ALCHESTER MEDICAL GROUP

PATIENT PARTICIPATION GROUP
M I N U T E S
Wednesday 17th January 6.30pm

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, Ian Wilton, Dr Laura Bate, Laura Cooper, Elliot Nurse (Patient Coordinator), Kim Zdyrko (Patient Coordinator), Chris A'Court, Sue Wilde, Norman Ruby, David Gray, Rowena Dossett

Apologies – Alison Waters, Clive Shepherd, Leigh Paxton

Actions highlighted in yellow.

1. **Review of previous actions**

- Circulate previous objectives of the PPG (SW) – done
- Look at data from appointments at the PCN – all data correct when first collated
- George to circulate new plans for the building – done
- George to send contact details for the ICB to SW – done

2. **Friends and Family test results**

Friends and Family – 96% positive results consistently since the last meeting. We are working on showing the feedback from our Friends & Family to put on our website – when this is live we will send round to PPG.

SW noted that we published our 6 monthly data on our website (we do this every 6 months; this is data that we have collected such as total number of phone calls taken and made by our PC team, total number of referrals made, etc. You can view the most recent report on our website here: https://www.alchestermedicalgroup.co.uk/news/july-to-december-service-performance)

We have added more information this time around that includes our other clinical staff's data (such as our physiotherapists, mental health practitioners etc). We hope that in doing this report every 6 months it highlights just how much work our staff are doing and how hard we are working for our patients.

3. **Role of the PPG now and in the future** **SW**

SW: we are struggling to recruit new members, and when we do recruit they don't attend meetings. How do we get them to join, and to get them to attend meetings?

- We've tried Facebook – had a few responses but not many
- We used to have posters in the surgery but not recently

How about using the dispensary to put up posters (this is where people are waiting around the surgery the most)? How about putting a slip in the dispensary bags with patient's medications?

LC will create a poster for the surgery to display both as a poster, and something for the TV screens in the waiting rooms. To display posters at Victoria House and Langford, and at Minerva. Consider putting a slip in the dispensary medication bags – speak to Dispensary manager re: this. Ensure that all recruitment posters and slips include information about being able to join virtually if they would prefer.

LC will re-arrange the waiting room at Victoria House so that some of the chairs are facing the TV screen (currently most are not).

If we do get new members, we should be clear about what the expectations from them and from us would be.

Perhaps if GPs or staff members see a patient of ours that they think would be good for the PPG then maybe they could mention that we are recruiting for our PPG?

Aims and objectives of the PPG:

If we have more members then the PPG would be able to be more active.
Participate in the PCN PPG meetings – not sure when the next meeting would be? SW has not heard anything for a while. GT mentioned there will be a PCN meeting at the end of January and will raise it then.
Maintain informal relationships with Bicester Health Center and Montgomery-House PPGs – SW will go back to the PPG Chairs and will try to re-establish communication with them. IW will contact his equivalent at the two other Bicester practices and see if he can get the PPG Chairs' contact information (PCN Manager Peter Wilson or Clare Davies may be the best person to contact – will be the people who arrange the PCN PPG meetings).

4. **Update on building plans for Victoria House and Langford Surgeries (including reception areas)** **GT**

No further updates to give you; we haven't moved much further than at our previous PPG meeting. We need a guarantee from the ICB that they will pay the rent of our Victoria House building (a 25 year lease). We also need funding for our Langford building refurbishment – might be something that our PPG can help with funding (heating / lighting / windows / refresh rooms). We realise that this may be difficult to do given that we are a private business and a GP practice and patients may not be comfortable with this.

The Graven Hill project has now been officially declared 'dead' – took them a while.

SW: how can we help with this?
GT: you can write the ICB and express your thoughts.
Write your thoughts to the ICB and forward onto George, who will forward them onto one of the ICB members. You can also write to Julie Dandridge (head of Primary Care).
Norman Ruby: we should have a meeting about this – PPG agreed to have a separate meeting to discuss.
CAC: There is a Healthwatch Oxfordshire online meeting at the end of February (27th)– you can perhaps put our case forward. Link to the meeting:

https://healthwatchoxfordshire.co.uk/news/healthwatch-oxfordshire-webinar-your-chance-to-have-a-say-on-new-plans-for-primary-care/

5. **Appointments**
    - Update on how new system is working.
    - Impact it is having Positive/negative. IW

At previous meeting we were getting ready to put our new appointment system into place. We have now put it into place. We haven't advertised it to our patients as yet.

For perspective, we changed it on the 31st October, in October we had 16 'official' complaints and about 8 'unofficial' complaints (where patients didn't elevate their issues into a official complaint after speaking to one of our team) – the majority of them were about not being able to get an appointment when they wanted, not being able to pre-book appointments, eConsults taking a while to be resolved.

In November & December combined we have 8 'official' complaints (combined).

Now – duty doctor in place daily. Every email and eConsult that comes in gets resolved on the day. The duty doctor sits in the Reception office with the PC team – they are available for the PC team to talk to and ask questions they may have and resolve any queries, all on the day.

Duty GP days – generally, patients can ring up and pre-book up to a week in advance (no longer than a week otherwise we tend to get a lot more DNAs). If urgent on the day they will go onto the duty doctors list for the day. The duty GP will then go through the list. They will triage and if appropriate, point them to other services (a physio, a pharmacist, or our paramedic). If the patient needs to be seen on the day they will be put on one of the other GPs list in an urgent slot and the PC team will ring the patient and inform them of that appointment. If there are no urgent slots left in our other GP's list then the duty GP will deal with that patient. These days are full on for our duty GP.

We no longer reject any eConsults, these are all dealt with on the day.

When a GP isn't doing the Duty GP – they have 27 slots for patients – face to face or telephone appointments that the patient can decide what they would prefer. Gives the GP a bit of extra time to get their admin done.

We've adjusted the incoming phone call times – at 8am until 9am we are only accepting Urgent calls, after 9am we then accept all other calls (urgent calls can come in all day). This has helped the number of phone calls coming in first thing drop significantly.

We feel it works so much better for our GPs and our PC, and our patients.

Q: Why do doctors still work part time? (David Gray)
A: a standard GP (and hospital consultants) working week (considered to be full time) is 8 sessions. 8 sessions (if you are doing full days) = 4 days, and these are full days starting very early (sometimes before 7.30am) and finished much later after our surgery stops seeing patients for the day. That equals about 40-48 hours (as opposed to the standard UK full time working week of 37.5 hours) in 4 days.

If GPs work 3 day, they would still be working 30 hours a week.

Some GPs prefer to work less days/hours – a lot of the time the reason for this is that the job has changed a lot and not in a good way. When trying to recruit GPs it is very rare to get a GP that would like to do 8 sessions – most would prefer to do less.

We have a few GPs that are trainers – meaning that they train younger doctors and medical students and potential GPs, which does take away some of their clinical time – so makes them less 'available'.

News from the practice: we have managed to recruit two 8-session GPs that will be starting in August with us. Plus our current GP trainee will be staying with us when she has finished her training. Dr Anderson will be retiring at the end of March 2024.

6. **Help required from PPG from Alchester strategy day.** **IW**
    - Ask schools and community groups in the vicinity to draw some posters or leaflets around primary care and Alchester values. IW
    - Can we do some fundraising for equipment and ask PPG for help on our behalf. IW
    - Look at Section 106 - can PPG help in any way to research this. IW

How do we interact with our local community and how do we get them onboard with what we are doing? – this is one of the new CQC questions that will be asked. We've come up with some ideas but thought that if there is any way that our PPG can help with getting our local community involved with things we would appreciate it. We are aware the numbers in the PPG are currently very low (as mentioned earlier) so aware that it may be difficult at the moment.

Fundraising – could be something we think about before we go any further with this, people may find it difficult to want to give money to us so we would have to have a discussion about whether this would be a good idea or not.

Section 106 – funding that large developers have to give back to local councils to support healthcare and education costs that naturally increases when you build more houses. We'd need some of this money to help with our redevelopment at Langford.

The PPG will discuss this at their next meeting – IW is happy to be involved with anything you may come up with or need from the practice.

7. **AOB**

Q (SW): you were introducing a new Dispensing system, is that working ok?
A: it does work well for the GPs and saves them a lot of time. There is a slight issue that we are having – prescriptions are being produced on individual pages rather than on 1 or 2 pages (if someone has a lot of prescriptions, they should come out all together and not separately, which is what it is doing currently). We're sure it's an error with our clinical system and we are trying to sort it with them. We are also going to be using a system called 'Golden Tote' which will save more time (in conjunction with our new dispensing system).