

PPG minutes 24th August 2021 at 12.30

Meeting was held virtually via Teams

Attendees – Joan Fletcher, Erica Cross, Stuart Curwen, Barbara Pace, Claire Jenkinson, Susan Wardlow, Susan Smith, Loretta Preston, Graham Ward, Stephen King, Gary Jennison, Hilary Chester, Sue Loft, Julie Davies

Apologies from Ruby Watson, Karen Berry, Deborah Tomkinson, Dr Barathan (annual leave).

JF - welcomed all to the meeting and stated that the previous minutes had been agreed by all PPG members via email.

JF - welcomed Claire Jenkinson to the meeting who is the Deputy Chief Operating Officer at Humber Teaching NHS foundation Trust.

CJ - updated the group on how Humber recently have met with local councillors and MPs to resolve issues raised and work collaboratively with the MW practice. She felt the meetings had been successful and recognised that the PPG are an active group and that the action group had been created to look at themes and to create an action plan. She stated that they would be looking at bringing feedback from the two groups. Humber are meeting weekly to address the issues which are mainly communication issues and wished for the PPG to comment on the proposed action plan

JF - asked for the action plan to be sent to all PPG members so that they could give comments and feedback.

CJ - stated the action plan was to ensure that Humber were on the right lines, but it is still in a very draft format. The themes are based on the original feedback and actions are based on recent meetings. There have been other meetings with Trust staff including complaints and communications teams. They are looking and reflecting following the recent public meeting and there is a group meeting regularly to provide reassurance, confirming actions and communications to the wider public. The newsletter which was sent out landed well with some and not so well with others. "You said we did" is now published on the Trust website covering areas like improving waiting times to answer the phones, door opening from an infection control perspective, looking at data to help the public understand the challenges within the practice and also to improve services and inform patients

SC - expressed concern about the appointment system and apparent lack of appointments with none showing online until 21st September. However, there was an appointment on Sept 8th via a phone call and then the GP would decide if a face to face call was necessary. There doesn't seem to be any GP appointments on systmonline?

SS - responded that as discussed at previous meetings there used be appointments available over a six-week period which got booked up by patients booking them just in case they needed an appointment. The online appointments are now released at different times of the day to try and make it fair to all

JF - stated that patients can't keep looking and then if they can't get an appointment doesn't this then increase telephone traffic? She then asked if patients should be using 111 more?

SS - responded that it's about accessing the right care and some patients may not need to see a GP. The new telephone message now it gives options for 111, it's about education of patients and care navigating.

SW - responded that it's a real balancing act which is constantly reviewed, if patients ring 111 they can get an appointment on the same day if necessary at the surgery.

HC - noted when listening to Vixen radio it was suggested to ring 111 in the first instance and asked was it correct that patients were only to ring the surgery for ongoing care?

SS – responded by saying yes that is correct ring 111 for non-urgent care and patients will be triaged to the most appropriate care – pharmacy, urgent care centres, A&E etc. However, 111 can book appointments at the surgery if needed.

HC - stated 1st point of call if a new problem is 111

SS - responded that a text has been sent to all patients regarding 111 and a newsletter, 111 is not new and has been shared with all patients

EC - commented she had received the 111 text and only one other text from the practice since March what if others were not receiving text messages either?

SS - responded and would investigate the situation

CJ - following 111 calls only 20% of patients who contacted 111 ended up at the practice

BP - communications are not addressing patient needs and the social media aspect is not being embraced. She wanted to re-emphasise this is a quick and easy method to reach out to patients and has raised this at several PPG meetings and nothing has happened. She reported (feedback from her mother) that the newsletter was not relevant to the older population and not well written for patients in the way it was presented, the Trust needs to be aware of their audience.

SC - asked if it would be possible to have a GP triage system, he felt it would take pressure off the practice and get problems dealt with and that the previous system was fantastic.

GW - raised the following points. Clarity on 111 - should it be used in every case or just a 1st problem? He and his wife have not received the recent text from the surgery re 111. Over 18 months ago it was asked at the PPG if 111 should be used for triage and the response at the time was that 111 was for emergencies only. Most of the points raised at the town meeting are the same points that the PPG have been raising over the last two years or more with very few improvements apparent over that period. The Trust has not served us (meaning the PPG and the staff of the surgery) or the general community well. It was a pity that all this has had to happen and that the Trust really should have listened to the points raised by the PPG.

CJ - wanted to reiterate the choose well campaign and utilising in "Your health service" which looks at supporting patients with lifestyle, prevention and anything that is non-medical.

JF - stated that this needs publicising again so that when patients have a crisis they know where to go and that all groups need publicising

SS - stated that the practice is promoting in the community and events in the community

CJ - stated that information is available on social media, the Trust has a Facebook page but managing individual accounts is a challenge and would welcome ideas how the Trust can get around this

BP - stated this has been discussed at previous PPG meetings and the PPG have talked about options that would give immediate updates and not time consuming if linked to the Trust account. The

younger element of the practice use this method so they know what is happening, it would be good for the PPG and practice.

CJ – it was a point to consider social media does raise the profile of the practice and could add value to the PPG

SC - stated that the social media could be reproduced onto the practice website

JF - stated that a public Facebook would be helpful and useful

GW - stated that if we do decide to do it as a committee it should be done however, it should be made clear that it's the Trusts responsibility to disseminate information in an appropriate and timely manner. He also stated that he felt that the Trust had failed the PPG and the surgery in getting the message over.

HC - stated that she had attended the town public meeting and every point raised has been raised at the PPG meetings. There was no acknowledgement of the PPG at the meeting. She also had not received the 111 text sent from the practice. She felt that the practice newsletter covered everything except the elderly and that this group need communication too.

CJ - stated that she felt sorry that members of the PPG felt that the Trust had failed them, it shouldn't be a one-way street of communication and wants to take things forward. She stated all age groups should be targeted with all communications.

SW - asked if there was a link from PPG to the town council?

JF - responded that SK sits on the PPG and is also member of the town council and that the PPG has addressed concerns that don't appear to have been passed upwards to Humber from the practice

JF - commented that Justine Jones has asked to be kept in touch with what was happening from a PPG perspective. However, we don't want splinter groups, subjects would need to be agreed and actions as appropriate for both groups.

HC - suggested that perhaps future minutes from the PPG should be sent to Humber

JF - added that the minutes are sent to Humber and uploaded to the practice website

JF - asked about the number of DNA's (did not attend) at the practice as these are using up vital appointments.

SS - responded that in July there were 70 DNA's and from Aug 2020 to July 2021 there 758, these were patients who didn't let the practice know to cancel their appointments. The practice will now be writing to patients who are regularly doing this. Patients can cancel either via website, text message, systmonline, NHS app etc.

SL - stated that regarding the text messages, the service provider is looking into why there is a problem that some patients not receiving text messages as several members of the PPG have not received the 111 messages sent this morning

HC - stated that she has not received the 111text message either. She asked how many of the DNA's were with GP or nurses? And is there a FT GP now at the practice?

SS – responded that we don't have a FT GP and not sure where that information came from and she didn't have the DNA breakdown

GW - If the negative comments on the patient and family reviews equate to 5% of the practice patient list, this gives a number of approximately 475 and whilst there are very serious issues which need to be addressed and should have been addressed previously, the community should keep a sense of proportion. It should be noted that 475 people would be enough to fill 2 or 3 town meetings and there wouldn't be any room for many positive opinions

SS - 9.5K patients registered at the practice so a very small minority attended the town meeting. Cllr Hemmerman had been offered a meeting twice last year with senior management and this has not been taken up.

SW - wanted to add to the minutes that 111 needs promoting to replace the older triage system

HC - some people at the meeting did speak up for the practice and were applauded for doing so. Cllr Hemmerman had stated at the town meeting that the PPG meetings were done on zoom and only 5 or 6 PPG members attended. HC has taken this matter up with him directly.

JD - stated that the FT GP had come from a newsletter sent out on 12th August

BP - stated that a paper-based newsletter should include details about the PPG and 111

SS - stated that she had met with Cllr Hemmerman last year and he was fully aware of the PPG, she felt that the newsletter was the right balance with not overloading of information.

JF - stated she had a meeting with Cllr Hemmerman last year informing him about the PPG

GW - stated that when JF met with SS, SL and SW to discuss the wording of the telephone message it was emphasised that giving the impression that the surgery was "hiding behind 111" should be avoided. The same should apply to the wording of the newsletter. It seems that it is a change in NHS policy to use 111 as the first point of contact.

SS - practice update continued – 1 doctor left the practice in July to join another in Humber. Another GP joined in June is leaving in October due to negativity on Facebook and patients' behaviour, really loves the practice and team but external decisions determined their decision. 1 Advanced Nurse Practitioner (ANP) has left and gone to another practice within Humber. A FT ANP joins the practice in Sept. An advert had been placed for new GP and interviews planned however, both candidates withdrew due to negativity and patient's behaviour. Marion has left the practice for a deputy Chief Pharmacy role within Humber. 2 admin staff have retired. 1 new admin person started in July and 2 starting in August but both will need a period of training. There is currently an admin role vacancy for 34.5 hours. There is a new recorded message to give patients a chance to care navigate with options available, there has been positive feedback about the messages. 111 feedback – in April 20% of calls made to 111 came back to the practice, 80% were navigated to alternatives. Friends and family – in July 302 responses, 271 were satisfied and 14 were neutral with overall 95% satisfied, F&F is available online, paper format from the practice or via text following an appointment.

SK - asked about deregistering of patients and that he was aware of approx. 6/7 patients that have chosen to deregister from the practice and register with Brough surgery

SS - patients register at the practice or can register elsewhere, the practice don't know where they go and the patients don't have to give a reason why they have left the practice

CJ - commented that business development team could be asked for the data to see if we are within limits

SS - patient numbers are not fluctuating as she gets a monthly report and numbers are static

JF - asked if any patients have been deregistered by the practice

SS - responded and said nobody has been deregistered in the last year.

EC - stated that when she joined the practice 3 years ago, she had to join MW practice as the Ridings would not accept her as she lived outside their area and questioned how patients could now register elsewhere?

SW - patients can now register anywhere but the practice decides whether to accept the patient

SK - asked is HSM practice part of Humber?

SS/SW - HSM is not part of Humber and has different operating procedures

SW - commented that Brough initiate the same NHS initiatives and guidelines as MW

SS - continued with her practice update – patient feedback – the waiting room was very warm; air conditioning has now been installed. Infection control review - social distancing continues, reviewed the intercom and this has now been turned off and will be reviewed again. Patients still need to socially distance, wear masks and hand sanitise. The negativity around the practice recently has had a detrimental effect on staff at the practice and they are finding this very challenging. There has been support provided through the LMC via coaching and wellbeing services. There have been several incidents reported of abuse via the telephone and face to face, letters will be sent to those patients who abuse any of the practice staff. At the reception desk there is now a card machine for any paid services delivered by the practice. NHS app – 32.7% patients now have the NHS app compared to 13.9% last August. The practice had delivered 2 work placements 1 for someone who wants a career in nursing and the other who wants a career in admin, the practice is also a training practice for GPs and nurses.

EC - it is not acceptable for any of the practice staff to be abused either via phone, face to face or on social media and or named on social media. PPG members need to be responsible for their own behaviour too

GW - asked if messages are recorded

SS - all calls to reception are recorded and investigation forms completed following incidents which are submitted and logged.

SS - there is CCTV recording on the reception desk but no sound

GW - asked could sound be considered?

SW - responded not currently. Letters are being sent to patients stating that behaviour is not acceptable, 3 letters are sent over time before patients are deregistered. Staff have had a lot of abuse over recent months and being named on Facebook too

JD - stated that the last few months have been really tough

BP - commented that social media can be a good place as well and that people need to take personal responsibility

SC - commented should it not be one letter and then a patient is removed, there should be no excuses, it should be dealt with swiftly and patients asked to go elsewhere.

SW - all patients are treated individually and there maybe mental health issues, the practice do speak to individuals, it is not one letter and then strike off.

JF - The AGM will be November 9th, 2021 at 6pm either FF or virtually (TBC). The next PPG meeting will be 6th October 2021 at 12.30 virtually or FF (TBC)

14.20 - meeting concluded.

Addendum - the following links were requested by Susan Wardlow to be added to the minutes

[NHS England » NHS 111](#)

[Choose Well — East Riding of Yorkshire Clinical Commissioning Group
\(\[eastridingofyorkshireccg.nhs.uk\]\(http://eastridingofyorkshireccg.nhs.uk\)\)](#)

[How to register with a GP surgery - NHS \(\[www.nhs.uk\]\(http://www.nhs.uk\)\)](#)