

Grovelands Medical Centre Patient Participation Group

Minutes for 22/04/2024		
Present	Present: OM, PB, AM, KG, SS, KN, FD, TC, HR, TN, JB, JV Apologies: None	
1.	<p>Welcome and apologies.</p> <p>Welcome to SS, Care Coordinator</p> <p>I am a care coordinator. In layman’s language - I am like the hub who can help connect all the dots around you to offer more Personalised Care. This role came into being as a part of the “Additional Reimbursement Roles” as an incentive for the GP Practices to encourage them to focus on the individual as a whole, and enable GPs to better utilise their time to focus more on the complex medical needs.</p> <p>Care Coordinators sit well within a system of other roles like the Health and Well Being Coach, Social Prescriber, Mental Health Practitioner, Physiotherapist etc. I work in coordination with all of them, hence integrating the care.</p> <p>I joined Grovelands around a year ago and made significant impact on patient’s satisfaction level and how they access information.</p> <p>I help everyone to co-ordinate and navigate care across the health and care system, helping people make the right connections, with the right teams at the right time. Aims to make people more independent in their care and keeping vulnerable people safe.</p> <p>I am here to support patients navigate through Primary, Secondary, Community and Social care services. Mostly do home visits, unless a patient/relative request to have a chat in private. I will then invite them to the surgery on my designated day.</p> <p>A typical home visit is developed into a “Personalised Care and Support Plan”. I support people to become more active in their own health and care decisions and can help assessing changing needs.</p> <p>I am here to help find support for the family, friends, and carers as well as to find more support and information out there in the community which will be beneficial to the person.</p> <p>Q – Who is this service available for? Everyone. I offer all age approach- from maternity and childhood right through to end of life, encompassing all mental, emotional, and physical health.</p> <p>Don’t forget to check out our Carer’s Corner in the waiting room, lots of information available.</p> <p>Armed Forces Veteran Friendly Accredited Surgery</p> <p>You are a veteran if you have served in the UK armed forces for at least 1 day. The NHS can support your health when you leave the armed forces. It does not matter if your health needs are a result of your service or not.</p> <p>See link on the surgery website: Armed Forces Veteran Friendly Accredited Grovelands Medical Centre</p>	OM

2.	<p>PPG Overview Mrs Dent has decided to step down from the group for personal reasons, we thank her and are grateful for her input, we wish her well.</p>	OM
3.	<p>Review of Minutes No actions outstanding</p>	OM
4.	<p>Update from Practice</p> <ul style="list-style-type: none"> • Staff leavers Pharmacist 2 x receptionists • Joiners Pharmacist x 2 Data/IT Manager, has experience within primary care 2 x receptionist to cover above leavers. 2 x GPs joining shortly 1 x nurse joining shortly • Appointment availability & DNAs (Did Not Attend) DNAs in the last quarter January, February, March 2024 were 569. Increased from last quarter, a lot of appointments that could have been given to other patients. We suggest patients: <ul style="list-style-type: none"> • Cancel by calling or texting back on the appointment reminder CANCEL option. • Ensure patient details are correct, up to date, to enable surgery to send a text reminder. • Put date in your diary or put an alert on your phone so you don't forget. <p>Group suggested we put some information on our TV screen in waiting room around DNAs and break the information down i.e. GP time lost.</p> <p>Discussed that we do call the patient after each DNA as a welfare call and also an education call to cancel appropriately in the future if appointment no longer required.</p> <p>Appointment availability is discussed under GPIIP below.</p> <ul style="list-style-type: none"> • General Practice Improvement Plan (GPIIP) The project is now underway. We have external consultants working closely with us to understand current processes and then work on our agreed overall aim, which is to increase capacity and access for routine appointments. As part of this, we reviewed a care navigation exercise "training needs analysis" for the reception team and have some Care navigation and signposting training booked in. We are also looking at efficiencies from how we use the roles available within the practice, so for example utilising our paramedics more to release the GP's time and reviewing Docman. 	PB/AM

We will also be asking the clinicians to complete some exercises re inappropriate appointments, again with a view to continuous learning and feedback to reception team so non-appropriate appointments are managed, releasing them for those most in need.

Our agreed overall Aim

Managing the demand for routine appointments

Main discussion centred around Appointments and Access. There was complete acknowledgement that things must change for all concerned as the current system is not sustainable. With our Primary Care Network (PCN) we tested and choose a provider that will support with triaging patients, and the preparation work for implementing this is about to start within the next 3 months.

We currently work to a 2 week window which is a government requirement and funding is dependent on this being met, but it's not working and we need to find a way to still support this key objective BUT move back to placing patients into appts across a 4 week window.

There are many drivers behind this. Unhappy, frustrated patients and demotivated staff which leads to an increase in complaints and reputational damage.

Potential solution- Implement a Triage service and moving to utilising a tool called Rapid Health/Smart Triage.

Further update at next PPG meeting.

- **Spring Covid Booster**

Over 75's and those who are severely immunosuppressed have been notified to book an appointment.

Over 1000 appts created across 3 Wednesday clinics which Patients can book into, text invites have been sent, anyone unable to book themselves can ask reception team for help.

Clinic dates: 1st May, 8th May, 15th May 2024

Complaints received

Complaints received since the last meeting were discussed in an anonymised manner and the PPG were satisfied with the actions put in place by the practice to avoid any future similar incidents occurring.

Compliments received

GP Support through referral to secondary care and giving the patient the time and support they needed, which was really appreciated.

Paramedic - around care and empathy shown and getting patient through treatment needed plus support given to carer.

Nursing team - patient wanted to express gratitude for all the support given, re bloods and service provided on attendance.

5.	<p>Communications and Surveys (e.g., newsletters, updates to website, friends & family)</p> <ul style="list-style-type: none"> • Jan friends & Family = 92.9% • Feb friends & family = 90.2% • March friends & family = 91.1% <p>Noted that Friends & Family figures dropped slightly since last quarter, we are aware there is an issue with appointment availability, this is being addressed at the General Practice Improvement Plan meetings and surgery looking to implement an online consultation tool shortly.</p> <p>Spring Newsletter was distributed before Easter, this edition included patient education around the different roles in the surgery and that you may be given an appointment with another health care professional other than a GP. Also information on the new death certificate reform procedure.</p> <ul style="list-style-type: none"> • Staff Survey Results – colour copy attached to each agenda for discussion. <p>We discussed each question and result:</p> <p>I am enthusiastic about my job 17 said often and always, 6 sometimes and only 2 rarely – Noted primary care has become very demanding which has a knock on effect for the staff. We have a zero tolerance message on our phone message and have also put a message up at the front desk recently that abusive behaviour will not be tolerated.</p> <p>I am able to make suggestions to improve the work of my practice, 17 agreed 6 sometimes and only 7 rarely – We do have a staff suggestion box so all can make suggestions, also an open door policy where staff can come and talk to a manager any time.</p> <p>I am involved in deciding on changes introduced that affect my practice, 8 often and always and 7 sometimes, with 7 rarely – Mentioned that we are currently taking part in the GPIIP (discussed above) and any staff member is welcome to be involved, open invitation to all staff to attend, currently we have members of the reception team and a paramedic taking part with the management team and GP.</p> <p>I think about leaving this practice - 5 often and always, 9 sometimes with 11 rarely or never - taking into account the dynamics of primary care and how highly pressurised it is, group felt this was acceptable.</p> <p>I would recommend my practice as a place to work 15 often and always, 7 sometimes only 2 rarely – group felt this was a positive response.</p> <p>If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation. 19 favourable, 1 sometimes and only 1 rarely - again group felt this was a positive outcome.</p> <p>Discussed that this is an initial staff survey at the beginning of our GPIIP journey and a further staff survey will be conducted at the end and again results will be shared with the PPG members. Group felt the surgery should be proud of the results.</p>	PB
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6.	PPG member items None	All
7.	AOB: *Dr Mount completed the London Marathon on Sunday 22 nd April, thank you for all your donations towards Multiple Sclerosis Society.	
	DONM – tbc (approx. July)	All