

**Patient Participation Group meeting minutes  
at Old Police Station Court Room  
Tuesday 4<sup>th</sup> April 2023 at 6 30 pm**

**Present: Mrs Sue Pritchard (SP) (Chair), Dr M Degnan (MD) (GP partner), Mrs A Goode (AG) (Practice Manager), Mrs Teresa Newman (TN) (Assistant Practice Manager), Mr Kevin Gilbert (Clinical Pharmacist) and 20 patient group members**

**Welcome from Chair and update**

Sue Pritchard welcomed everyone and explained the fire evacuation procedures.

SP explained that the last group meeting in 2019 was prior to the pandemic and the larger patient group had not been able to meet since then. She introduced the panel in attendance and each panel member explained their role with the practice. As there was a good turnout of PPG members in the room, she suggested that the meeting could forego individual introductions in order to proceed with the agenda.

**Kevin Gilbert – Clinical Pharmacist attached to the surgery**

Kevin introduced himself and explained his role at the practice and that he is available for telephone and face to face consultations (when a clinical room is available) for patients to discuss medication reviews and queries.

**Last Years Priorities and feedback – Dr Degnan**

Dr Degnan reviewed the priorities set at the last meeting with the group.

**Actions for 2019/20**

**1. Improve continuity of care**

The practice had introduced personalised lists in April 2022 to improve continuity of care for patients. MD explained that all patients had been allocated with a GP for the majority of their care. Apart from urgent clinical appointments, where the patient's GP may not be available, the patients are booked with their allocated GP or the locum GP covering this GP when their GP was absent due to annual leave, study leave or sickness. As this was a new system for the practice, AG explained that there had been a few tweaks made during this time in order to adjust the system as improvements were identified. Following feedback from the members before the meeting, most of the comments were positive regarding this change. This was also confirmed by the members present, although some members had found it difficult to see their GP or felt that the waiting time was longer than they hoped. AG confirmed that part-time GP's had a reduced list of patient numbers compared to full time GP's so that the ratio for patient numbers was equitable. MD explained that if patients wished to change GP, this is considered with each request. MD also noted that for specialist skills, GP's referred to each other for appointments, eg for specific examinations for male or female patients. The system would be monitored this year to review effectiveness.

**2. Implement health calendar in the waiting room (6 campaigns)**

SP had started this project to improve health promotion information in the waiting room with one of the receptionist's assistance. This was put on hold due to the pandemic and the receptionist has since left the practice. TN to ask another receptionist to take on this role and liaise with SP.

### 3. Increase on-line access via publicising service and offering to all new patients

AG explained that online access had increased from 25% in 2019 to 48% currently. This is a significant improvement, helped by patients using the NHS app for covid vaccines and travel during the pandemic. Online access offers patients the ability to order prescriptions, book some types of appointments (mainly blood tests, midwife and clinical pharmacist appointments at present) and view pathology test results. The additional access for test results needs to be requested via reception and is useful for patients needing to take results to consultants or viewing to see whether they needed to book a follow up appointment with a GP.

### 4. Implement new website including e-consultations

This had been implemented. E-consultations were available via submitting a query on the website or by emailing the surgery on the generic email address which was monitored each week day. Some feedback had been received via the group and AG confirmed she had started working on some of the points raised, eg removing a reference to the pandemic on the dispensary opening hours information.

### 5. Increasing clinical roles in the locality to provide additional support for patients

Eg clinical pharmacist, Social prescriber to support young people's mental health

KG had been introduced this evening as the new clinical pharmacist. It was enquired as to whether this role was a permanent role for the practice and KG confirmed that, as far as he was aware, that the role would continue. AG explained that the Primary Care Network of practices in the North Cotswolds, consisting of Campden, Stow, Moreton and Bourton surgeries were all working together to offer such roles which would not necessarily be available to individual practices. The role of the Social prescriber was also explored. The team were unsure where patients were being seen currently as the social prescribers had not held clinics in the surgery – AG to investigate.

### 6. Improve telephone answering times by recruiting additional staff

The surgery had recruited additional receptionist hours and most days now have 2 receptionists, with 3 sometimes with the recruitment of a Reception Manager. However, sickness levels have meant that there has sometimes only been 1 receptionist on duty. The surgery have also implemented a telephone queuing message informing patients what number call they are in the queue, so that they have the opportunity of ringing back at a quieter time if appropriate. The busiest times were still the first hour of the day. A request was made to ensure that receptionists are dealing with patients at the desk in the same priority as patients on the telephone. AG would feed this back. Reception had also obtained 2 home working phones (purchased by the Surgery Friends) in order for receptionists to work from home when required. This had been working well during the pandemic and more recently with staff sickness absences being at a high level, as it enabled staff to work from home when they were unable to attend the surgery to help cover reception duties.

### 7. Prioritisation of prescription ordering methods

TN explained that prescriptions were preferred to be ordered online, via the website or via email or via pharmacies rather than by telephoning the practice or in person at the surgery, in order to ensure dispensary staff time was utilised fully.

### 8. Continue to work to reduce waiting times in the waiting room to 15 minutes or less

AG had reported on this and this had been reduced to around 4 minutes average waiting time. The surgery had implemented changes with spacing face to face appointments in between telephone consultations, which had resulted in less patients in the waiting room at any one time. A question was asked with regard to patients not attending or cancelling appointments at short notice and it

was confirmed that these were not felt to be a problem currently. AG would check on current numbers and report back.

9. Continue to liaise with the CCG around early prioritisation for new build

MD gave an update on the new build. The surgery, along with their project manager and the developers, had produced a business case to be presented to the NHS for approval of funding. However, this was delayed due to Gloucester county council having some legal issues with the preferred site option, which were now resolved. AG had been informed today that the surveys for planning were now underway. Once this is completed, MD confirmed that the surgery would be able to submit the business case for consideration. Comments were received with regard to initial meeting last year as to how effective this had been, with differing views both positive and negative, and also the distance of the new site from the current surgery. However, the surgery confirmed that land in the centre of town was at a premium value that the NHS was unlikely to fund and one of the patient group members stated that other new builds locally in Bidford and Broadway had been developed "out of town" and these had been successful. Concern was raised that the voluntary drivers were unlikely to be able to commit to a much greater level of service than currently unless more drivers came forward. A question was asked with regard to the dispensary and MD confirmed that this would move with the surgery to the new site. AG added that the practice dispensary are only entitled to dispense prescriptions to some patients depending on where they lived in the practice area.

10. On-line communication with members for ongoing feedback and report against progress and locality meetings.

MD offered to meet with this core group on a quarterly basis in order to implement improved communications.

### **Patient feedback**

AG reported that the March family and friends results were excellent, with 94% of patients finding their experience good or very good. AG explained that in challenging times such as the ongoing high demand for appointments, it was very much appreciated by the surgery team when positive comments were received. MD added that it was very important for staff morale and staff recruitment when positive comments were received. MD read out a very much appreciated comment from a patient group member who had noted:

"Finally, I would like to thank all the staff at the Surgery for getting back to as near normal as possible after the last couple of challenging years. It's been very difficult for patients which has caused a lot of frustration and angst of which you may have been on the receiving end but I acknowledge it's been even more of a problem for you and there are many of us who appreciate everything you do for us on a regular basis. We, too, are looking forward to the advent of a new surgery and if there is any way in which we, as members of the PPG, (or myself personally) can do to help with this, then please let us know and I for one will be there!"

MD, AG and TN had reviewed the feedback forwarded by the patient group members prior to the meeting, which had asked for priorities, feedback on personalised lists and suggestions for expansion of services in the new premises. AG offered to provide a general response to questions that had not already been covering during the evening.

Themes identified for priorities were:

- Reducing waiting times for booking of routine appointments

- Spreading the message that face-to-face/in person appointments were available for most appointments at the surgery other than for triage assessment, which was necessary to be telephone appointments due to this being additional to the “safe” level of appointments per GP each day and the numbers of patients requesting urgent clinical advice to be assessed (this system had been used for a number of years by many practices in order for the GP’s to assess these requests). Telephone consultations were still being offered for HRT/contraception reviews and asthma reviews, as uptake had been higher for these types of consultations with telephone appointments being offered.
- A request for video consultations was received as it was felt useful to some patients who did not need to attend face to face appointments – AG to investigate offering this option going forward.
- More frequent meetings with the PPG to ensure continuous feedback and consultation on changes within the practice.
- Developing clinical staff roles and additional access via the Primary care network – a trial had recently been completed for a Musculo-skeletal practitioner to offer clinics, along with plans for Advanced Nurse practitioners and/or paramedics. More information will be available as this project progresses, once covid vaccine clinics are not needing so much clinical and admin staff time to provide after the Spring covid boosters are completed.
- AG confirmed that General Practices nationally are awaiting guidance as to how the new NHS targets - for signposting patients at first contact and reducing routine appointment waits to 2 weeks maximum – might work given workforce and funding issues. However, she confirmed that Campden Surgery is fortunate enough currently to have 4 permanent GP partners with an average full time equivalent list size per GP of around 1,664 patients compared to national average of 2,200 patients per full time GP and a Gloucestershire average of 2,030 patients per full time GP. MD also confirmed that the surgery was fortunate to have regular locum GP’s who worked with the practice when partners were on annual leave.
- MD confirmed that the practice has also recently been approved as a “training practice” so that more GP’s in training could be attached to the practice along with the medical students we currently teach. This would be a balance with regard to rooms until the new premises were in place (approximated at early 2025 currently).

### **PPG development plans**

SP asked the group for volunteers to step forward to form a “core” group of members so that more frequent feedback and meetings could be arranged. SP would contact members who had attended and consented to their emails being shared with her to progress this further.

In response to queries around the differences between the PPG and the Surgery Friends, SP suggested that a joint article written by SP and Jeff Price be submitted to the bulletin explaining the differences. Jeff Price confirmed that a news article had been placed in the Campden bulletin with regard to this and that the Surgery Friends had been arranging donations of equipment to the surgery and had recently enjoyed a successful Lent Lunch in the town.

### **New build update**

Covered in point 9 of agenda item for actions for 2019/20.

### **Questions**

A group member expressed concerns about the lack of clinics at Moreton hospital resulting in patients having to travel to Cheltenham. SP suggested the PPG write a letter on behalf of the patients about this issue.

A group member asked what the number 1 concern from the practice was for this year, considering previously that this had been young people's mental health. MD suggested that this was now mental health of the general population. AG added that concerns around the whole NHS system being in crisis, with patients contacting the practice concerned about calling for ambulances or waiting in A&E and General Practice itself also continuing to be experiencing an unsustainable workload. All of the team hoped this this workload pressure might ease in the coming months and that solutions would be found for recruitment difficulties within the NHS. Jeff Price informed the meeting that Dr Villarreal has a proposal for a Mindfulness/Well-being service but that this would need funding as it is not an NHS funded service. The surgery friends would not be able to fund this, but he felt the Community Trust may have funds via a grant for this.