**BEDWORTH HEALTH CENTRE (BHC) GP SURGERY**

***MINUTES OF PATIENT PARTICIPATION GROUP (PPG) MEETING***

*Wednesday 19th October 2022 | 10.00am to 11.30am*

Digital meeting conducted via the ‘Zoom’ platform

**Attendees**: Ross Chadwick (RC) – BHC IT & Project Lead (MINUTES) & PPG Secretary; Elizabeth Gilbey (EG) – BHC Practice Manager; Enid Lacey – Chair of PPG; Lynn Carrington (LC) – PPG Member; Gaynor Tallis (GT) – PPG Member;

**Apologies**: Anne Wilks (AW) – PPG Member; Christine Jackson (CJ) – PPG Member; Denise Morrison (DM) – PPG Member

**Agenda items**:

1. Apologies and resignation of JW
2. Approval of minutes of 24.08.22 meeting
3. Actions following last meeting
4. Practice update (GP appointment format; Staffing update)
5. PPG survey
6. Future Zoom meetings – **EL**
7. Next meeting
8. Any other business

**Minutes**:

1. RC advised all of apologies of AW, CJ and DM.

RC advised Jean Whitehead (JW) had tendered her resignation as a PPG Member, due to personal circumstances. RC has acknowledged this both informally via e-mail and formally via a letter.

1. **Minutes of 24.08.22 meeting approved**.
2. RC advised that:
* the PPG leaflet, approved at the last meeting, was now on display in the surgery;
* the PPG Chair’s job description has been amended as agreed at the last meeting;
* AW has not yet seen the former PPG member that she mentioned at the last meeting that she would approach with a view to re-joining;
* the documentation created by AW and JW surrounding increasing uptake of child flu immunisations was now on display in the surgery; additionally, the literature AW had sourced surrounding child flu immunisations had been added to the surgery’s website.

Bereavement

EG advised members that she had discussed with Partners the feasibility of recommencing home visits to relatives of a bereaved patient. They had advised that this was not possible, simply due to the demands placed on their time by other patient care activities, however a bereavement visit would not be refused if one was requested.

RC had discussed with the Clinical Administration Support Lead who advised that a bereavement pack is sent out – this consists of a condolence letter and some information leaflets (RC to circulate these to members for their comments); this pack is sent to the address of the deceased, but only if they passed at their home address – if a patient passed in a hospital setting, we take the position that this sort of thing will be handled by the hospital’s bereavement centre / department. GT advised that George Eliot Hospital (GEH) did make contact with relatives following someone’s bereavement.

1. RC advised that the surgery will be moving to a ‘hybrid’ system of GP appointments; this means a combination of face-to-face and telephone appointments – patients can request their preference.

To ensure equitable access, most appointments will be able to book online, over the phone using the automated appointment booking system and over the phone by speaking to a Receptionist. Members queried what the automated appointment booking system was – RC advised members this was a system that the surgery had invested in and made live a few months prior to the onset of the pandemic but that had necessitated it being turned off; it allows patients to manage their GP appointments (book, check, change, cancel) using their telephone keypad, without needing to call in and join the queue to speak to a Receptionist. RC advised that the best way to understand this system would be for members to try it for themselves. GT agreed to do so on the PPG’s behalf and feedback to RC. GT asked whether patients could make appointments at the Reception desk. EG and RC responded that if a patient presented at Reception to do this, an appointment would be made for them but we wouldn’t be actively encouraging this – the surgery does not want to return to the pre-pandemic scenes of patients queueing out of the door onto the plaza in front of the Health Centre and hoped that members understood this and would support the Practice in this approach. RC advised patients would be encouraged to check in at the touch screens rather than Reception.

RC advised that Georgia has joined us as a Receptionist.

As noted in numerous previous meetings, RC reiterated Dr. Hickson was due to retire next week.

EG advised that following the PPG’s recommendation to carry out child flu immunisations at the weekend, with the goal of increasing uptake, that a clinic was held last Saturday. Unfortunately, just over 25% of patients failed to attend their appointment (in comparison to the adult flu immunisation clinic, where just over 5% of patients failed to attend their appointment). EG advised that the surgery would hold another clinic to understand whether this was a one-off but if this was a recurring trend, the surgery would no longer be able to do this, given the logistics and resources required to hold weekend clinics.

1. RC advised that the requirement to carry out a yearly Practice survey that the PPG have previously done on behalf of the surgery, was paused during the pandemic. However, that requirement has now been un-paused, therefore one will need to be done before the end of April. EG and RC advised they had reviewed the results of the national GP Patient Survey to highlight areas where the surgery have been underperforming that would need investigating to understand the reasons why. RC explained what the national GP Patient Survey was (a survey sent randomly to a select number of patients of all GP surgeries in the country – all patients are asked the same set of questions; it allows surgeries to compare themselves locally and nationally).

The areas of most concern were: the ability to get through on the phone (regardless of reason); the ability to see the GP of choice; and the facility to have an appointment at a convenient time. The goal of the survey will be to understand; what people are calling the surgery for (so that they can be directed to another contact method if possible, to free-up capacity on the telephone lines); what would help patients get an appointment with a GP of their choice and what they do when their GP of choice is unavailable (understanding patient behaviour may help to explain why GPs are not available); and what would help patients to have an appointment at their preferred time.

RC showed patients the first draft of the Practice survey that EG and himself had produced. EG and RC advised that once they were satisfied with the first draft, it would be circulated to members for their comments. The intention is to collate / discuss these comments at the next meeting, with a view to finalising the survey and it being distributed / carried out in February 2023.

1. EL asked what other members thoughts were on digital PPG meetings. All agreed that this had gone well with the caveats that: there had been a couple of issues with members joining the meeting; it was not ideal having to have two separate meeting invites; the enthusiasm with the meetings’ success had to be tempered by the fact that only three members had been able to attend – it was recognised that it may be more difficult if there are more attendees. EG and RC reiterated the rationale, as discussed in numerous previous meetings, for holding digital meetings and that the format / timings may have to change if we recruit additional members who cannot attend meetings (regardless of format) at the current day and time they are held.
2. EG and RC confirmed the next meeting would be in-person, reflecting the plan to alternate in-person and digital meetings. Two dates were proposed both to be held at 10am in January (Wednesday 11th or Wednesday 18th). RC would confirm a date once he had ascertained availability of absent members. **UPDATE:** The next meeting will take place in the Main Hall of the surgery, as per usual for in-person meetings, **at 10am on Wednesday 18th January 2023**.
3. RC advised that there had been interest from a prospective new member, they wanted their first meeting to be an in-person one so will be joining us at the next meeting to see if it is for them.

 RC reminded members that at the 20th July meeting, AW and JW had agreed to do a display surrounding increasing uptake of cervical smears. However, it was also agreed that the child flu immunisation displays should take precedence. Now that they have been done, given JW’s resignation, RC enquired if any members would be willing to assist AW in producing some documentation for the display – EL agreed to do so. RC advised he will provide AW & EL with the data AW had requested to assist with the producing of this display.

 RC informed members that the PPG members list, on display on the PPG noticeboard in the Zone B waiting area that was created by the PPG prior to the onset of the pandemic is now out of date. Given that the PPG originally created this list, RC enquired if anyone be willing to update this – EL agreed to do so; RC to provide EL with a copy of the current list.

 RC reminded members that if they had a query affecting an individual patient, the practice would be happy to help, but that it should be raised outside the meeting for reasons of patient confidentiality. He reiterated that concerns amongst the wider patient group should be brought to the meeting and the surgery welcomed this as it helps to highlight a wider issue that they may not be aware of.

 EG discussed the current self-care promotional campaign. The objective is to make patients aware of the provision for treatment that local pharmacies have for ailments such as coughs and colds, which are more prevalent during the Autumn / Winter seasons. Members queried whether pharmacists can prescribe antibiotics. EG advised that some can, some can’t, depending on their training / qualification but reminded members that antibiotics may not necessarily be prescribed for the conditions that this campaign is focused on, due to their ineffectiveness / inappropriateness.

CLOSE