

PPG Meeting Minutes

Tues 11th Feb 2025 5-6pm

	<p>Present:</p> <p>SFMC Laura Scarborough (Managing Partner), Dr Bennett (GP Partner), Nikki Hultum (Assistant Manager)</p> <p>PPG Members J Byrom, C McCartney, G Kelly, A Toft, D Dawson, D Rhodes, G Buck, S Fogg, J Topping, M Ray P Brear via teams link (unable to hear audit and had to leave – apologies sent by NH for IT issues)</p>	
5pm	<p>1. Welcome & Introductions</p> <p>LS welcomed the group and gave overview of expectations for first meeting as follows:</p> <ul style="list-style-type: none"> • To agree new PPG charter and sign off (circulated to all members on email in advance of meeting) • To cover some initial questions that have been sent in via email from the PPG members • To discuss ideas going forward of topics the PPG group would like to focus on, within scope of charter • To agree on future meeting format, dates and relevant times 	LS
5:10pm	<p>2. Brief overview of the Practice / Queries</p> <p>LS gave a brief presentation covering:</p> <ul style="list-style-type: none"> • Current team structure (team of 32, 24.6 FTE) – 8 GPs (6.5 FTE). 4 Nurses (3 FTE), 1 Clinical Pharmacist (1 FTE), 1 MSK Specialist (0.6 FTE), 1 MHP (0.2 FTE), 3 Management (2.5 FTE), 14 Reception & Admin (10.8 FTE) and introduced some members of the team • Some key stats on the practice: <ul style="list-style-type: none"> - c8,300 patients 14% under 14, 62% aged 15-64, 24% aged 65+ - we receive c620 triage requests per week 	LS

	<ul style="list-style-type: none"> - last year we provided 62,617 appointments, 38k of which were GP appointments (59% same day) - we are part of Preston & South Ribble Primary Care Network (PCN) along with Longton Health Centre, Fishergate Hill Surgery, The Beeches Medical Centre - We monitor Friends & Family Test (FFT) feedback closely – in 2024 we had 2,247 responses – 95% rated the service good or very good, 4% neutral, 2% poor or don't know - last CQC inspection was Jan 2017 – CQC monitor key data and if no concerns do interim telephone monitoring – no concerns raised about the practice - discussed the 'iceberg of General Practice' currently and the constantly increasing demands <ul style="list-style-type: none"> • explained the role of the 'Named GP' – a contractual requirement, largely a role of oversight, patients do not need to see their named GP when they book an appointment (can request to see a specific GP if they would like), named GP does not take on 24 hour responsibility for the patient. If asked by another organisation can state named GP or just 'St Fillans' <p>Comments from members:</p> <p>A concern was raised that practice is over-staffed for 8,300 patients.</p> <ul style="list-style-type: none"> - Members noted that one patient may need numerous appointments so difficult to understand the work created - Member asked if most of the resource was from the older population. JB responded that it is generally the very young and older population that take more time and multiple appointments with some in the middle - LS noted that our core hours are 8am-6:30pm Mon to Friday with Enhanced Access on a Thursday (equating to a 54 hour week). Full time staff work a 37.5 hour week, we need enough staff to ensure we cover opening throughout our core hours <p>A member asked what the advantages of being in a primary care network are. LS explained that we work the other practices to deliver the 'PCN Network DES'. It also gives us</p>	
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	<p>access to funding for additional roles (ARRS) staff – such as our clinical pharmacist, first contact physio, mental health practitioner and nurse associate.</p> <p>Members stated that they are unaware of the benefits of some of these additional roles and also the services that the practice provides. Suggested that communication around services offered should be improved. A suggestion was made around having personnel profiles on the walls in the surgery with some background and speciality information. Action – St Fillans to consider this</p>	
5:20pm	<p>3. PPG Charter</p> <p>LS ran through the key activities set out in the PPG charter and thanked members for their email feedback on the draft charter.</p> <p>The charter was agreed by all members and will be adopted. Action - LS to sign charter and add to website.</p>	LS
5:30pm	<p>4. Feedback Session / Project ideas</p> <p>Format of Future Meetings and PPG recruitment</p> <ul style="list-style-type: none"> - Members discussed the format of future meetings – happy with time and location of meetings to coincide with when the practice is closed for training. Members agreed to stick to the suggested times and dates that have already been scheduled for this year but consider making at least one of them online Action – NH to make one meeting an online lunchtime meeting - Concern raised that the time of the meeting may deter younger participants - Concern raised that group is not currently representative of patient population and ideally should include some younger people/families - NH raised that there has been some recent attempt to proactively recruit younger representatives, but so far we have been unsuccessful - Suggestions made to try seeking engagement from diverse demographics in other formats, such as online surveys and targeted campaigns. Feedback could be fed back to the group 	All

	<ul style="list-style-type: none"> - NH to continue proactively campaigning to engage with younger families, future areas of improvement to be considered with targeting feedback via the channels such as text message, social media and online surveys <p>Communication</p> <ul style="list-style-type: none"> - Further discussion was held around how we can improve communication/engagement with patients - A monthly or quarterly newsletter was suggested as a way of engaging the younger patients (schools use this successfully). Discussion held around introducing a newsletter for patients that could include communications about new services and upcoming health campaigns. Deliver electronically and paper copies in the practice. Action – LS/NH look at introducing a newsletter - Ideas included use of the TV screen in the reception area (potentially move it to somewhere more visible) to show health campaigns and information, and posters in practice but also around the community to promote services - One member mentioned engagement with local charities would be beneficial - It was agreed to make patient communication/engagement a focus of the next PPG meeting <p>Calls from Practice</p> <ul style="list-style-type: none"> - One member noted that she often gets calls from the surgery that come from a number withheld and she feels this would deter older patients from answering the call. - LS advised that this is due to clinicians at the practice not logging into the phone system correctly. If used correctly, the number should come up to the patient as St Fillans. - Action – NH to re-iterate with practice staff the importance of logging into the phone system correctly <p>Public Opinions</p> <ul style="list-style-type: none"> - One member noted that he is aware of people, whether currently registered as a patient or ones that have left, that are negative about the practice and will tell anyone who will listen. He has encouraged these people to raise any concerns to the practice so that we are aware but they have not done so. - The practice has a number of ways in which patients can contact the practice – complaints can be raised via our 	
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	<p>complaints procedure, or an email can be sent to our practice email address to include feedback good or bad.</p> <ul style="list-style-type: none"> - LS asked the member to encourage these people to get in touch and she would be happy to meet with them to discuss any concerns - One member requested whether we could have some information on what types of complaints we receive <p>Action – generic information to be shared on this if appropriate</p> <p>Access to Triage Forms</p> <ul style="list-style-type: none"> - A member asked the question ‘why is the online triage system not open over the weekend?’ - LS explained that when the practice first went live with total triage, the form was left on 24 hours a day, 7 days per week. Despite numerous warnings/tick boxes on the form that you have to complete to proceed, patients were still submitting forms over the weekend or late in the evening stating that they had chest pain or other red flag symptoms. As a result, it was deemed clinically unsafe and therefore the online triage form is now restricted to practice opening hours when it is monitored. - JB explained that we do not cap urgent on the day appointments, or the number of triage forms submitted as many other practices do. If a patient was to submit a form late on Monday evening before closing, that form would still be triaged on the day and the patient directed appropriately. - LS explained that the total triage system avoids the lottery of having to ring up on the day and hope that there are still appointments available. Anything considered clinically urgent on the day is dealt with that day by the duty doctor and anything routine then secures its place in the queue. The wait for routine appointments will depend on the current demand – before xmas this was 8-9 days due to winter pressures, but it is currently 1-2 days (with the norm being 3-4 days). - JB noted that not capping appointments ensures the triage system works more effective. If we stuck to the BMA guidance it would create a backlog for routine appointments that may become unmanageable. - JB noted that the GP partners are not prepared to accept the clinical safety risk of leaving the triage system open when we are closed, and patients should be directed to out of hours services as appropriate when we are closed. - It was noted that as part of our enhanced access services that we do have appointments available via our practice on a Thursday evening, but with other practices 	
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	<p>6:30-8pm on other weekdays and Saturdays at ISSA medical centre. It was noted that some members were unaware of these</p> <p>Action – Practice to make information on enhanced access appointments more available/visible</p>	
5:45pm	<p>5. Project Ideas</p> <p>Action – agreed based on discussions in meeting to focus on communication as basis of next meeting</p>	All
6pm	<p>Close Meeting</p> <p>Date of next meeting: - Tuesday 13th May 5pm at St Fillans Medical Centre</p>	

Minutes: Nikki Hultum

Approved by: Laura Scarborough