**Westgate Surgery**

**Patient Group**

Notes of the Meeting Held on 18th January 2024

**Westgate Surgery, Westgate Bay Avenue**

**In Attendance**

Angela Knight (Chair)

Stephanie Walsh

Brenda Saunders
Phil Matthews

Mick Meaney

Annette Culshaw

Bob Culshaw

Sara Turle

Helen French

Doreen James

Irene Walton

Chris ?

Sandra Lawrence (Practice Manager)

Sally Thomas (Practice Manager)

**1. Welcome and introductions.**
 Angela welcomed all to the meeting
**2. Minutes of the Previous Meeting on 18th October 2022**

Minutes were presented for accuracy only as matters arising not relevant as last meeting was 15 months prior.

**3. Discussion on How the PPG Will Support the Practice**

 The PPG has not met for 15 months since the departure of the Nicky Skeats. The 2 new Practice managers Sally and Sandra) have now been in post for 10 months. They have indicated that they wish this group to operate differently to how it was so Angela invited them to indicate how they would like it to work and how the group will support the practice in future. Sally stated that the partners have indicated that they have felt this group has not been supportive in the past. They are keen that this group works together with the practice to make positive steps forward.

 The group was concerned that the partners felt this was a negative group as it certainly hasn’t been at all negative in reality. The practice has a good reputation in Thanet and it’s up to us jointly to keep it that way. The role of the PPG is to make improvements to the service which means. By default, looking at things that are not going well. That does not mean the group is being negative.

 One member asked what the contract actually says in relation to how the PPG should work. AK had a copy of the relevant part of the contract which is appended to the minutes.

 Key Points:

* The practice is required to establish and maintain a PPG
* The practice must review the PPG each year and ensure it is representative of its registered patients.
* The practice must engage at frequent intervals throughout the year with a view to receiving feedback from patients in an appropriate and accessible manner.
* The practice must review any feedback received and agree with the group what improvements (if any) will be made.
* The practice must make reasonable efforts to implement such improvements.

 Discussion

 Partnership is a 2 way street. The PPG is supportive but cannot always say that members will be happy. It is about working in a positive way to improve working between staff and patients. We cannot have patient experience without staff experience and vice versa. There will be times when we differ and that is ok and we need to respect that.

 Patients have high expectations of the NHS and this group is an opportunity of managing those expectations and helping patients understand what the NHS can and cannot do. If the group does have issues with the practice our expectations are that the practice responds positively (as per the contract) and work together with us. This group is not about “stroking” each other, it’s about making improvements.

 AK asked if the GPs would attend the meetings but Sally did not think they would but asked why we thought they should attend. Firstly they have a negative perception of the group but if they attend they would see that is incorrect. Secondly, issues can get lost in interpretation when fed back and attending meetings would give them opportunities to challenge misconceptions about the service. The group felt it important to attend periodically.

 One member pointed out that they had tried to book an appointment online via the app but nothing was available for 4 weeks but was able to get a much quicker appointment by calling. Another member said that that they had looked online on a Sunday and got an appointment for the following day. Sally explained that if nothing was available online it would likely mean the GP was off and someone else was covering but that wouldn’t show in the app. This was an example of a lack of information resulting in an unrealistic expectation however was resolved by calling the practice, however booking online was supposed to encourage people to avoid telephoning.

**4. Terms of Reference**

 The next formal review of the Terms of Reference is due in August. Ak was asked to clarify what the committee was. It was initially agreed that there would be no limit on PPG membership but it was felt that if the number of members grew too large then there would be a core committee. This has never been an issue so the concept of a committee was redundant and the full PPG is the committee. AK agreed to change this in the draft for Formal Review in August

Action: Angela Knight

 **5. Issues Identified**

 How GPs Work

 It would appear that each GP works differently with regard to the type of appointments they offer. Some insist on a telephone appointment first and will then only do a face to face if needed, while other GPs allow patients to book face to face appointments. The differences between GPs are not transparent and patients do not know how their GP works. The group requested that the Practice Managers provide details of how the GPs work and we discuss at the next meeting how that is communicated to patients and look at producing “frequently asked questions” so patients know what to expect.

Action: Sally Thomas & Sandra Lawrence

 Practice Web Site

 The web site could be a good information resource and an effective means of communicating with patients but it was noted that the web site had not been updated for some time and no minutes of the PPG had been published since April 2022. Sally pointed out that the practice does a lot of good things which need to be celebrated, however it was pointed out that it was hard to celebrate things that we didn’t know about. Also the PPG undertook at survey at the flu clinics and the results were extremely positive and yet again these were not published which was very disappointing considering how much personal time was invested by PPG members.

 The practice managers identified patient expectations to be a major issue for the practice but patients do not receive any communications from the practice as to what they can expect so their perceptions are made in a void. Simple information such as number of phone calls received, appointments made, DNAs are all useful facts that could be put on the web site or community magazine

 The group also discussed whether the PPG should have its own Facebook page but it was decided that would not be appropriate as it could become a forum for complaints and it was not the role of this group to be an intermediary between a patients complaint and the practice. It was agreed that there needed to be much better use of the tools available to communicate information with patients. Simple activity figures would be a good starting point.

Action: Sally Thomas & Sandra Lawrence

 Appointment Non-Attendance

 There is an ongoing problem with patients not attending pre booked appointments. Whilst very inconvenient for the practice it is other patients who ultimately suffer as they have to wait longer for an appointment. It was thought that many patients who do not attend are not concerned about the practice but they may be more concerned if they knew the impact of their actions on other patients. It was agreed this would be a focus of work to identify the numbers of patients who do not attend appointments, aim to identify the reason for non-attendance, the consequences of that and determine how we could work together to get the message across to patients of the importance of attending, identify what support they may need and there needs to be thought about how that message can be communicated.

Action: Sally Thomas & Sandra Lawrence

 Patient Questionnaire

 The questionnaire went well in 2022 and most of the questions remain relevant. Angela agreed to resurrect the previous questionnaire for the group to agree if the content needs to be changed. The group to then agree how we can conduct the survey.

Action: Angela Knight

**6. Practice Update**

 Staffing

 2 new practice managers have taken a year to bed in and have created a much more collaborative management team as opposed to the very top-down style of the previous practice manager where the GPs did not feel like they had much of a say. Both practice managers have retained many of the responsibilities of their old deputy roles.

 Rosie is the new reception lead. The practice has had a big turn over staff with 9 (5 admin, 4 clinical) needing to be replaced in 2023. All staff required training. There was discussion about roles and responsibilities of all of the practice team. It would be good to have a comprehensive “who’s who” with description of roles which could then be used to inform patients. As many people don’t realise that the practice is more than just GPs . Some practices have done this and listed alphabetically with GPs featuring down the list showing that GPs are members of a wider team and also shows that patients don’t always need to see a doctor as there are more appropriate team members to deal with their issues.

Action: Sally Thomas & Sandra Lawrence

 Vaccine Clinics

 The practice ran 2 Saturday covid clinics. The first was run the same as the flu clinics but it didn’t work well. For the second clinic they made changes which meant it ran very smoothly. They have given 4,500 vaccines in total. So far they have not been notified as to whether there will be a spring booster.

 Telephones

 There will be an upgrade to the telephone system in the next quarter. The upgrade will allow patients to call into the practice, their number will be logged and instead of holding they can hang up and the practice will call them back. This has been implemented in other practices and has significantly improved the patient experience.

**7. Any Other Business**

 Paydens

 When the group last met in 2022 there were significant problems with services delivered by Paydens pharmacy. Since then there has been a significant improvement. Also when the GP prescribes new medication Paydens call after 2 weeks to see how the recipient is doing on those new medications. This is a significant improvement. The group ask that our thanks be passed on to Paydens.

Action: Sally Thomas & Sandra Lawrence

 Crossroads MacMillan

 Crossroads MacMillan and looking for volunteer drivers due to the changes in the provision of patient transport services meaning that many people are no longer eligible for patient transport to get to essential cancer treatment. If anyone is interested Sara has the details.

 Patient Leaflets

 Some members spent a lot of time in 2022 reviewing and changing the patient leaflets and getting them into a common format. Nothing was done with them and members felt they had wasted their time. It was agreed that patient information is something we can look at again in the future.

 Dates for Future Meetings

 The practice managers felt that meetings during the day would be a better opportunity for other staff to attend. It was pointed out that daytime meetings would limit the ability of those who worked, and were therefore younger, to attend. This may impact the contractual requirement to ensure the group is representative of the practice population. The practice Managers to advise on future dates for the bi monthly meetings.

Action: Sally Thomas & Sandra Lawrence

 Vice Chair

 Mick wished to step down as Vice Chair. Bob agreed to take the role pending review in August in line with the Terms of Reference.

**8. Date of Next Meeting**

 To be advised

**STANDARD GENERAL MEDICAL SERVICES CONTRACT**

**5 PART 522**

5.1 Reserved.

5.2. **Patient Participation**

5.2.1. The Contractor must establish and maintain a group known as a “Patient Participation Group” comprising some of its *registered patients* for the purposes of:

* 1. (a) obtaining the views of patients who have attended the Contractor's *practice* about the services delivered by the Contractor; and
	2. (b) enabling the Contractor to obtain feedback from its *registered patients* about those services.

5.2.2. The Contractor is not required to establish a Patient Participation Group if such a group has already been established by the Contractor in accordance with any directions about enhanced services which were given by the Secretary of State under section 98A of the *2006 Act* before 1st April 2015.

5.2.3. The Contractor must make reasonable efforts during each *financial year* to review the membership of its Patient Participation Group in order to ensure that the Group is representative of its *registered patients*.

5.2.4. The Contractor must:

(a) engage with its Patient Participation Group, at such frequent intervals throughout each *financial year* as the Contractor must agree with that Group, with a view to obtaining feedback from the Contractor's *registered patients*, in an appropriate and accessible manner which is designed to encourage patient participation, about the services delivered by the Contractor; and

5.2.5 review any feedback received about the services delivered by the Contractor, whether by virtue of clause 5.2.4(a) or otherwise, with its Patient Participation Group with a view to agreeing with that Group the improvements (if any) which are to be made to those services.

5.2.6 The Contractor must make reasonable efforts to implement such improvements to the services delivered by the Contractor as are agreed between the Contractor and its Patient Participation Group.