Taker:

Tally Chahal	Personal Assistant	TC
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ITEM	SUBJECT	ACTION
1.	Welcome, Introductions & Apologies: Alison Fox (PPG member), Joseph Mascarenhas (PPG member), Lisa Parkes (PPG member), Michelle Wilson (PPG member), Neil Pulker (PPG member), Paul Chandler (GP Partner), Paul Jones (PPG member), Rachel Nelly (PPG member) and Rashpal Bhachu (GP Partner).	
2.	Minutes of last AGM on 21/02/2022 (Chairman's report):  Chair's report to AGM of PPG.doc ML read through the attached report.	
3.	Election of officers: As retiring Chair, ML proposed that PT (Interim Chairperson) is appointed the new Chair (seconded by AJ) and for SM to become Vice Chair (seconded by PT). All were in favour of these proposals. PT thanked ML for her dedication to the PPG and for her personal support as Interim Chair. PT reminded the group of the objective and focus of PPG meetings and were not for raising personal concerns (these should be directed to PEL teldoc.pel@nhs.net). For any other issues, the PPG should request for PT to add these to the next meeting agenda.	

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4.	<p>Update from Practice and actions from previous meeting:</p> <ul style="list-style-type: none">• New Surgery IC updated that work had commenced on the new build and all plans have now been signed off. The exact completion date is unknown but, providing there are no construction issues, this is expected to be end of 2023.• Clinician menopausal support training AJ previously raised concerns regarding patients she knew of (including herself), that she believed were given inconsistent information regarding menopause without staff referring to current guidelines. She was seeking reassurance this would not happen again. EE confirmed that clinical staff attend regular half day PLT (Practice Learning Teaching) training events which are designed specifically for GP's and advanced clinicians. Training topics differ at each session. At the most recent PLT, one of the topics discussed was menopause. IC explained that although this training does not eliminate any variations as each individual has a variation in experience and interest, all clinicians are expected to be following standard guidelines. All GP's should be able to manage menopause appropriately for the individual. If a patient is not confident with clinical advice given, they are entitled to a second opinion or to seek guidance locally.• Statistics – Face to face vs telephone appointments, DNA (Did Not Attend) and call waiting times EE confirmed in S&P (both Practices combined) over a 3-month period (Nov, Dec, Jan) there were 1182 clinical appointments with all clinicians. Out of these, there was a weekly average of 436 GP appointments. The split of GP appointments is around 50/50 in terms of 236 face to face and 200 telephone consultations. The DNA rate for GP appointments alone is almost 3% with most being face to face appointments. Across all clinical staff a week, there is a 4% DNA rate. The Practice were unable to compare DNA's with other Practices as this information is not shared. EE explained that the Practice does not have the admin resources to create a system where patients can be actively monitored or even deregistered if they miss a certain number of appointments or carry out follow up checks for each person that fails to attend their appointment. The Practice does, however, follow up DNA for children to check their welfare. At the last meeting, PC mentioned patients “always have the option of a face to face appointment” when they call the call centre. IC confirmed as long as there are appointments available, patients are able to request them. However, if a patient is offered an initial telephone consultation and the clinician then feels the patient needs to be seen, they would call them in to be seen face to face. AJ mentioned on two occasions she had made admin staff aware of what times she was unavailable for telephone calls but these	
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	<p>happened to be the times a clinician tried contacting her. IC confirmed he understood this concern but due to work pressures, staff are unable to commit to calling at specific times but work within a time range.</p> <p>Reassurance was given that although some patients still only wish to see a specific GP, they would get the same treatment regardless of which clinician they see. S&P Advanced Clinical Practitioners have the support of a GP.</p> <p>Many PPG members raised concerns regarding call waiting times. Patients have been advised to call at 8am in order to get a same day appointment and human nature is to call early to compete for an appointment. This makes call volumes excessive at this time and subsequently the waiting time longer. It was explained that appointments are staggered and released for booking throughout the day. The group agreed this information needs to be better communicated to patients.</p> <p>Action: EE to bring call statistics to the next meeting.</p> <p>Action: IC and EE to review automated message on the telephone system to make it more welcoming and current for patients.</p>	<p>EE</p> <p>IC/EE</p>
5.	<p>Meeting schedule: Group agreed to have these meetings quarterly (4 times a year).</p>	
6.	<p>PPG concerns:</p> <ul style="list-style-type: none"> • Press Release PT expressed concern regarding inaccuracies and inferences in the article published by Telford Live and the Shropshire Star. EE confirmed the press release was not within S&P's control and had come from the building company. PT stated that he would have expected the article to have been reviewed by the Practice prior to publication and had raised this with RB. PT thanked RB for being open and frank when responding to his queries regarding the content of the articles. • TELDOC / Practice clarification The S&P Practice is a stand-alone business with 3 GP partners. All S&P telephone calls are handled from Euston House but dealt with separately from Teldoc. In terms of Practice management, a number of processes are centralised and mirror those of Teldoc. Teldoc provide some management for S&P and have centralised HR, Finance and IT functions etc. Everything which impacts on patient care is monitored carefully. • Principal contact for patient issues/concerns If patients have any concerns, they can raise these with any member of staff. Staff will ensure the concerns are reported to our Patient Experience Lead (PEL) who will get in touch with patients directly. Alternatively, any concerns can be reported directly via the website or by calling the call centre. 	

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	<p>S&P collate information on complaints, compliments, incidents and significant events and review these at their quarterly Quality Governance Assurance meetings. Trends are identified that may indicate any opportunity for improvement. EE confirmed that the Teldoc PPG Chairperson already attends these meetings and that an invitation would be extended to PT.</p> <ul style="list-style-type: none"> • Communication – PPG and patients PPG agreed communication to patients about how appointments work, when to call to book them, not having to necessarily see a GP etc. should be better communicated. <p>Action: Separate meeting required to discuss a communications structure or system. AJ, LG, EJS and AP offered to attend.</p> <ul style="list-style-type: none"> • Priorslee surgery patient access. It is difficult for staff and patients to park around school drop off or pickups as parents are blocking access. S&P recognise this is an issue and if patients are late for appointments around school time, this is taken into consideration. 	PT/TC
7.	<p>Patients' Feedback, Suggestions and Comments: The group agreed that more people were needed to join the PPG from different backgrounds, age groups etc. and to possibly use social media in order to spread messages to the wider community (ref Communication agenda item 6).</p>	
8.	<p>Any Other Business: IC introduced MZ who is currently working as a GP locum but will be joining us as a salaried GP from summer.</p> <p>Group were thanked for attending and for their contributions.</p>	
9.	<p>Next Meeting: May 2023. Date tbc</p>	