

Alchester Medical Group PPG will

Contribute to the continuous improvement of services.

Foster and improve communication between the practice and its patients.

Help patients to take more responsibility for their health.

Provide practical support and help to implement change.

Attending – George Thomas, Dr Toby Quartley, Chris A'Court, Laura Cooper, Sue Wilde, Viv Nicholson, Norman Ruby, David Gray, Rowena Dossett

Actions highlighted in yellow

1. Review of previous actions

It's been a year since our last PPG meeting due to our COVID vaccination programme making it very difficult for us to meet. No actions from previous meeting.

2. Friends and Family test results

LC

We continue to gather our Friends and Family results; these are consistently in the high 90s% for positive reports - last month was 97% positive. You can view our results on our website: <https://www.alchestermedicalgroup.co.uk/fft>

3. Management of appointment system post COVID

PPG Request

Concerns of the PPG re: appointment system:

- a) Problems getting on the GP list, even if you call early (around 8:30am)
- b) Routine appointments – trying to get through to see a GP is fine for most people but no booking these appointments in advanced? System not working as smoothly as it might do
- c) eConsult also difficult – if not sent in by 8:30ish then GP list likely to be full, sometimes feel it's not worth the effort
- d) Some of our GPs don't work most days a week, means more difficult to get on the GP list
- e) Not able to request an appointment with a GP, our system is that the GP will assess if the patient can/should be seen face to face. Some patients worry about talking on the phone, this may stop people not talking about their issues

Feedback from GT and TQ:

- i) We are still in COVID times, numbers are still high. We have recently come through a bout of COVID in our practice
- ii) GPs and Nurse team are working at 160% ish of a safe working limit – for e.g., hospitals referring patients back to us or delaying treatment and that adds to our workload. Demand is huge, hence the GP lists getting filled so quickly.
- iii) If we went back the old system, booking routine appointments in advances, the wait would be 14 weeks or more. Unlikely to go back to that system.

- iv) GPs who work fewer sessions a week – our GP lists are balanced by the number of sessions they work per week – this dictates the number of patients on a list. GPs who work less will have less patients on their list. Understand it limits the days in which patients can contact them. No GP works more than 4 days per week.
- v) Face to face appointments – will be offered if they are clinically appropriate. GP will always see a patient if they felt it was needed (vulnerable patients, clinical need). GPs would always like to spend time talking face to face with patients but in this current environment it would not be sustainable. We always review our appointment system and try to work out what the best balance would be. We recognise our system is not perfect, but we are doing the best with the resources we have.

Side note: of the 72 practices in Oxfordshire, we are in the lowest two for how much we get paid per patient that we look after, meaning we have somewhere in the region of 5,000 patients who we get no funding at all to look after.

Side note 2: recent article in Oxford Times

(<https://www.oxfordmail.co.uk/news/20043298.oxford-gp-surgeries-least-patients-per-doctor/>) details how many patients a full time equivalent GP has per practice in Oxfordshire, and we have 1925 – we are mid-table (our aim to have under 2000 per GP). Also note that Alchester is the 3rd largest practice in Oxfordshire.

CAC notes that we publicise on our website and our FB site our half-yearly numbers of our figures – face to face appointments, phone appointments, nurse appointments, etc. Last report: <https://www.alchestermedicalgroup.co.uk/news/service-performance-report-january-2022>

SW notes that they are aware of how difficult managing demand is. Initial reaction is, should we publicise this information more? i.e., how many patients we have, how much funding we get, what our performance report is more often (quarterly)?

4. Update on new surgery

TQ

TQ explained where we are with the surgery: planning permission granted for new surgery in January. In process of confirming contractors' prices. Hopeful in the next couple of months we can start digging (beginning of Summer). Should mean we will be ready to open end of Summer/Autumn 2023.

Q: Will the two Langford and Victoria House buildings close for good? (David Gray)

A: Yes, CCG will be funding the rent for the new building on the proviso that the four other buildings in use will close down (Victoria House, Langford, Ambrosden, and the Montgomery House Surgery). Ambrosden – we have officially exited that building now.

Q: Is there going to be a dispensary on site? For both surgeries? (SW)

A: Yes, we have applied to NHS England to relocate our dispensaries (a process we have to go through in order to relocate them). Both will move to the new building.

Q: Will there be other services working at the surgery? (Rowena Dossett)

A: Yes, previously we have hosted other services (health visitors, midwives, district nurses) and hope to again, we have employed a physio, we also have various visiting services using our building to offer services to our patients. We hope to continue to offer the opportunity

to use our new building while we have the capacity. We are building the building big enough to last for a long time and so we will have the space. There will be outside space too for screenings such as the mammogram bus, etc.

Q: Is there ground for extensions to be built? (RD)

A: Yes, we have the opportunity to extend our building, there will be space on the top floor to extend and then in the future there will be an opportunity to buy land that is surrounding the practice to allow us to extend further. This is another reason why we chose Graven Hill – we have the opportunity to expand and grow, if we chose Kingsmere there is no room for growth.

Q: Do you have any artists impressions of the new building? (RD)

A: Yes, on the front page of our website at the bottom -

<https://www.alchestermedicalgroup.co.uk/>

From there you can click through to our Plans for the Future page:

<https://www.alchestermedicalgroup.co.uk/plans-for-the-future-index>

And there is another sub-website with more information: <https://bicesterhealthhub.co.uk/>

Q: When you start to dig, will you announce it, and will you make sure everyone can see the plans again? (SW)

A: Yes, we are planning a ground digging ceremony, although we have no date for this at the moment. We have shared the plans out on the main Bicester FB sites, we may well continue to do so.

Q: Is anything not going well? (RD)

A: It's been hard going, and everything that we wanted to happen has happened, just not in a particularly easy way. But nothing catastrophic has happened.

5. Meeting with Montgomery House PPG re: new surgery SW

Sue wondered if would be a good idea if the PPG got together with the Montgomery House PPG and discuss the new building? She feels the surgery should arrange it and start thinking about a structure.

GT agrees that this is a good idea. Both practices are starting the process of working out how to work together. When we are surer of our structure, that would be more of an ideal time for the two PPGs to make contact with each other. We are currently unsure as to when this may be but within the next couple of months hopefully. GT will highlight this to the Practice Manager of Montgomery House (Tracey Bishop) (this has been done, 14.04.2022).

6. Patient reviews – outside of F&F CAC

Request for the PPG to encourage patients who feel they have had good experiences, to give us a positive review on Google/Healthwatch. We currently have quite a low score (2 stars) on Google which is quite demoralising and doesn't reflect our positive scores on our Friends and Family and doesn't reflect the positive feelings from our patients.

GT mentioned that other practices Google reviews across the Oxfordshire are having similar issues. We aren't asking you to go to these websites and immediately post positive reviews, however if you feel like you have experienced a good service, we would appreciate you leaving us a positive review.

SW wondered how to find the place to leave a review on Google?

SW also asked if it would be worth the PPG looking at this as part of their project? The surgery doesn't ask patients for a review after an appointment, is there any way we can change that?

How to find the Google reviews: search for the practice on Google and when you do, it will appear on the right-hand side with the practice information. It's one of the first things that people will see when you search for our practice.

RD asked if it was worth asking patients to rate us on Google instead of the Friends and Family text?

We suspect that if we were to divert all our F&F texts to Google reviews would have a similar trend to our current reviews – the people who leave a review will leave poor reviews.

We do the F&F every month – this is a service that started as something that we had to do every month, and we had to report on the results each month. During COVID this service was suspended, however in April 2022 the reporting of this is starting again.

RD asked is we could include a link to Google reviews in the F&F text?

LC confirmed that in the 2nd F&F text we have included a line about Google reviews:

1st text: *Thinking about your recent appointment at Alchester Medical Group. Overall, how was your experience of our service? Please reply 1 for Very good; 2 for Good; 3 for Neither good nor poor; 4 for Poor; 5 for Very poor or 6 for Don't know.*

2nd text: *Is there anything we can do to improve our service? Please let us know in your reply (make your reply 160 characters or less - your message will cut off if longer). "Very good"? Please consider leaving us a Google review.*

These texts are sent out after every face-to-face appointment (with nurses) (but only once a month). They are sent out to patients who have a pre-booked appointment, so you won't get the text if you see a GP as that is not pre-booked.

7. Improving effectiveness of PPG

PPG

SW wondered how to encourage new members, and also what they can offer to new members. How can the PPG become more involved?

GT said that one of the big things is that we will need some volunteer help when it comes to the new building – for example, helping patients navigate the building.

He also mentioned that some of the volunteers that worked at the vaccination centre may well be interested in joining the PPG. **Sue mentioned that she can contact them and see how many would be interested.**

Another thing GT mentioned is that we have some resistance to our face mask policy so having someone "on the door" who would take those that declining to wear a mask and explain our reasons as to why we have the policy, may be of use although we recognise that may not be the kind of job people would want to do. TQ mentioned that it would be quite difficult to get a rota together for this.

Viv Nicholson asked if there was anything that the practice wanted the PPG to do?

David Gray mentioned that before COVID the PPG discussed getting a stall on the market and speak to people about our PPG and what our PPG does.

Norman Ruby wondered if we could incorporate anything else into this, not just talk about the PPG?

GT mentioned talking about ways to access our services – we have plenty of patient education leaflets. Patient education events / other services available (pharmacy, etc).

David Gray can help with getting access to a stall – there is a stall for the general public to use, **David will contact the person who is in charge of the stall to enquire about this some more.**

GT mentioned that Chris can provide the printable information – we can also use other tools such as a QR code that the public can scan and it will bring up the page on our website or the document on their phone.

Norman mentioned that it would be a good idea to have tea & coffee available.

GT said that if it goes well we could do this more often – twice a year?

SW would talk to CAC and LC about the literature available, and would have to co-ordinate things with the rest of the PPG. The PPG will have more discussions after this meeting to come up with more ideas, to see what they can come up with.

SW wondered if there would be something similar they could do for the new building? CAC agreed, could be held in the summer around the Bicester Festival time if we are able, next year.

CAC also mentioned that with regards to the new building, it would be useful to work together on how to talk about transport and how to get to the practice.

8. AOB

David Gray – as a previous carer, used to work with Cares Oxfordshire chief, Kay Francis. She's asked David to sit on a committee occasionally at the hospital (JR) – all about what will carers like at hospitals? Ideas they would like to see implemented at hospitals that will help carers.

We have a list of carers, we can contact them via text message. How do we want to get the information to David, or should the patients reply straight to David? **LC will contact David to discuss how we go about this.**

SW asked about the next PPG meeting – when would be the next one? Would 3 a year be ok? **The PPG will discuss what they feel is best going forward.**

GT would like to thank the PPG for their help and support.