

PPG Meeting 27 July 2023

Attendees: Valerie Stanislas (VS); Diane Taylor (DT); Ian Preskett (IP); Caroline Wulff-Cochrane (CW-C); Brenda Baker (BB); Anne Wade (AW); Grace Balogun (GB); John Carroll (JC); Gaynor Lloyd (GL)

TOPIC	INFO	COMMENTS
List Size	8,173	Decrease of 45 patients since last PPG meeting. (This is normal patient movement – e.g., patients moving home; no further list “cleansing” by NHSE/commissioners of GP services – see last PPG notes).
Complaints	0	No written complaints since last meeting. Discussion re comments on NHS Choices website – much better patient feedback, and the surgery can respond to comments. Those comments include inviting patients to come into the surgery to discuss. The surgery has also had compliments posted. However, there is not the same ability (preserving confidentiality) to comment on NextDoor and Google review sites; the comments made do not get removed.
Staffing changes	Suleiman leaving to complete the last year of Medical School. He has been a receptionist. His practical knowledge has been very helpful (He wants to become a GP at conclusion of his medical training.)	Advertising for a replacement receptionist following Suleiman’s leaving. Some turnover of staff; one member of staff did not return after maternity leave, and there has been some sick leave, and usual annual leave in summer.
Reception “Triage” Patients who contact the surgery for an appointment	Receptionists ask more questions, in a sensitive manner, to enable signposting to the appropriate clinician, as the surgery has access to more	All staff are contractually bound by duty of confidentiality applicable to all medical information as patients expect. Another professional rather than GP may be appropriate, and, if so, will potentially mean a quicker appointment. If patients are very uncomfortable with some detail, there is the opportunity to describe the issue as “private”. Dr John has devised a template for receptionists to use to ascertain the necessary information for triage.

	types of professionals (e.g. Physiotherapist, dietician, Advance Nurse Practitioner, Clinical Pharmacist, social prescriber)	
Mental Health Practitioners	Mental Health Practitioners have been appointed to the Brent Primary Care Networks but not yet allocated to the individual GP practices.	No change since last meeting.
Telephones	Position as at 18/7/23 The surgery has been only too aware for many years the problems of the telephone system with which we were “stuck” with ever since moving into the building. (It comes as an embedded facility provided when the surgery took over the lease.) The surgery has been negotiating for some time to change systems. The national GP contract also requires the surgery (along with all other GP practices in England & Wales)	Proposed telephony companies : Yo Telecom and Surgery Connect, the latter being the preferred although slightly more expensive. Developments with landlord’s consent awaited NB whatever phone system chosen, the surgery cannot take the phone number over but there will be a diversion for 3 months and the change publicised.

	<p>to change to “cloud based telephony”. Unfortunately, because the surgery is in a building provided by a type of “Private finance initiative”, the surgery is subject to very tight controls over any alterations within the building (which literally applies to every alteration, however small, necessary to fit a new system.) So, apart from negotiating with appropriate telephone system suppliers, the surgery had to negotiate with their landlords. Matters had ground on very slowly but immediately prior to our PPG meeting, after escalating to the senior manager, we have finally been informed we must submit the plans for the alterations/system installation for both systems, along with risk assessments etc and they will</p>	
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	review within 30 days.	
DNA Rates (“Did Not Attend”) and telephone appointments generally	1.7.23-26.7.23 – System reports – 17 face to face appointments DNA’d and 159 DNAs in total. Many patients now prefer telephone appointments but they are given a choice. In addition, patients are asked if they prefer morning or afternoon for calls.	Due to a lot of people having telephone appointments we cannot report accurately.
GP Patient Survey	*Copies available 431 surveys sent out 107 returned Results based on 25% completion rate	Require an action plan. Core group expressed support for the surgery, and contrasted the points which arose with the complaints record referred to above. Core group’s view sought on their contacts in the wider patient community for issues being raised before and at the meeting, and group not had attention drawn to issues. Link at https://gp-patient.co.uk/patientexperiences?practicecode=E84685
Website	PPG Core group Meeting notes are on the website. Natalie will attach on a monthly quarterly basis (to coincide with PPG meetings) .	

ACTIONS:

TOPIC	INFO	Actions/Comments
SMS use for PPG	Yes, we are happy to offer some text messaging, supporting recruitment of members for the PPG.	DPT/VS to find out if the templates can be amended to allow a sentence re

		<p>recruiting PPG members. Completed.</p> <p>There are two messages which have been generated by the practice which can have an additional line re PPG added.</p> <p>PPG Action: PPG to supply the wording they would like added. Post meeting note - agreed there is space to add , “Would you like to join our Patient Group?” Details on the website” and our ppg email address is ssppg@northwick-park.co.uk ” Then the patient can make contact with the PPG for further info</p>
Confidentiality	<p>Handling of patient’s paperwork. All paperwork arriving at the surgery is processed in line with GDPR and entered into the patient’s record to ensure our clinical team have access to up to date information.</p> <p>All staff processing this information (and see above re reception staff triaging) have signed the confidentiality agreement and are suitably vetted.</p>	
Blood Test Results	<p>Patients registered at the surgery are advised to call the surgery 3-5 days after their blood test. Patients that have urgent abnormal results will be contacted by the surgery. Routine abnormal bloods will receive a message to make a ‘routine’ appointment with one of the team e.g. GP or nurse.</p>	<p>VS to remind Phlebotomists to say this to every patient. Completed. Post-meeting note. This was certainly working when a core group member came in for a blood test after the meeting.</p>
e-consult	<p>DT explained how e-consult works – a method whereby patients can submit a request for an appointment giving detail by filling in a form, which – for those who can do this, is an alternative means for a patient to request an appointment other than by telephone. DT agreed to go through the form, and explain and give some hints on completion. It begins with simple questions and vetting of more serious</p>	

	<p>conditions e.g. heart attack. There are lots of questions but they are part of the decision making matrix. There are opportunities while completing the form to add in text.</p> <p>At the end you are asked to provide your contact details and then are asked 'What's the best way to respond to this request?'</p> <p>You are also asked 'Would you like help from a particular person at the surgery?'. It does warn you that, if they are unavailable, it may be an alternative member of staff.</p> <p>The e-consult form only took a few minutes to complete for the routine "dummy run" DT used to try the form for the purpose of this exercise for the Core Group; however more complex issues may take a little longer.</p> <p>The patient will receive an email confirming submission, giving a reference number and informing you-the patient a response shall be made before 6.30pm the following day. However, this may not mean the appointment will be before this time.</p>	
<p>Bowel screening</p>	<p>Core Group had been very enthusiastic about the event that St Mark's some time ago where they explained about bowel screening and wanted to repeat, especially as the Core Group is very aware that screening does not have as wide a take-up as its importance should dictate. Unfortunately, now the bowel screening team do not have the staff to hold individual events at the surgery, and are therefore only able to provide a staff for a larger event, with various different "stalls", which the surgery is not big enough to host.. As cervical screening take up is quite low, perhaps this form of screening could also be covered.</p>	<p>VS to speak to Andre <u>at Brent Health Matters</u> * re organising a health event focussing on screening. In progress – VS is in conversation with Brent Health Matters. (Brent Health Matters is a team who focus on hard to reach patients across Brent by visiting and engaging in different ways to support our patients. Referrals are made by the surgeries only.)</p>
<p>MMR</p>	<p>Measles is now circulating in England and the World Health Organisation (WHO) has warned that Europe is likely to see an increase of infections and is urging action to increase vaccination rates.</p> <p>https://www.gov.uk/government/news/parents-urged-to-check-children-s-mmr-vaccine-records-following-rise-in-measles-cases</p> <p>General</p> <ul style="list-style-type: none"> • Measles cases are rising in England and across Europe 	

	<ul style="list-style-type: none"> • Measles can make children seriously unwell with one in five needing a hospital visit • One on 15 children develop serious complications from a measles infection, which can include meningitis and blindness • There is no me https://www.gov.uk/government/news/parents-urged-to-check-children-s-mmr-vaccine-records-following-rise-in-measles-casesdical treatment for measles; vaccination is the best protection against becoming seriously unwell • The Measles, Mumps and Rubella (MMR) vaccine is safe and has been used since the early 1980s. • Over 20 million cases of measles have been prevented since the start of measles vaccination in the UK. Over 4,500 lives have been saved as a result (81 lives per year) *source is UKHSA blog. • MMR vaccination is free on the NHS with the first dose being offered when a child is one and the second at 3 years and 4 months old. This provides long lasting protection against measles, mumps and rubella which can cause long term health conditions such as blindness and asthma. • Vaccination is the best way to protect a child from becoming seriously unwell from preventable diseases such as measles • The evidence is clear; there is no link between the MMR vaccine and autism <p>Call to action</p> <ul style="list-style-type: none"> • If your child has missed their first or second dose of MMR vaccine contact your GP practice to book an appointment. • If you are unsure if your child is due a vaccination or has missed a vaccination check their red book or contact your GP practice. • For adults, it is never too late to catch up on their MMR vaccinations, contact your GP practice to book an appointment. • For more information visit the NHS website <p>To book your child, please contact the surgery and make an appointment with one of our nurses.</p>
Childhood vaccinations generally	As to children who have had their vaccinations abroad, the surgery requests patients who have their vaccinations abroad to bring in the proof so their records can be updated. We require the translated versions to ensure the records are up to date and accurate.
Social Prescriber	Our Social Prescribers can help meet many different types of non-clinical need, ranging from support and advice for individuals experiencing debt, unemployment, housing or mobility issues to tackling loneliness by building social connections through joining local community groups, such as walking, singing or gardening groups. Benefits advice can also be given.

Patients can book an appointment with Zohra or Emma by contacting reception. **They are available through the surgery Monday to Thursday but are not always on site.** The surgery's clinical teams may also refer you.

DATE OF NEXT MEETING: 9 November 2023 1pm