

## **Minutes of Patient Participation Group Meeting Wednesday 19<sup>th</sup> October 2022**

**Present:** HC, BJ, 4 PPG Members in attendance, 3 PPG Members virtual feedback

### **Introduction**

HC welcomed PPG members, discussion took place around the practice in general, with positive feedback and happy with the service we provide. All commented on how helpful and friendly reception staff are.

#### **1. Hub**

P1 asked for more information regarding the hub, HC explained that we are now offering appointments on a Monday, Wednesday and Friday 6.30pm – 9.30pm. These appointments will be with different practitioners such as GP's, ANP's (Advanced Nurse Practitioner), Phlebotomists, Physio's, Pharmacists etc. P1 asked if we have an ANP at Crystal Peaks, unfortunately we don't. HC explained that we offer these appointments to patients within the network (Birley HC, Mosborough HC, Sothall MC, The Thorpe Practice) and with Jordanthorpe Health Centre. Jordanthorpe cover our patients on a Tuesday, Thursday and Saturday. HC advised a survey within the area concluded that our patients didn't particularly prefer Saturday appointments. Patients all queried why we were partnered with Jordanthorpe Health Centre as isn't within the area, HC advised this was not down to us as a practice, and was allocated to us by the ICB (previously CCG). P5 (unable to attend meeting) commented the time for these appointments sounds good for people who can't get an appointment if they are working etc. P6 (unable to attend) expressed is really pleased that GP access is now available in the evenings; this is a great help to working people and school age children.

P1 queried whether our GP's staff the hub, with HC confirming some of the shifts are picked up by our GPs as these are allocated on a pro rate basis to all practices within the cluster which is managed by Primary Care Sheffield (PCS). HC advised the hub appointments are better utilised for acute problems and chronic problems are best seen in practice. P1 commented how it is similar to the criteria for patients who attend the Walk-in-Centre.

HC explained how we have always offered extended hours at the practice on a Tuesday and Friday morning and Wednesday evening; however, the contract has been amended by NHSE as of 1 October 2022. Therefore, we now offer enhanced access as mentioned above and we nominated ourselves to become a hub as felt it would be easily accessible for our patients.

P1/P2 suggested advertising this on the next newsletter - HC to include, however advised the information is available on our website, Facebook page and in reception.

## **2. Patient Triage**

Discussion took place around Patient Triage, both P1 and P2 have used the service, P3 and P4 haven't. HC commented that on the Patient Access Survey it was highlighted that not a lot of patients are aware of this function. HC will include information regarding patient triage on the next newsletter.

P3 and P4 advised they don't use computers so isn't a service they would consider, HC advised this is just another communication route. We now have the face-to-face option, telephone option and online option available as communication routes. If people prefer to use Patient Triage this alleviates access on the telephone which in turn helps patients who only prefer to use telephone or face to face routes.

P1 and P2 asked where to find Patient Triage if they were to lose their link. HC advised there is an option at the top of the practice website to access the link. P2 commented on how the name of the service isn't brilliant, HC advised this is a service offered via Accurx therefore it isn't something we can change. HC highlighted that all queries that come in this way are looked at on a daily basis and if it is a medical query these are passed to the On-call GP and triaged appropriately. The GP may directly contact the patient, ask reception to arrange an appointment within a certain timescale or direct to the most appropriate person within the practice, this may be a nurse or an admin person depending on the problem.

## **3. Patient Access Survey**

HC highlighted some of the main points took from the patient access survey. Overall, it showed positive results with some extremely kind comments from patients. P7 (unable to attend) responded to patient survey results commenting on how well the practice has done and to keep up the good work. P6 (unable to attend) also commented these were interesting survey results; interesting to note that our patients are made up of a high percentage of females over 60 and retirees. Perhaps a good start would be to have a specialist in ailments for this cohort of patients.

HC discussed the point raised by P6 and highlighted that as per the survey 17% of the patients who completed the survey were carers and someone had also suggested offering support to new mums. HC advised we could look at running a support group once a month on a Saturday morning and target one particular cohort of patients. All agreed this was a good idea. HC asked if any members of the PPG would be willing to volunteer to help facilitate or if they have any other ideas around support groups to let her know. P2 suggested a support group of patients of a different language. P3 asked if a GP would be present. HC advised the support group wouldn't be for clinical concerns, it would give patients the opportunity to have conversations with others in the same position to offer support. HC advised, for new mums, we could include the information on our 'Congratulations' letter to see if interested in a support group. HC to look into more details around setting up a support group, but overall, all felt this would be beneficial to patients.

P1 asked why the communication and access needs question on the survey was included. HC advised that we have to consider all patients that may have access or communication needs. HC outlined the current provisions we have in place to support patient needs - for example, if a patient is registered blind, we highlight on records patient to be collected from the waiting area. If a patient attends with a guide dog, we need to ensure patients in the waiting area at the time do not have a dog allergy. If a patient is hard of hearing/deaf, we need to be aware so we can organise a sign language interpreter. HC also advised we have to take into consideration language barriers and also any condition a patient may have that would stop them attending the practice. HC advised for patients with learning difficulties, they may find sitting in a busy waiting area uncomfortable, therefore we have policies in place that we offer an appointment outside of busy clinic times or we would ask whether the patient would like to wait in a separate room.

HC also discussed comments around privacy at reception, HC advised if a patient would like to have more privacy they can ask to speak to the receptionist in a separate room. There is a poster at the side of the reception desk, so patients are aware.

P1 asked when patients ring at 8am to book into Urgent Access, and is full, why can't the practice book into the afternoon clinics as felt this would alleviate the telephone lines being really busy at 2pm. HC understood P1's concern, however advised there may be patients that for some reason are unable to contact the practice at 8am so it would be unfair to book all the afternoon appointments for the cohort of patients that can only ring at 8am. However, HC did advise, when the receptionists ask for more information of the problem, this is to enable them to direct to the most appropriate clinician, and if deemed urgent, will either speak to the On-call GP or book an appointment, for the same day. For example, is a patient has found a new lump.

P1 also highlighted a comment on the survey advising they had been refused a face-to-face appointment. HC confirmed this is not the case and patients have a choice to their consultation mode. BJ commented during the peak of the pandemic, there was a time reception were unable to book patients in to see a GP face-to-face if they had covid symptoms but other than that all patients have had and continue to have a choice to see a GP face-to-face or telephone.

The above point lead onto a discussion around Covid and around us shortening our telephone message, this was also communicated in the survey. HC advised we update the messages as per guidelines received by NHSE. When guidelines are amended for primary care, the messages communicated to patients are updated to reflect this.

All PPG members advised they are happy with the practice and all services provided. HC advised we are currently advertising for a further receptionist due to increasing workload and Dr Brynes has now increased his sessions to 6 sessions per week (working Mon-Wed) and we have a new female GP, Dr Alison Callow, joining the practice at the end of November 2022.

**Next meeting: TBC**