

MINUTES OF THE LUPSET HEALTH CENTRE PATIENT PARTICIPATION GROUP
HELD ON 24th October 2023 AT 14.00pm

Present: LR (*chair*), ED (*secretary*), MC, MM, RB, KG, SI

Apologies:

Item	Description	Action
1.	LR thanked everyone for attending and opened the meeting.	
2.	Apologies were given from PPG member who couldn't attend.	
3.	<u>Minutes and matters arising from previous meeting.</u>	
3.1.	<u>Document Workflow</u> LR gave an update regarding document workflow stating that it had just gone live around eight days ago and was going well so far. The GPs are happy with it and some of the practice staff had had training also.	
3.2.	<u>Med 3 (Sick note)</u> LR mentioned that these are still going really well and patients seem to like the new system in place.	
3.3.	<u>Flu season</u> LR explained that we had held three flu clinics so far and we are considering doing a fourth clinic. We are also considering running a flu and covid-19 clinic depending on if the nursing team are willing to complete the relevant training as there is a lot of training involved regarding covid-19 vaccinations.	
3.4.	<u>Air Ambulance</u> LR confirmed that the Air Ambulance staff will be attending the January PPG meeting. PPG members mentioned they had been very good and informative the last time attended a PPG meeting.	
3.5.	<u>GP attending a PPG Meeting</u> LR explained that she is still speaking with the GP Partners to see if one of them would be willing to attend a PPG meeting. KG asked what the GP's objections are to attending a meeting. LR explained the difficulty is the time it would take from the GP, as it would be equivalent to a full session of appointments. GP workload and pressure remains very high at the moment. LR will suggest this again to the GP's. KG mentioned the PPG members could write a letter to the GP's and LR agreed it would be a good idea if they wish to do so.	
3.6.	<u>Care Navigation</u>	

	LR briefly mentioned that staff are continuing to work hard on care navigation and figures will be collated and presented to the PPG when available.	
4.	<u>What is happening in practice?</u>	
4.1.	<u>New workflow process</u> LR explained that most of the workload is being taken on by the PCN (Primary Care Network) workflow team. Some in-house staff have received training in some parts of the process and this will be ongoing.	
4.2.	<u>Practice signage</u> LR mentioned the practice will be having new front door signage. These won't include GP names and will just include the working hours of the surgery.	
4.3.	RB mentioned the display boards in the waiting room and asked if all the information put out by the boards is received by patients. LR explained that there is no way of knowing how much of the information is being received by patients. The Display boards are up in the waiting room for patients to read and take in the information, the same information is also uploaded to the practice's social media.	
4.4.	<u>Lift Issue</u> LR explained she had recently received a quote regarding the repair work required to fix the lift. The quote was very high, so she has explored other ways to fund the cost, such as contacting the ICB, who refused. LR has also contacted the landlord of the property to see if they are willing to fund the cost. LR is still in negotiations with the landlords over this.	
4.5.	<u>Prospective Record Access</u> LR explained the prospective record access is going live from 31 st October 2023, meaning patients will be able to see all of their online record from that date onwards. The Partners have decided they would like this to be an opt-in service, following guidance from the BMA (British Medical Association). This is to ensure the protection of vulnerable patients. SI mentioned that records could cause anxiety to patients. LR mentioned that appointments will not be given out just to discuss issues such as results that state 'satisfactory'. RB asked how many patients currently have access. LR explained that 15% of the practice population currently have access to their online record. KG asked about the process of gaining access and	

	<p>what happens when patients don't have two forms of ID to verify who they are and why is it asked for. LR explained that ID is asked for to protect the patient's data and information and keep it secure in line with data protection procedures. It is used to verify the patient is who they say they are before they are given access to their medical records. ED explained there are other ways to access this if two forms of ID are unavailable, such as receptionists 'vouching' for patients if they know exactly who they are, or receptionists can ask the patients a handful of questions pertaining to their record that only the patient themselves would know.</p>	
5.	<p><u>Additional Access from PCN ARRS Staff</u> LR explained that the PCN ARRS staff total appointments has noticeably high clinics. LR presented the current figures of the amount of the practice's appointment sessions saved due to the help of the ARRS staff. The overall number of sessions saved is 82.2.</p>	
6.	<p><u>Future projects</u></p> <p>6.1. <u>Figures for GP Care & Ossett Health Village</u> Figures for GP Care and Ossett Health Village will be collated and presented at a later date.</p> <p>6.2. <u>Staff Wellbeing Survey</u> LR has created a staff wellbeing survey, this will be sent to staff to complete around the beginning of November.</p> <p>6.3. <u>Covid/Flu figures for 2023/24</u> LR explained that once the clinics were all done with, the figures will be collated and presented at a later date.</p>	
7.	<p><u>Friends & Family Audit</u> LR explained the Friends & Family audit figures were very good. The total amount of responses from patients was 283, with 211 of them being in the 'very good' category. RB asked how the audit is completed. LR explained that the audit was mostly completed by patients online, however, there are cards available for patients to complete if they cannot access the internet.</p> <p>KG asked how patients are finding having to give the reason they are requesting an appointment to the receptionist, rather than stating it is 'private'. LR explained that most patients do accept this, but it is the GP Partners who requested this process be put in place to help with care navigation so it must be adhered to. However, if a patient is not comfortable in telling the receptionist, for example if they are at the front desk, the patient can ask to speak in a private side room, where</p>	

	they can tell the receptionist there. SI mentioned this is a great idea to provide the private room to discuss any private matters.	
8.	<p><u>Staff updates</u></p> <p>LR explained one of the current apprentices will be leaving us at the end of October. KG asked if she will be replaced due to being a staff member down. LR mentioned that the surgery is fully staffed and the apprentice was an additional role so they will not be replaced.</p>	
9.	<p><u>Patient Survey</u></p> <p>LR explained she would like to complete a patient survey, with the help of the PPG. This survey won't be sent to all patients but will be sent to a random selection. The surveys will be sent via SMS messages, but some will also be available as paper copies which will be distributed between clinicians rooms and the front desk. LR showed the PPG the figures of the NHS's recent survey regarding the surgery and explained that 352 surveys were sent out to patients but only 37% of them were completed.</p> <p>LR asked the PPG members for their help with creating a survey, and the type of questions they want to ask. LR showed samples of survey questions. KG said she would like to go away and think about it and then come back with some suggestions. The PPG agreed to do this and meet again on Monday 27th November at 2pm. KG asked LR what her goal was for this survey, LR and ED will discuss this amongst themselves and discuss at the next meeting.</p>	LR and ED to discuss their goal for the survey
10.	<p><u>AOB</u></p> <p>10.1. <u>GP Care Wakefield Appointments</u></p> <p>MC asked if patients are being sent here to see a GP from GP Care Wakefield at Ossett Health Village. LR explained that GP Care are unable to directly book patients in to see the GP's here. However, they can send messages to us asking for us to book patients to see a GP. GP Care are able to book appointments with ARRS staff though, such as nurse associated, Musculoskeletal specialists etc.</p> <p>10.2. <u>Social Prescribing</u></p> <p>RB gave an example of two known successes of social prescribing at a local signing group and said it has worked very well.</p> <p>10.3. <u>Voicemail messages</u></p> <p>RB asked if the surgery had a private number that patients could call if they have been left a voicemail to call the surgery, as it can take a while to get through on the phones. LR confirmed there is not a private number but mentioned the best time to call the surgery is usually between 3pm and 4pm. RB said that when he has rung the</p>	

	surgery back in the past, sometimes the receptionist doesn't know why he is contacting the surgery. LR explained that staff should right a note in the patients record when they have tried to contact them, but some staff members do forget. ED will feed this back to staff and remind them to add a note.	ED to feed back to staff
	Date of next meeting: Monday 27 th November 2023 at 2pm.	