

# PPG Meeting

22<sup>nd</sup> August 2022

MINUTES

10:00– 12:00

**Attendees:** 1145, 505743, 504200, 505074 & Paula Collins (Assistant Practice Manager)

1	<b>Introductions</b>  PC introduced herself to the group and thanked all for attending.  Then each patient introduced themselves.
2	<b>Aim of PPG</b>  PC explained that the aim of the PPG is to create a link between patients and the practice to discuss important topics and issues relating to the practice. The practice aims to understand the needs of its population and gain suggestions for improvements and feedback about things the practice is doing well.  The PPG had been running for several years but meetings were suspended during lockdowns and covid restrictions. Two of the members had been to the PPG meetings previously. This is the first meeting since the suspension.
3	<b>What does the PPG want to know?</b>  PC asked each member of the group what they would like to gain from the PPG meetings. Feedback was: <ul style="list-style-type: none"><li>• To keep up to date about changes to services/accessing the practice – especially since covid has seen changes to the way the practice operated</li><li>• Patients want to support the practice</li><li>• To provide feedback to the practice</li></ul>
4	<b>What does the practice want to know?</b>  The practice wants to find out the following: <ul style="list-style-type: none"><li>• Feedback on what patient's think could be improved</li><li>• Feedback on what patient's think is good about the practice/what works well</li><li>• Understand the needs of the patient population</li></ul>
5	<b>Patient Survey Results</b>  347 surveys were sent to registered patients of Cofton Medical Centre.  The survey was carried out between 10 <sup>th</sup> January 2022 – 11 <sup>th</sup> April 2022. 100 surveys were completed and returned giving a 29% completion rate.  The practice had a list size of 9899 patients on 10 <sup>th</sup> January 2022 and a list size of 10,091 on 11 <sup>th</sup> April 2022. The average list size during this period was 9995 meaning the survey represents approximately 1% of the whole patient population.

	<p>The survey comprised of 18 questions. Each question is given a percentage reflecting patients who agreed or disagreed with the questions, this is also compared to the local ICS average and the national average.</p> <p>The practice scored above the Local Average in 17/18 questions.</p> <p>The practice scored above the National Average in 15/18 questions.</p> <p>PC went through each question and the results with the group.</p> <p>PC went through the practice's action plan to improve areas where the practice had scored below the national or local averages.</p> <p>The members were not surprised to see that the practice scored lower than the national and local averages for telephone access. PC advised that the plan to improve telephone access is to continue to liaise with the telephone provider in order to resolve the technical issues being faced with the system. The telephone data will be looked into in more detail. 25% of on the day bookable appointments will be released online in order to try and reduce the amount of patients trying to get through on the telephone.</p> <p>The members were not surprised to see higher scores in the questions about staff. All agreed that the reception team and clinical staff are always friendly and helpful.</p> <p>The members were not surprised that the practice scored higher than the local and national averages in most questions. They advised that the practice has a good reputation in the community.</p> <p>All members felt it would be better to be seen in a timely manner rather than wait for a preferred clinician for urgent matters and all said they were able to choose a preferred clinician for routine matters. This was reflected in the survey results.</p> <p>PC advised that additional staffing is being bought into the system which should improve efficiencies across the practice, for example more staff answering the telephones and more appointments available. This was discussed in full under 'Practice news/staffing updates'.</p> <p>PC advised that because the survey is representative of such a small proportion of the practice list size and because more specific feedback is required an in house survey is going to be produced and rolled out in September.</p>
6	<p><b>Practice News/staffing updates</b></p> <p><b>Staffing:</b></p> <ul style="list-style-type: none"> <li>• PC joined in March 2022 – Assistant Practice Manager</li> <li>• Sally W joined in April 2022– Practice Nurse</li> <li>• Secretary left in April 2022 who worked 3 days per week, new secretary joined – Rachel – working 5 days per week so there are now additional hours in the secretary team.</li> <li>• A member of the reception team will be moving over to the nursing team to do phlebotomy/HCA duties. This will be an additional role meaning more appointments in the system for patients.</li> <li>• A member of the reception team is leaving</li> <li>• 2 x Receptionist vacancies being advertised to replace the two roles. One position has been offered.</li> </ul>

- 1 x Receptionist/Prescription Clerk role being advertised this is an additional role so will mean more working hours in reception. Interviews will be taking place soon.
- There are 4 x trainee GPs working at the practice; Dr Marson, Dr Al Corbiniere, Dr Black and Dr Chauhan
- Janice – Practice Nurse retired last week after 17 years at the practice
- Dr Paine will be joining the practice in September 2022, this is an expansion to the GP team
- Rachel W will be joining the practice in October 2022 – she is an Advanced Nurse Practitioner
- There will be a temporary nurse joining the practice in the next few weeks who will help to bridge the gap between Janice leaving and Rachel starting

#### **News:**

- A quarterly newsletter will be produced for patients with the aim to keep patients up to date with changes – the group said this would be good
- Advised the group that the practice has had LED lighting installed in efforts to reduce the carbon footprint
- The practice list size has increased steadily this year. On 1<sup>st</sup> January the list size was 10,012 and on 1<sup>st</sup> August was 10,254
- The practice is still following covid restrictions as advised

#### **PCN**

- PC explained what the Primary Care Network is and which practices they work alongside; Bournville Surgery, Frankley Health Centre, Keynell Covert Surgery, Kings Norton Surgery, Ley Hill Surgery and Northwood Medical Centre.
- PC spoke about the additional roles staff being employed by the PCN which creates additional appointments for patients and enhances the clinical skill mix across the practice. PC advised that currently practice based pharmacists are being employed.
- PC also advised that the PCN were considering opening a hub at one site where all patients could potentially have access to appointments outside of the usual practice hours. A survey had gone round to the PPG mailing list to see how patients felt about using a hub. The results were as follows:

*42.9% of patients who responded said they would attend an appointment at the hub.*

*57.1% of patient who responded said they would not attend an appointment at the hub.*

*When asked if a hub appointment between 6:30pm-8:00pm would be preferred as face-to-face or via telephone, 100% said they would prefer face-to-face.*

*When asked how often patients felt they would use hub appointments, 100% said they would attend if no other options were available.*

## AOB

### Telephone Access

The PPG members were concerned about telephone access to the practice. This was discussed whilst going through the patient survey results. However, additional feedback was given as follows:

- All attendees had experienced being cut off on the telephones whilst waiting to get through to someone. This had lead some patients to think their calls were being deliberately hung up. Some said this was almost immediately but sometimes it happened after waiting for a long period of time.
- One member advised that they found it frustrating to have to listen to the long welcome message only to then be advised the system had reached capacity so they would need to try again later.
- Two members wanted to share positive feedback about the practice and advised that although access can be frustrating the service received has always been excellent for them.

### Communication

- One of the members said they didn't feel that changes were communicated well with patients, for example when the doors were reopened and face to face appointments were more available. They suggested that we share more news items on our website. They did think the patient newsletter would help to improve this though.

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### PPG Meetings

- Space for meetings – one of the members said they may be able to offer space for PPG meetings at Longbridge Village if required in the future
- Times of the meetings – All agreed that should the group expand further and attendees needs change they would review the times that meetings are held in order to accommodate as many people as possible
- All agreed that the aim was to expand the group
- PC advised that she would ask some different members of the staff team to attend future PPG meetings to discuss certain topics.

### Online Access

PC advised that from 1<sup>st</sup> September, 25% of on the day appointments will be released online. This should help to reduce some of the callers trying to get through on the telephones each morning. PC did discuss the risk of some of these appointments not being completely necessary as they would be bypassing the reception triage. PC advised this would be reviewed.

### Practice staff

One of the members asked PC to talk through all of the employed staff at the practice.

PC thanked all for attending and advised she would circulate the minutes and agree the next meeting date via email.

**Date of next meeting:** TBC (in around 3 months time)