

Meeting of Riverside and Tower House PPG

MINUTES

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| Date: Thursday 26 th April 2022 | Time: 10.30am | Venue: Zoom |
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PRESENT:

Ben Bishop (Practice Manager), Jade Medlyn (Practice Manager's PA) & Dr Ben Ward (Practice Partner)

Pam Tuckett (Chair) Tony Bartlett, Maureen Birrell, Megs Kiddle, Jane Mather, Ray Street, Sally Titchener,

APOLOGIES:

Anne Broom & Carol Ramsay

| Item: | Subject: | Action: |
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| 1. | Ben explained 'house rules', prompting all members to hold their hand up prior to speaking to avoid any talking over each other. Pam Tuckett welcomed Core Members and all members on the call introduced themselves in turn. | |
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| 2. | All members agreed the notes of the meeting on 8 th November 2021. | Ben to sign notes on behalf of Pam. |
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| 3. | <p>Matters arising:</p> <ul style="list-style-type: none"> It was discussed that the Practice will taking part in an NHS GP Practice pilot scheme for our website. Its objective to make GP Practice websites more uniform and accessible for all. Action points from previous meeting reviewed, nothing outstanding. | |
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| 4. | <p>Practice Update:</p> <ul style="list-style-type: none"> We have recently undertaken a large-scale project on the number of appointments and availability of appointments. The outcome of this has meant that we have changed the way our appointment system works: <ol style="list-style-type: none"> We have dramatically increased the number of pre-bookable appointments for patients We have re-enabled online booking for patients We have reintroduced pre-bookable face-to-face appointments. During covid this was on a 1:4 ratio. We are now operating on a 50:50 split between face-to-face and telephone calls. We have limited the amount of on the day triage – we have limited the number of appointments allotted to the duty team session. This is in order for clinicians to work safely. We will, however, not turn emergencies away. Reception are trained to | <p>Jade - breakdown of appointment capacity for next meeting.</p> <p>Ben – to report back to the group the progress of the new templates at the end of their 3-month review</p> |
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| | <p>pick up on red flag symptoms, and if they are unsure they will refer the call to their team leader or a duty clinician for advice.</p> <ul style="list-style-type: none"> • All urgent appointments will still be triaged by a clinician first on the telephone before they invite a patient in to be seen face-to-face • From April 1st EA/Extended Hours has resumed. This means that on a Monday evening, Riverside surgery is open from 6-8pm and every other Wednesday Tower House is open from 6-8.30pm. • We also resume Hub EA sessions at the weekends, which will be held at Albany Surgery in Newton Abbot. The Hub holds a GP session and also a Nurse/HCA session. The Hub is open Friday evenings 6-8pm, Saturdays 8am-6pm and Sundays 8am-1pm. These appointments are for non-urgent problems only and are pre bookable via reception. | |
| 5. | <p>Standing item: Report on key themes, issues or suggestions that have been identified by any member of the PPG to help ensure members are engaged.</p> <ul style="list-style-type: none"> • Ray Street felt we needed to be optimising the distribution of our patient newsletter. Ben confirmed that Jade had already sent some to the pharmacies, libraries and the community centres at both Bovey and Chudleigh • Ray Street wanted to know what our levels of opioid and anti-depressant dependence rates were. Dr Ben Ward explained that this is audited both internally and externally by the CCG and we have medication reviews as fail safes and clear practice protocols when it comes to prescribing opioids. In terms of anti-depressants, we have a lot of patients on them, and we have reviews in place to monitor patients' mental health. • Ray Street wanted to know the Practice's view on nationalisation - Ben advised that the practice had been assured by CCG this was currently just a 'think piece' and not a policy announcement or intention. As business & property owners the practice partners obviously have strong & mixed feelings about the prospect. Feel that it's not the right time to comment on such an emotive and complex subject without further detail available. • Sally Titchener asked whether Saturday morning clinics were being resumed. In part yes, but not here at the practice. Jade explained the EA system as mentioned in section 4. • Sally Titchener asked whether receptionists were still signposting – receptionists use their common sense when it comes to signposting patients to the | <p>Future of video consultations through Skype, Teams and Whatsapp (Tony) – to re-agenda</p> <p>Sally Titchener – Concerns re Bovey Pharmacies – to re-agenda</p> |

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| | <p>most appropriate service. This may not be a GP and could be a pharmacist, Nurse Practitioner, or paramedic. This is different to the Health Navigation project that we did proceed with. Patients are ultimately given the choice; receptionists will not force a patient to see another clinician if the patient does not want to.</p> <ul style="list-style-type: none"> • Jane Mather wanted to feedback on the most recent newsletter – it was felt that the last newsletter was a bit too long and that patients would not sit and read the whole thing. It was suggested whether it could be shortened for the next edition or include a contents page with internal links. It was mentioned that every quarter the practice receives great feedback regarding the newsletter, and thanks was given to Ray for all his input. • Future of video consultations through Skype, Teams and Whatsapp (Tony) – to re-agenda as ran out of time to discuss • Sally Titchener – Concerns re Bovey Pharmacies – to re-agenda as ran out of time to discuss | |
| 6. | <p>Standing item: Review any patient feedback about the services delivered by the practice.</p> <ul style="list-style-type: none"> • Friends and Family Test – Restarted from April 1st (now sent by text message to reduce paper and for infection control) • Suggestion Box – No Responses • NHS Choices – No new reviews • CFEP Practice Survey – Awaiting results of practice survey (180 patient responses were needed and we exceeded this, 28 responses needed per individual GP) <p>Sally Titchener felt it would be a good idea to create a sub-group to dedicate some time to discuss how the practice can better gain patients’ feedback. This would then be reported back at the Core Meetings. Ben happy to attend if needed.</p> | Sally to organise sub-group to discuss patient feedback |
| 7. | <p>Standing item: Feedback from Patient Participation Locality Forum</p> <ul style="list-style-type: none"> • Sally queried with the CCG the significance of league tables, to which she had this response from Jean Almond: <p><i>“Measuring the quality of appointments requires complex measures. One service does not fit all patients and measurements of quality should reflect this.</i></p> <p><i>For this reason, NHS Devon Clinical Commissioning Group uses a range of measures to ensure that we have a full</i></p> | |

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| | <p><i>picture of the quality of appointments.</i></p> <p><i>As well as consulting league tables NHS Devon Clinical Commissioning Group undertakes extensive patient engagement to understand patient satisfaction, this includes engaging with the Virtual Voices Panel, work with Healthwatch and targeted patients' engagement. We believe that these measures give a more rounded picture of the quality of appointments."</i></p> | |
| 8. | <p>Standing item: Current list size and growth from last meeting? Previous meeting (08.11.2021) 14,717 As of 20.02.2022 – 14,777</p> | |
| 9. | <p>Any other business: Nominations for Committee Roles</p> <ul style="list-style-type: none"> • Ben has asked that everyone have a think and please come forward with their nominations for the AGM • Due to workload commitments and time constraints, should anyone wish to take over as secretary that would be greatly appreciated | |
| 10. | <p>Dates of next meeting:</p> <p>AGM – Wednesday, 11th May 2022 6.30pm start at Riverside Surgery</p> <p>Core Group Meeting TBC at AGM</p> | |

Signed:..... Chair

Date: