

# ST ANDREW'S SURGERY

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DR LAURA KEOGH DR SHIKHA AGGARWAL DR WAI MON AUNG DR HELEN LE GRICE

## St Andrews Patient Participation Group

### Minutes of Meeting held on Wednesday 13<sup>th</sup> March 2024

#### PPG Membership

Jackie Davenport (JD)	PPG Chair
Claire Rackham (CR)	Deputy Practice Manager
Pauline Tostevin (PT)	PPG Member
Margaret Moore (MM)	PPG Member
Freddy Moore (FM)	PPG Member
Beverley Eittle (BE)	PPG Member
William Eittle (WE)	PPG Member
Alan Drayton (AD)	PPG Member

#### Apologies

Clare Fawcett (CF)	PPG Secretary (on holiday)
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<b>1.</b>	<b>Chair Welcome and Update</b>
	<p>JD welcomed PPG members to the meeting.</p> <p>Apologies have been received from CF, PPG Secretary who is out of the country on holiday.</p> <p>JD thanked MM for arranging the use of the Salvation Army Hall to host the meeting.</p>
<b>2.</b>	<b>Approval of Minutes of the meeting held on Friday 12 December 2024</b>
	<p>The minutes of the meeting held on Friday 12<sup>th</sup> December 2023 were <b>APPROVED</b>.</p>
<b>3.</b>	<b>Matters Arising from the last meeting</b>
	<p>JD raised a couple of minor amendments from the last meeting minutes (December 2023).</p> <ol style="list-style-type: none"><li>1. At the last meeting it was discussed that reports in the press cite patients are complaining they are unable to see their GP in person and are instead being offered online appointments. This should have been stated as telephone appointments, not online appointments.</li></ol> <p>It was noted that the Practice will always see patients in person where they have been unable to resolve concerns via a telephone appointment.</p> <ol style="list-style-type: none"><li>2. It was agreed at the last meeting that new members were needed on the PPG, but JD had added that we would like to see a diverse membership that reflects our patient population.</li></ol>

	<p>CR informed PPG members that since the December 2023 meeting, she has put up notices in the Practice to recruit new PPG members and has had three enquiries. One was from CF who has already taken up the role of PPG Secretary, the other two were from patients, both of which have been telephoned and messages left. Callbacks are awaited from both, and CR will follow up in the next couple of days.</p> <p>JD added that whilst CF as the PPG Secretary is not at this meeting in person due to being away on holiday, the PPG need to refer to the appointment of CF as PPG Secretary in her absence.</p> <p>PPG members unanimously approved the appointment of CF as PPG Secretary.</p>
<b>4.</b>	<b>Terms of Reference (ToR)</b>
	<p>CR distributed the PPG's ToR document and asked each member to sign the document in the meeting. CR will keep the completed ToR on file and sign on behalf of the Practice with JD signing as Chairperson.</p> <p>JD noted that the ToR document includes a clause allowing for PPG meetings to be held virtually. CR confirmed that this is the case but there are mixed views on holding hybrid meetings. JD confirmed that whilst she is not in favour of fully virtual meetings, it is acceptable for PPG members to join meetings virtually via Zoom or Teams if this made it easier for members to be present.</p> <p>PPG members discussed the general timing of the quarterly PPG meetings and whether or not early evening was a convenient time for all. It was agreed that hybrid meetings were the best way forward to accommodate PPG members unable to join in person due to personal commitments.</p>
<b>5.</b>	<b>Contact Details Sharing</b>
	<p>CR distributed a contact authorisation form to PPG members which, upon signing, allows sharing of personal contact details between the PPG membership for the purpose of receiving meeting invitations, agendas, meeting minutes and general correspondence pertinent to the PPG.</p> <p>PPG members agreed and signed the document which was returned to CR to keep in her files.</p>
<b>6.</b>	<b>Practice Update</b>
	<p>CR informed PPG members that the Practice remains very busy. There have been no staff changes since the last meeting.</p> <p>CR updated PPG members that Lauren has completed her Nurse Practitioner Training and is now seeing patients who have booked urgent on the day appointments. Lauren is also able to prescribe where necessary. This takes the number of Nurse Practitioners to two each day which will reduce pressure on GP appointments, keeping routine appointment wait times at 5-6 working days.</p> <p>CR reported that two GPs are leaving the Practice later in the Spring. Advertisements for three new GPs have been placed and there has been a good response so far.</p>

CR reported positive news within the Primary Care Network (PCN). The contract has been agreed for a further year with continuing services. At present, the Practice has two contracted paramedics from South Central Ambulance Service (SCAS). The paramedics carry out home visits to free up GP time, but SCAS have pulled the service from the end of March 2024. However, the Practice will employ one of the paramedics via the PCN going forward so the service will continue but from the Practice direct rather than SCAS. It is hoped that a second paramedic will be employed by the PCN in due course.

**Facts and figures from the last meeting.**

- Practice numbers have increased by 250 patients from 12,492 in December 2023 to 12,742 in March 2024.
- Surgery space is still an issue with every room being in use every day.
- As a Training Practice there are currently three trainees in the Practice with another two or three due to be received in August 2023, but this increase is very much dependant on the space being available to receive them.
- There has been no change in patient demographics since the last meeting with the proportion of adults and children remaining the same.
- There have been around 130 births and 80 deaths since the last meeting, in line with patterns going forward.
- The mortality rate has dropped slightly since November 2023, and this is likely due to the change in averages as the patient list has grown.
- Depression and Mental Health remain the largest proportion of Long Term Conditions in the Practice, followed by Hypertension. There are allocated teams based within the PCN that work with these patients.
- February 2024 Appointments – 1 in 25 appointments were missed, resulting in 39 hours of wasted practitioner time, at an estimated cost of £5,300 to the Practice. However, this figure is down on November 2023 where there were 47 hours of wasted practitioner time. Work is ongoing to educate patients who regularly miss appointments. JD asked what the situation is where patients cancel appointments? CR confirmed that in those instances, this isn't included in the data.
- Mode of Contact – In November 2023, 70% of patient contact was face to face, this percentage grew to 74% in March 2024. Telephone appointments have decreased from 29% in November 2023 to 25% in March 2024. The decrease could be due to increased locum usage, who tend to see patients in person, as well as having increased our Nurse Practitioner capacity to two who also largely see patients in person.
- The GP GMS contract is changing to focus more on continuity of care. Going forward, patients will be booked in to see the same GP each time and whilst this may result in waiting a little longer to see the GP, doing so improves outcomes for patients with ongoing conditions.
- One of the Practice phlebotomists is due to retire shortly. A new phlebotomist has been recruited to ensure continuity of care for patients.
- Phone Logs – During February 2024, the Practice received 8,254 incoming calls from a patient population of 12,000. Monday is the busiest day for calls with the busiest times of day for calls being at 8.00am for urgent on the day appointments and then 11.00am for routine appointments. The recent introduction of calling at 11.00am for routine appointments has taken pressure off the phones at 8.00am. On average, five staff members answer calls at 8.00am and 11.00am. The quietest time to call the Practice is between 4.00pm and 6.30pm where an average of 10-15 calls per hour are taken. Category of calls are ranked as routine appointments being the primary reason for the call, general enquiries the second reason and, finally, urgent on the day appointments.

7	<b>Review of Questions for the Patient Survey</b>
	<p>AD gave an update on the review of questions for the Patient Survey.</p> <p>AD reported that he has researched patient participant surveys online as well as a summary of surveys across the country on the NHS website.</p> <p>CR confirmed that the patient participation survey AD had researched is sent out to 100 patients randomly, but the more reliable survey is the Friends and Family 'How did we do' text survey sent out to patients following their GP appointment. Patients opt into the survey and the survey is linked in the text they receive.</p> <p>AR pointed out that the text questions are quite narrow as there are only 2 of 3 questions. CR agreed that, from a PPG perspective, there is a need to survey more widely around what patients specifically need help with and what more they would like to see from the surgery as well as, conversely, what they want to see less of from the surgery. By doing this, the PPG can closely analyse the answers to find solutions that address patient needs.</p> <p>CR reported that a locked survey box will be placed in reception for patients to anonymously post their survey responses. The questions will be personalised to be very much about the Practice, for example the waiting area and the building itself as well as how the Practice communicates with patients and any community health concerns patients may have. The survey will focus on what the PPG can do for patients, so it is crucial that the questions on the survey lead to an answer to questions such as "are you aware the practice offers X and Y services"?</p> <p>[ ] asked what is being done to tackle loneliness at the Practice? CR confirmed that these patients are being referred into the Social Prescribing Service who are part of the PCN. The Social Prescribing Service are involved with charities providing bereavement support, homelessness support and financial support to name but a few which links in with the work of the Mental Health Team. AD asked where patients can find information on the Social Prescribing Service to inform themselves of the support available to them. CR confirmed there is a link on the Practice website to the PCN where the Social Prescribing Service sits but acknowledged that the service needs to be better promoted and signposted to patients.</p> <div data-bbox="236 1370 1434 1440" style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><b>ACTION – AD to filter the proposed survey questions and distribute electronically to PPG members ahead of the next meeting for their feedback.</b></p> </div> <div data-bbox="236 1473 1434 1570" style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><b>ACTION – CR to invite the PCN Manager and/or a member of the Social Prescribing Service to the June 2024 meeting.</b></p> </div>
8.	<b>AOB</b>
	There being no other business the meeting closed at 6.10pm

**Date of the next PPG Meeting: Tuesday 11 June 2024 at 5.15pm**