Snaith & Rawcliffe Medical Group

Notes on the Patient Participation Group Meeting

Wednesday 13th March 2024 @ 6:30pm

Members Present

Mr Phil Price (PP) (Chair)
Mr Laurie Stewart JP (LS) (Vice Chair)
Dr Susie Foster (SF)
Dr Noel Tinker(NT)
Dr Jon Martin (JM)
Dr Dan Thompson (DT)
Ms Kirsty Harvey (KH) (Dispensary Manager)
Mr Andrew Cohen (AC)
Mr Peter Gibbs (PG)
Mrs Sheena Grice (SG)
Mrs Eileen Hall (EH)
Mrs Brenda Mitchell (BM)
Mrs Betty Wilks (BW)
Mrs Jane Price (JM) (Secretary)

Apologies for Absence

Dr Georgina Wildgoose (GW)
Mrs Jacqueline Roe (JR)
Mrs Jean Brooks (JB)
Mr Paul Gilbert (PG)
Mr David Shepherd (DS)
Mr Dennis Tredgett (DT)

PP opened the meeting at 6.30 pm and welcomed members.

Apologies for absence were noted and are as stated above.

Minutes from the last meeting

Accepted as read.

Actions and matters arising

a. **Book Dementia Friendly Simulator** – KH stated that the Alzheimer Society training had been delayed. KH would inform the group when a new date/further detail were known.

Action KH

b. **Letter to Chief Executive Doncaster Royal Infirmary (DRI) re Electronic Communication.** – Letter sent to the Chief Executive with copies to NT and Andrew Percy, The surgery had previously been informed that funding for software had been approved but nothing had happened. However, it would seem the letter may have been successful as the surgery had had an email saying the funding was available and electronic communication would be available from the 1st April 24.

Action – Complete

Sec would leave as 'matter arising' for next meeting to ensure package works

Practice Report

SR reported that

Dr Wildgoose had gone on maternity leave.

NT said

That they were still waiting to hear regarding the NHS funding for expansion of the Practice. (Please refer to January's PPG minutes for detailed information). PP asked how urgent the expansion was required. NT said that they were already short on space and long-term it wasn't expected to improve. However he was confident NHS would provide funding, it was just a matter of when. DT said that other surgery's across the country were in a similar situation but weren't as advanced in the request for funding from NHS England. SG asked regarding the possibility of using a portacabin if required, NT said yes, this could be a possibility if needed, but firstly, the Rawcliffe surgery could be utilised if the situation demanded.

The Spring booster Campaign would commence in April, but exact dates for vaccine delivery were not known.

The surgery had had been informed that the Flu Campaign would not begin until October this year.

He also mentioned the potential for Industrial action within Primary Care Autumn time. GP Contracts were under negotiation and the offer of 2.2% had been rejected by the GP representing body. This was on the back of a 2.2% increase last year with inflation standing at 4%. Industrial action was not a certainty, but he wanted to raise awareness.

LR said

That he had experienced long delays whilst trying to contact the surgery by phone.

KH responded saying

Two receptionists are dedicated to answering phone calls. However, the current phone provider had been given notice and the surgery was switching to a cloud-based system. It was going to change in April, but new cabling was required for the Rawcliffe surgery so date may be delayed. The new system will allow monitoring of receptionists and analysing data, eg time taken to answer calls, duration of call and if the call is disconnected. It will allow quantifiable data that can then be addressed where necessary. There will also be a call-back option, so patients will not be required to wait in a queue, but an option to 'press a key' and once a call reaches the front of the queue, the surgery will automatically ring back. The system will also allow phone numbers of palliative care patients to be tagged and will automatically go to the front of the queue. SF also mentioned that during

exceptionally busy times on reception, staff may be re-deployed to help out there. The surgery/reception was busier at certain times of the day. JP said that if her call was for a routine matter then she always tried to avoid the peak periods eg - first thing in the morning and when the phone lines reopened after lunch. KH said the new system would also show the peaks and troughs throughout the day' so again, staffing could be addressed accordingly.

NT informed that

That the current clinical system was old, had become very slow, not suitable for further upgrades and not fit for purpose. A new clinical system was due to be introduced by the end of March called EMISX. Initially both systems would run in parallel.

KH stated that

In the last financial year, 17 complaints had been received with 5 upheld.

- One registrar had two patients waiting, called the patient but 'A.N. Other patient' went into the room. This was easily identified and easily remedied.
- Dispensing error – Medication dispensed for Patient A, with label affixed to bottle. Patient hadn't collected medication so medication was returned to the shelf, without the label being removed. When re-dispensed for patient B, dispenser placed the label on the box and not the bottle.
- A parent rang about daughter, on triage, an appointment was already booked, which was clinically sound but the parent wasn't happy.
- A parent presented at the surgery with a child who had bumped their head and was referred to the Minor Injury Treatment Centre . Parent was unhappy as the child wasn't seen immediately. Was offered triage but didn't want it.
- Two patients' did not receive a text message informing them that the medication was ready for collection.
- Patient complained on receiving a Did Not Attend' (DNA) letter due to missing four appointments. On discussion they were happy with the content of the letter and informed that a further DNA would result in them being removed from the Practice list.
- Patient complained regarding paying privately for a hip replacement operation due to the NHS waiting time being too long and thought the surgery should have referred them to Secondary Care sooner.
- Complaint received via the Integrated Care Board – Patient had gone for an ultrasound and incidental finding of cysts. This information wasn't shared with the patient as omitted from a letter. There were no clinical implications for the patient.
- A patient received a 'DNA' letter and wasn't happy about it. SF said that patients were only removed from the Practice list after receiving three letters in a 12 month period, or five missed appointments. NT explained that if a patient is considered vulnerable then they held a 'frequent non-attenders list' and these patients were contacted by phone, the day prior to their appointment to remind them. The surgery was very proactive regarding non-attenders and numbers were quite low in comparison to other Practices.
- In December 23 patient was advised that they were not eligible for the COVID vaccination, so attended the chemist for vaccination at their expense. Patient was sixty-four, but receptionist didn't realise that patients are eligible if they reach sixty-five within that season.

- A patient complained due to being coded as 'worried well' on the NHS App. When flu vaccine is left over at the end of the flu campaign then the surgery can offer patients a flu vaccination rather than wasting the vaccine. When this occurs the clinical system codes the patient records as 'worried well' which the patient took offence to.
- Patient complained regarding the conduct of a GP – complaint not upheld.
- A very lengthy letter received complaining regarding the lack of mental health services across the area and very long wating lists. This was not within the Practice remit to rectify.
- Parents submitted a clinical complaint regarding missed pneumonia symptoms in a child. Child had been triaged three times in one day, with all sats fine and observations normal, parents advised to attend hospital if symptoms became worse, which they did and was told it was pneumonia. Parents believed surgery had missed the condition. This was not correct as patient was fine when presented at the surgery. The patients parent had been contacted six times over a ten-day period.
- A request received from physiotherapists to request a cervical spine x-ray, the patient complained due to not being referred, but patient didn't realise they had the x-ray six weeks prior to complaining.
- Patient complained about their neighbour/friend receiving text messages relating to them. This was not an error caused by the surgery. The problem occurred when the patient attended the Urgent Treatment Centre in Goole and the patient had provided their neighbours contact details as they were waiting for them outside in the car park. This information remained on the NHS Secondary Care System and automatically 'dropped' into the surgery' s clinical system.

Chair's Report

PP advised that he had attended the last Patient Engagement Network (PEN) meeting via zoom and thought it was well supported. He had shared the link to the presentation with members but apologised to those not able to connect via a network. There were some very good questions posed with some very informative answers. It was acknowledged that some face to face networking was still required, so once a year a meeting would be held as face to face for each local regions – ie East Riding Practices etc. He personally thought the Pen was progressing well and taking shape.

PPG Statement of Accounts

The balance stood at £890.99p , which included £267 from the sale of books and jigsaws.
PP said he often received information associated with funding applications/grants and had noticed there was quite often health related grant options available. Would the surgery like him to share any information that might be of use to them. It was agreed that forwarding any relevant information would be advantageous.
PG said that DRAX also had a budget dedicated to neutralising the carbon imprint, so possibly with the new building, this may be an option for funding new light fittings and the like.

New Items

SF said she was involved in research on behalf of the practice and the University of Oxford in the Nuffield Department of Primary Care Health Sciences were conducting research into video and hybrid group consultations (VHGCs). She already held group consultations once a month for ladies experiencing menopausal problems and symptoms. The University were undertaking a study regarding this type of consultation – group and video and would like to chat with PPG members regarding their thoughts and input on this matter. Would members be agreeable to do this at the end of the next PPG meeting. All members present agreed and were happy to participate .

Action - SF

Any Other Business

- Election of new Chair
  JP informed the group that she had received one nomination and Mr Andrew Cohan had kindly offered to act as Chair for the Group.

  Carried

- Election of Treasurer
  JP had received a nomination from Mr Phil Price to officially act as Treasurer for the Group.

  Carried

SF gave a vote of thanks to the outgoing Chair and thanked him for his hard work and dedication for the group and gave a gift of appreciation from the Partners.

Meeting closed – 07:20 pm

Provisional Dates for future meetings

Monday 17th June 2024
Wednesday 18th September 2024
Monday January 20th 2025

Annex A – List of Actions

Annex A

List of Actions

Date Placed	Action	Lead	Status/ Date Complete
18 Sep 23	Write letter to Chief Executive Doncaster Royal Infirmary regarding electronic communication to The Marshes.	PP	13 Mar 24
14 Jun 23	Share recent letter regarding electronic communication with PP	NT/PP	Closed
14 Jun 23	Investigate alternative to Dementia Friendly Simulator	KH	18 Sep 23
14 Jun 23	Purchase ten blood pressure monitors	KH	24 Jun 23
20 Mar 23	Post message on Facebook PPG page re amount of profit made by selling books and jigsaws	JP	14 Jun23
20 Mar 23	Update Constitution	JP	14 Jun 23
18 Jan 21	Consult with Practice Managers re the probability of volunteers assisting in making patient vaccination appointments.	JR	29 Jun 22
18 Jan 21	Possibility of PPG volunteers assisting in vaccination Clinics	JR	29 Jun 22
16 Sep 20	Send contact details of PALS to DS	JR	18 Jan 21
16 Sep 20	Discuss making PPG Fund Charity or CIC	PP/JR/JM	14 Jun 23
16 Sep 20	Create form to log members consent to place personal details on PPG communication register	JP	22 Feb 23
15 Jan 20	Raise necessary paperwork for nominations/ballot papers (if required)	JP	11 Mar 20
15 Jan 20	Send Constitution out for review	PP/JP	6 Mar 20
15 Jan 20	Members to consider 'Did Not Attend' (DNA) procedures	ALL	29 Jun 22

Date Placed	Action	Lead	Status/ Date Complete
15 Jan 20	Produce Posters for Veterans	Practice	16 Sep 20
15 Jan 20	Email all entrants who submitted photos for 2020 calendar, request permission to use in wait area 2	CH	18 Jan 21
9 Sep 19	Email members to confirm availability to help at Flu Clinic	JP	12 Oct 19
9 Sep 19	Investigate availability/book "Dementia Friendly Simulator" for next Practice Open Day	PP	14 Jun 23
9 Sep 19	Share written feedback from Bartholomew observer at May PPG meeting.	JR/JP	11 Sep 19
9 Sep 19	Provide costings for purchase of wall mounted otoscope and get PPG approval	DT/JR/JP	16 Sep 20
25 Mar 19	NHS App enabling new patients to register online – feedback webinar	JR	25 May 19
9 Jan 19	Include Pharmacist in preps for next PPG.	JP	25 Mar 19
9 Jan 19	Produce Newsletter article explaining implications of not fully utilising Practice Clinics and Dispensary	FB	1 Feb 19
9 Jan 19	Submit application to become a *Park Run* Practice	SF	1 Jan 19
9 Jan 19	Transfer PPG Fund/Info	KH/JR	16 Sep 20
24 Sep 18	Investigate means and costs to produce 2020 Practice Calendar.	GTM	9 Jan 19
9 Jan 19	Draft Article for inclusion on Website/Facebook Page		25 Mar 19
25 Mar 19	Promote calendar at Practice Open Day	GTM	29 May 19
29 May 19	Arrangements regarding choosing/publishing pictures	GTM	29 May 19
9 Sep 19	Coordinate development of 2021 Practice Calendar	PP/CH	15 Jan 20
24 Sep 18	Practice to create prioritised list of items to purchase	JR/Partners	9 Jan 19
25 Jul 18	Early morning appointment DNAs/MJOG texts	FB	9 Sep 19
25 Jul 18	Flu clinic planning	All	17 Nov 18
25 Jul 18	UTC Goole Treatment Concerns – Raise with CCG	JM	29 May 19
9 Jan 19	Update would be requested at the next LCF (Local Commissioning Forum).		25 Mar 19
25 Mar 19	Awaiting further feedback from CCG		29 May 19
25 Jul 18	Patient Transport Eligibility. Raise with CCG	JM	9 Jan 19

Date Placed	Action	Lead	Status/ Date Complete
25 Jul 18	Practice Open Day Planning. Date set 18 May 2019. Member of practice team will lead detailed work.	All	18 May 19
25 Jul 18	Purchase of digital cameras/Integrated ECG machine using PPG Fund.	JR/Partners	25 Mar 19
25 Jul 18	Development of App to enable Primary Care to take photos on iPhone.		29 May 19
9 Jan 19	Cost for purchasing digital cameras required.		25 Mar 19
9 Jan 19	Response required from IT prior to purchase of Integrated ECG machine for Rawcliffe Surgery.	JR	25 Mar 19
25 Mar 19	Protocol for correct use of digital camera required	JR	9 Sep 19