**PPG Meeting**

**Monday 8th April 2024**

**11.00am – 12.00pm**

**Face to Face Meeting**

**Present:**

**Julie Bennett (JB)**

**Jennifer Lynn (JL)**

**Desney Shoebridge (DS)**

**Chris Newton (CN)**

**David Cornwell (DC)**

**Bob Hackett (BH)**

**Fenella Needham ((FN)**

**Kim Hartgrove (KH)**

**Deon Ryan (DR)**

**Carol Smith (CS)**

**Charles Smith (CCS)**

**Liane Swainland (LS)**

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|  | **Welcome**  |
|  | The meeting was chaired by Julie Bennett. Everyone was welcomed along with a roll call and a brief introduction from each member. |
| **1.** | **Discussion of previous AOB including PPG input (past/present/future)** |
|  | The minutes of the previous meeting was touched upon to discuss the outcomes of various topics previously debated. The purpose of the group and the objective of the Practice is to listen and act on patients concerns, questions and queries. Also, so the LMG can give explanation and investigation to the group’s requests for information.Patient feedback is highly valuable in all its formats and JB talked of JL collating information from all platforms to produce a workable representation of where our standards sit from our patient point of view. The information collected is to progress the Practice target, of reaching a satisfaction rating of 90% over the forthcoming year. A chart was shown to visualise the most recent statistics of March 2024 which the data was obtained from iPlato, Friends & Family and Patchs platforms. This showed an overall rating of 84% satisfaction, which had increased from previous months. JL said she would be taking more data from other sources to bring some more feedback into analysis moving forward. JB asked the group for their valid contribution to increase the feedback we receive. Whether this be in the form of an online review or using the QR codes to generate links to open sources of input. Input from all sources is welcome, email, text, paper review etc. Some examples of patient feedback were circulated within the group to demonstrate that we will be displaying comments within the surgery on noticeboards with permission from the patients. LS suggested that we distribute the QR codes to local community venues to increase input. Also suggested were posters to be made to advertise the LMG with QR codes to new patient registration. FN was concerned that adding new patients to an already oversubscribed surgery would add extra pressure and the patients would suffer, not being able to access appointments etc. JB explained that by adding new patients this would increase the capacity of the surgery also by staffing levels. It was also mentioned that we make some future dates for meeting to include Dr Ward (Patient Participation Group Lead) and it was agreed we would aim to meet quarterly on the last Tuesday of a month. The future dates confirmed by the group are Tuesday 25th June 2024 and Tuesday 25th September 2024. It was also discussed that ad hoc meetings may be arranged to discuss specific items of important or any issues that arise when the PPG and their input would be greatly appreciated. Occasionally it might be needed that we contact the group members by email for their input or arrange an additional meeting. We appreciate contribution and involvement from the PPG. CN from the pharmacy team, joined the group briefly to elaborate how the Pharmacy Breakfast was received and the outcome of the meeting. She explained it was a great resource to have rapport with the local community pharmacies. They cover topics including the prescribing of alternate medications, problems with supply chains. How Pharmacy First is a major first port of call for minor ailments and how it can be extremely useful to both patient and GP practice to expedite care.The group used the opportunity to ask Chris about the issues they have when ordering repeats or medications are under review and cannot be issued until seen by the inhouse pharmacist and/or clinician. Chris explained the normal process and how they deal with issues when they occur.  |
| **2.** | **Design and Technology** |
|  | The website design was shown on screen to visualise how and what a patient can access through information supplied by LMG. The website is constantly evolving in construction with new elements being added for the best patient experience. The community pages have been added. BH commented on his recent visit to the website, commending the links to in-depth videos explaining protocol and informative explanations from a Doctor on topical subjects. It was also raised about the website URL as it doesn’t have the Laindon Medical Group address within it. This was clarified as it was the URL owed by a previous service provider, but to assure all searches are redirected to our page even though it shows the previous address. This is unable to be changed until the contract with this existing server provider expires.Desney Shoebridge (administrator and IT) joined the group to talk about her role and what it involves with regards to the website. Also referencing the role of manually processing appointment data. This relates to text messages from when an appointment is made and how the process transcends from that point to the day of the appointment itself. A text system should work in that a primary text is sent on receipt of the appointment being made, a secondary text three days prior, a third message two days prior and a final reminder on the day itself. All messages stating the date and time of appointment. However, the group voiced their experiences of this not happening with every appointment they make, and reminders are not always sent. This information was welcomed as it highlighted that indeed there may be glitches in the IT systems (both parent company and inhouse) that will need to be visited and reviewed. The data can then be audited, and this will hopefully give some insight into why there are DNAs rather than cancellations of appointments. CS, CCS & LS discussed what to do if not being technology minded and they don’t have access to a computer? LS suggested using the local Laindon Library computer services on offer to help with any computer related issues they incur or just wish to browse and access information. |
| **3.** | **Wellness Wednesdays** |
|  | DS also demonstrated the role of Wellness Wednesdays to the practice. Where once a month a dedicated Wednesday will be the focus of an activity or support group. These include (but are not limited to) Mental Health, Citizens Advice, Carers Support, etc.The aim is to engage participants with mindful events to raise their health and wellbeing with informed sessions. These events are open to all and not limited to our patients alone. LS suggested that she may contact community radio with Basildon hospital to see if we could raise awareness of the events on air. This also led to whether we can investigate contacting other radio stations and media platforms to widen the audience.The group said they would happily distribute the word and took leaflets to place at local community venues. DS said that patients would be contacted if an event was relevant to them so they could attend.JL to devise QR to be added for Wellness Wednesdays. |
| **4.** | **CQC Mock Inspection** |
|  | JB advised the group that last month, on the 8th of March 2024, we were visited by the CQC for a mock inspection. The results were very encouraging, and the assessor commented on the positive efforts made and shown to be in place by The Laindon Medical Group. The last official assessment was back in 2015 and the practice was awarded a ‘Good’ rating. Based on the things put in place and policies/protocols adhered to, the new rating could be moved upwards to ‘Outstanding’. This was a major compliment to all the hard work and dedication put into the practice by all staff. We will endeavour to continually strive to keep our levels high and provide the best possible service we can. A formal inspection can be instigated by the CQC at little to no notice. All aspects of the business would be under scrutiny, e.g., infection control, Human Resources, etcThe patient body is held in high regard to the quality of service a practice provides. Our commitment to have our patients be involved inclusively with quarterly meetings, input into test material, hearing the voices that give us direction and make change to where our business evolves. Feedback provides a great portion of the assessment and having an active Patient Participation Group is integral to the practice and the CQC inspections. Another aspect of CQC requirements is that we have valid and current campaign material displayed and available within the Practice. JB advised the group that JL has access to government launched campaigns and we monitor involvement within these campaigns (some of these overlaps with our Wellness Wednesdays events) DC made a point where he thought that being potentially awarded an ‘Outstanding’ by the CQC could impact patient care. Having more patients to look after could negatively affect the practice, alienating some patients when appointments are not available for example, therefore working backwards from a positive award, JB assured DC that the level of service would not be affected as measures are continually being put into place to improve services.  |
| **5.** | **AOB** |
|  | Appointment waiting times were raised within the group as not always being convenient if a doctor has requested a follow-up in two weeks, only to be told the waiting list for that same doctor is approximately 4-6 weeks. FN said she felt frustrated when this happens. CS expressed her satisfaction of swift appointment times. It was raised that appointments be discussed in more detail so that the process and how and why the system works to allocate referrals and follow-ups etc. More emphasis on the over all process from booking (options of how) and following through the journey of the treatment. The group was happy when they’ve had experiences when the GP themselves has made follow up appointments within the consultation room at the end of a session. |
|  |  **Next Steps** |
| **6.** | It was discussed that the meeting be made longer to accommodate the voices to be heard. The informal conversation of experiences between the group members are valid in their understanding in how they share their experiences and problem solve issues they’ve come across. These discussions can be very helpful in raising issues, that we, as a practice, are only made aware of in the chatter of shared conversations. The formal meeting should be brought to order with AOB discussed and individuals stating their viewpoints on various issues. We will investigate how we can manage and get clear representation from each individual, so their perspective is noted and actioned.Please contact JL with any issues or questions you have or would like to raise to be added to the next meeting. It was raised that the PPG minutes are signed off and with the permission of the group, uploaded to the website so the meetings are transparent to our audience. Please contact JL if there are any issues to discuss and any retractions to be made.Attached with these minutes is the colour version of the Pie Chart showing patient feedback.Thank you one and all for your valid participation, it is very much appreciated  |
|  | Date of next meeting: **Tuesday 25th June 2024 11.00am** |