

Darwen Healthcare Patient Participation Group Meeting Minutes Monday 1st August 2022 5:30 – 6:30 pm

Name	Position	Int	Attended
Barry Ashbolt	Chair	BA	У
Anne Crook	Vice Chair	AC	У
Alan Pickup	Secretary	AP	У
Ian Townsend	Member	IT	Apologies
Karen Narramore	Member	KN	Apologies
Christine Sharples	Member	CS	Apologies
Carol Guy	Member	CG	Apologies
Brian Taylor	Member	ВТ	у
Jessica Mottershaw	Member	JM	Apologies

Name	Position	Int	Attended
Ann Neville	Practice Manager	AN	У
Nicola Wright	Quality Lead	NW	Apologies
Kim Cunningham	Operations Lead	KC	Apologies
Susan Taylor	Patient Engagement	ST	у

No	Item	Content	Action	Deadline
1.	Welcome - Chair			
2.	Apologies - Sec	As noted above		
3.	Minutes of the last meeting - Chair	Agreed as a true record		
4.	Practice Update – Ann Neville	AN presented the practice update copy attached. She advised that the practice patient list had increased and they expected this to rise to 13.5k. This was down to patients joining from other surgeries in Darwen and new residents. She advised that following the good NHS Survey there had been requests from outside the practice footprint which had to be declined		

5.	Review of F2F or Virtual Meetings	It was agreed that the meetings would stay virtual for the present, AN advised the practice are expecting a large screen for meetings that may allow a mix between virtual and F2F. It was agreed we would try to have at least one meeting a year all F2F		
6.	PPG Survey Update	AN advised that the survey had now been completed and was available on the PPG Page of the website. The NHS Survey was in line with the PPG Survey and the staff were please with results that confirmed the good results of the PPG Survey		
		AN advised that an interim version had been completed and was now available on the website. She advised that there would be changes to the booklet following the launch of the Triage system mentioned in the practice update and it would be reviewed then.		
7 & 8	Practice Information Handbook	The production of a spoken version was discussed and it was suggested that Dr Slack or Dr Davis would be approached as they stood out as having a pleasing and clear way of speaking		
		BA advised that he had some items that may need amending or clarifying, he will download the latest version and feedback		
9.				
10.	Triage for Online Booking	As previously mentioned, a new triage system would be in place later in the year which should improve the allocation of appointments. AN advised that the use of the new telephone system allowing callers to go straight to a Nurse appointment has improved the flow		
11	Practice Newsletter	It was agreed that we would aim for 2 per year Winter – Spring & Summer – Autumn. The use of a Mailchimp style update could be used in between for important announcements or updates		
12	Website and TV Display	AN advised that the work on updating the website was progressing well and AP was doing the changes and maintaining the website. The TV screen in the waiting room is once again functional and Lewis Hartley senior receptionist will be working with AP to update the display. BA advised that it would be good to get feedback from patients on their experience.		

	AOB			
13	Recruiting new Members to the PPG	It was agreed that we should run a campaign to increase PPG numbers, with priority being young, early childhood parents and those representing members of identified Health Inequalities Groups.		
14	Healthy Darwen Day	AN advised that BwD North PCN have plans to hold a Health Day in November, Darwen was the first and set the standard for these and it was agreed that the PPG would support holding the event. BT advised that he could approach Darwen Town Council for any identified funding		
15	Community Resources	AC & BA asked if there were ways in place to promote local community support organisations. AN advised we did this through the website, PCN and Practice Newsletters. The Healthy Darwen Day would be a good opportunity to bring them on board. It was advised that the PCN was promoting the new Mental Health Response Service and the Darwen Food Larder. Details attached.		
	Date of Next Meeting	19 th September 2022		

Date	Meeting
19/09/2022	PPG Meeting
21/11/2022	PPG Meeting & AGM

PRACTICE UPDATE: PPG MEETING 01 AUGUST 22

PRACTICE TEAM:

The practice is continuing to assess the demand versus capacity.

The list size has grown significantly over the past year and is of today 13,132.

GP Sessions have increased to 58 sessions. The split is currently 4 Female GPs and 6 Male GPs.

Trainee GP Sessions 3 Females and 2 Males.

The average number of patients per GP Session Annually worked is 255 therefore a six session GP looks after approximately 1530 patients.

Extended Clinical Team of GP Trainees, ANP, Physician Associate, Paramedic, Clinical Pharmacist, Pharmacy Technician Sessions equate to a further 61 Sessions giving an overall clinical total of 119 Sessions per week

Online booking of B12, Zoladex and Depo's are going well.

PRACTICE TELEPHONY SYSTEM:

Patient feedback has mainly been very positive in terms of lesser waiting times on the phone average waiting time is just over 2 Mins and 49 Secs. Once 8 are waiting in the queue patients are offered the call back option which is proving popular in a morning.

Splitting the lines between GP Appointments and Nurse Appointments is providing the practice with initial data which should help with workforce planning. Having the voicemail option for nurse appointments is also being utilised effectively.

Main criticism is the lengthy list of options and I agree the message is just under 2 minutes but that ensures that patients are directed to the right team to help which in turn shortens their time on the phone and ensures the practice makes effective use of its resources.

GP PATIENT SURVEY AND PPG PATIENT SATISFACTION SURVEY 22:

The practice was delighted at both the PPG Patient Satisfaction Survey and the National GP Patient Survey. The PPG Survey targeted a much wider proportion of the patient list and had replies from over 1400 patients which equates to over 1% of the registered patient population with the practice and therefore gives the practice a real sense of patient satisfaction.

The areas to improve on were:

- access to the practice which seems to have been resolved in terms of the new telephony system.
- The practice has been offering Face to Face Appointments throughout the pandemic and now are at around 70% Face to Face and 30% Virtual.
- Online booking of appointments which will be gradual and from September 22 all online booked appointments to see clinicians will be triaged

PROMOTIONAL PRACTICE MATERIAL:

The practice is currently updating the website and this have two elements to it:

The practice management team are assessing information currently on the website and forwarding information to be updated to Alan Pickup who is making the changes on the website.

Practice policies relating to patients have been added to the website.

The practice patient handbook has now been updated.

The waiting room TV display system update is in progress and noticeboard content due to be redesigned from week commencing 8 August 22.

SCREENING AND IMMUNISATION:

The practice has calculated now many Cervical Smears Appointment Slots are required to meet the required target. This has been calculated at approximately 45-48 per month and these are spread across the week to offer flexibility to patients and include extended hours appointments.

In terms of Bowel Screening we continued to promote this and remain above the national target. The practice is currently working on the Flu Immunisation Campaign for 22/23 with our main weekend clinics scheduled for 24/25 September and 01/02 October 22 for the over 65's and the 18-64 at risk scheduled on clinics mainly within extended hours and Sunday 2 October 22.

Over 50's and not at risk Flu Vaccinations will be available for patients from 12 October 22 onwards.

In terms of Covid boosters we understand that these are likely to be received early September and will attempt to complete clinics prior to the Flu Vaccinations and a schedule of these will be developing over the coming days.

STEROID INJECTIONS CLINIC:

Dr Ninan has been completing injections where needed due to some of the lengthy waits for MSK.

SUPPORTIVE AND PALLIATIVE CLINICS:

Dr Slack is continuing with the development of the clinics and feedback is really going quite well.

CLINICAL ACTIVITY APPOINTMENTS DATA MAY 22:

262 VIDEO CALLS 905 TELEPHONE CALLS 2119 FACE TO FACE

TOTAL 3286

64.49% FACE TO FACE V 35.51% VIRTUAL

NURSING ACTIVITY APPOINTMENTS DATA MAY 22:

188 VIDEO CALLS 456 TELEPHONE CALLS 1112 FACE TO FACE

TOTAL 1766

65.54% FACE TO FACE V 34.46% VIRTUAL

CLINICAL ACTIVITY APPOINTMENTS DATA JUNE 22:

207 VIDEO CALLS 889 TELEPHONE CALLS 2028 FACE TO FACE

TOTAL 3124

64.92% FACE TO FACE V 35.08% VIRTUAL

NURSING ACTIVITY APPOINTMENTS DATA JUNE 22:

29 VIDEO CALLS 448 TELEPHONE CALLS 1097 FACE TO FACE

TOTAL 1574

FACE TO FACE 69.70% V 30.30% VIRTUAL

CLINICAL ACTIVITY APPOINTMENTS DATA JULY 22:

188 VIDEO CALLS 745 TELEPHONE CALLS 2130 FACE TO FACE

TOTAL 3063

69.54% FACE TO FACE V 30.46% VIRTUAL

NURSING ACTIVITY APPOINTMENTS DATA JULY 22:

21 VIDEO CALLS 395 TELEPHONE CALLS 1077 FACE TO FACE

TOTAL 1493

72.14% FACE TO FACE V 27.86% VIRTUAL

FRONT DOOR TRIAGE/DIGITAL SYSTEM:

From September 22 the practice will be adopting the MY Buddy Triage Model offered by MY GP. We have piloted elements of it over the past year in terms of being able to triage any appointments booked on line to ensure they are booked with the right person and the right mode i.e. Face to Face versus Virtual.

This model will allow patients to utilise online consultations which will be triaged and directed to either Clinical or Administrative teams for completion.

The workload related to this is not yet known and there will be set timeline for completion so not applicable for emergency situations and will have clear guidelines as to the timelines for completion.

The practice would like to thank the PPG for their continued support over the past year in particular selecting the questions for the Patient Satisfaction Survey, analysing the results, developing the document supporting the data, assisting with the completion of the new patient handbook.

Kind Regards

Ann Neville