

Old Bridge Surgery Patient Participation Group (PPG)

Minutes of Meeting on Monday 8th January 2024 at 4 pm

Present: Dr Buchannan, Tracey Stammers, Judy Benton, Jim Newbery & Andy French

Apologies: Sally Harmer, Michelle Hyatt & Julie Alsop

The meeting was not run in the agenda order and time constraints led to some of the items not being covered.

1	Introductions JM was introduced to the meeting, it being his first full meeting.	
2	Matters Arising from Previous Meeting None raised.	
3	PPG and Virtual PPG Membership The active membership stands at 6. New member Jim Newbury was in attendance, new member Julie Alsopp was not in attendance but met with Tracey Stammers and some PPG members at an informal PPG meeting held at OBS on 27 th November 2023.	
4	OBS Update TS shared the following updates: <ul style="list-style-type: none">• TS highlighted the OBS “tag line / values” - “We are here to care for our patients and care for each other”.• TS shared that there had been success in GP recruitment with the appointment of Dr Mathew Dunne. Initially working 4 days per week for the first 3 months, Dr Dunne’s initial position was to reduce to 3 days per week, however this is under ongoing discussion. In the meantime, Dr Laura Fieldhouse has returned from maternity leave and recruitment is ongoing to see if the surgery can recruit a new GP Partner, to provide some added stability across the surgery,• TS informed the meeting that she would be leaving in 3 months to spend time with her family in a way that has not been possible with the high demands of the Practice Manager role.• Partner responsibilities were listed.<ul style="list-style-type: none">○ Dr Mogford - Safeguarding / clinical governance / recruitment / infection control, whistleblower○ Dr Hughes - Information governance / data protection / commissioning / dispensing / QOF / PCN lead○ Dr Buchanan - Prescribing / IT / Health & Safety / Estates, CQC• Prior to the meeting there had been a lot of discussion regarding appointment booking and the call handling at surgery opening. Statistics were shared to give objective context to the discussion.• The surgery receives, on average, 1,119 calls per week, of which 1,079 are answered and 39 were abandoned by the caller. The average wait time in 3 minutes and the average abandon time is just 2 minutes. All timings taken from the end of the introductory answer message.• Monthly appointments averaged 5,250 of which 88% were achieved within the NHS target of being seen within 14 days. It was agreed that some types of appointment it is appropriate to book up outside the target period.	

- LIVI was discussed and seen as a valuable part of the appointment fulfilment strategy. The latest average monthly data was not available at the meeting; however it was shared that 20,904 patients were registered for LIVI across the PCN, including 3,769 registered from Old Bridge Surgery. The surgery continues to promote LIVI, with 115 registering in October.
- In answer to the patient concerns over making appointments and the difficulties with non-urgent issues, a new triage system was put in place from the start of 2024. The system tries to direct to non-OBS services where appropriate such as LIVI and Pharmacies. Routine appointment bookings can also be made by the patient being directed to an on-line form that will be reviewed by a clinician within 2 working days and appropriate appointments scheduled. It is hoped that this approach would mitigate the need to say 'call back tomorrow.
- There were 50 formal complaints logged and reviewed over a 9 month period to the end of November 2023.
- In addition to the 1852 Friends and Family responses received 2023-24 (in which an average of 96% of patients would recommend the surgery, 2% didn't know and 2% wouldn't recommend), there were also 141 ad-hoc compliments logged and reviewed over a 26 month period to the end of November 2023.

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Patient Experience

Whilst there have been concerns across the patient community, and nationwide, it was accepted that there is no perfect solution that balances patient expectation, diminished resources and patient safety. The change in call triage appears to be a positive change which should be monitored and assessed and reviewed at the next meeting.

Self Service/Automation

The pros and cons of self-service systems for patients were discussed.

The opt-in of prospective access to patients' own records began in November with 3% of patients now having access. The opt-in approach was chosen as following an extensive DIPA, GP Partners felt that this approach ensured that patients understood and accepted the associated risks.

It was agreed that the surgery would continue to promote prospective access, with a targeted campaign to solicit those who are already signed up to online services as well as promoting sign-up at future community events i.e. flu / covid clinics. The PPG could also host drop-in sessions at the surgery (in waiting rooms, specific dates / times promoted within surgery newsletters) to help patients sign-up for online services, especially to help overcome any perceived barriers around navigating through the security procedures and sign-up.

Prescription ordering and fulfilment was discussed in terms of using email or the NHS app.

Community Screening and Education Events

Holding screening "clinics" at public events was discussed as was the balance between identifying people with conditions early versus the need to have properly qualified personnel involved in the process. A simple first step was suggested that would use the self-assessment equipment (BMI machine) located in the downstairs Looe waiting room. This equipment is mobile and taking it to appropriate events was felt to be a good initial move.

6	Communication with OBS Patient Group Time constraints prevented this from being discussed at length. One area that was discussed was the forthcoming restructuring of the OBS website which the PPG are keen to be involved in and enhance the communication of facts, procedures and educational content to the OBS patient community.	
7	AOB None.	
8	Next OBS PPG Meeting The next meeting should be held towards the end of March when it is hoped that both TS and her replacement can attend to provide continuity. Circa end of March.	