

PPG AGM 27-1-22

Present at the meeting:- Joan Fletcher (chair), Barbara Pace, Stephen King, Ted Burnside, Stuart Curwen, Ruby Watson, Erica Cross, Hilary Chester, Graham Ward (all PPG);

Claire Jenkinson, Sue Wardlow, Loretta Preston, Sarah Hicks, Mandy Dawley, (all Humber Teaching Trust)

Sue Smith, Sue Loft, Jackie Lyon, Sally Smith, Dr Janaki Barathan, Julie Davies (all MW Practice)

Joan Fletcher, the Chair for the last time, welcomed everyone and opened the meeting at 18:02. JF reminded everyone who wishes to speak raise their onscreen hand.

Apologies were accepted from Jenny Gray, Claire Monteith, Sheila Turner, Karen Berry and Susan Williamson.

JF welcomed Claire Jenkinson and Mandy Dawley both from Humber Teaching NHS Trust.

JF presented a shorter than normal AGM report as members of the public are not in attendance. An open meeting will be held for public benefit on 11th May.

JF -- The last two years, as we all know, have been difficult for everyone. The committee has been unable to meet face-to-face but have continued to have quarterly meetings online. Since the last AGM which was held in April 2019 the PPG committee have welcomed 13 new members to the group. These are what we call the virtual group and many of those members have made valuable contributions to our information gathering. Some members have volunteered to assist in the surgery.

Matters raised from the local Facebook page have been considered by the PPG and members felt that many of those concerns had already been raised during our meetings with the practice. It was disappointing to PPG members that the negative publicity generated by social media and the Town Action Group appeared to cause action to be taken by the MWP and the HTT on issues which had been raised by PPG over a long period of time. To give a few examples:- Telephone waiting times; the original decision to abandon queue positions was then changed after PPG intervention; The various methods of communication with patients for example newsletters, texts and phone calls. Discussions on all of these topics which have caused problems are still ongoing. The use of NHS111 has been discussed and recorded in the minutes on many occasions. The TAG was concerned about the use and training of the care navigators, again this was raised previously. I don't intend to go through all the issues raised because this is not a public meeting. All the points raised by PPG in the past are minuted. Claire Jenkinson will speak more about this later.

I have attended the GP- Patient engagement virtual meetings which brings together PPG chairs, CCG representatives and representatives from charities as well as speakers from social services and various other institutions. Just before lockdown in 2020 I was asked to speak to the board of governors of Humber Teaching NHS Trust, giving them a presentation on the work of PPG and the various concerns that we had raised. I was also asked at that point to sit on the interview panel which was appointing a person to a senior role within Humber. The PPG has been very much involved with Humber over a number of years but it doesn't stop us from telling them where we feel that things are going wrong. A number of regularly attended meetings have been cancelled due to Covid. One of these being a large group of people, (one being SK) who met at the Market Weighton Community Health Action Group which brought together diverse groups from all over Market Weighton. Unfortunately, this has died a death since Covid took over. We hope that it will start up again when things settle down.

The work of the PPG has always been to act as a critical friend to the practice offering both support and raising issues on behalf of patients. I feel that we have continued to do that even during the difficulties caused by Covid and I am sure this will continue to be the case.

As this is my last meeting as chair of the PPG, I would like to thank all those PPG members present and past for their help and support, in particular Erica Cross, because two years ago she took on the vice-chair role and that of a very much appreciated minute taker. After five years of doing both chairing and minute taking, it was a wonderful experience just having to chair meetings. There have been three practice managers with whom I've engaged over the past seven years; the first one was Tracy Robinson, Sue Wardlow followed and now obviously Susan Smith. They have each attended all our meetings. Finally, I want to wish Barbara Pace and Graham Ward good luck co-chairing the PPG as of the first of March. I'm sure the PPG will continue to flourish in their very capable hands and I thank them for putting their names forward.

Are there any questions from anybody?

SK—Thank you for all you've done for PPG over the past years and just to confirm you are staying on as a member?

JF – If you'll keep me on, yes.

BP -- I'm sure we would appreciate it if you did, yes, thank you.

GW -- I just like to echo Steve's comment about your work as a chair of the PPG, you have done a great job. Will you Chair the public meeting when it comes?

JF – No, I don't think so.

GW – Will you present a report?

JF – Yes, no problem.

JF – No further questions? It's over to you Claire.

Claire Jenkinson HTT -- I've been to one or two PPG meetings in the past but this is my first AGM. Thank you for the invitation to talk about the Action Plan. Joan touched on it earlier that the Action Plan was formed after town meetings. In response to those points that were raised by the community and the PPG and feedback generally to the practice and we have been working over the past 9/10 in conjunction with individuals from the PPG but also the Town Action Group that formed in order to capture some of the raw themes of issues that have been raised. Our Action Plan was developed internally to look at bringing a group of individuals together to look at how we could drive forward some of the actual actions in the identified action plan. The action plan is being shared quite openly.

I'm hopeful that everybody that's in this virtual room as had a sighting (*of the plan*) at some point in time because one of the keys was about being transparent. The town action group is made up of Councillor Hemmerman, Graham Ward who is on this call today, Mark Gibson and Jim Laing. Trust representatives attended to talk to them about their concerns. Internally we set up an action task group to oversee the action plan and the idea behind it was listening and action. Action group because it was not just about talking about the issues but trying to resolve them and that was made up of myself, the practice manager Sue Smith, Sue Wardlow, our communications team and Mandy Dawley who is our head of patient engagement and experience to name but a few. In short, there is a very active internal group focusing on the objective of action. Also, to respond to some of the pressures the practice has been facing in relation to staff turnover issues because of the negative communications out in the community. What we wanted to do was to try and turn it into a very positive group. In terms of the action plan itself the themes were very much around communication and access to the practice. Telephones and how we can make sure that telephones are responded to as quickly as possible. We wanted to know about incidents and concerns and that was something that we are really quite passionate about in terms of where we have got problems and what are we doing about them. I hope there is an understanding of what those things are and many, many other things in the action plan and I could go through it line by line but I hope I'm taking the right approach Joan in saying we are more than happy to field any queries that people have got in relation to it. The action plan is now from a Trust oversight point of view, very much embedded into the division in practice. I think in terms of responding it will be very much a collective response but are you happy with that approach Joan? In terms of if people have got queries, we will try and field them rather than me doing a lot of talking.

JF -- can I throw that out to members? Are you happy to make this part of the action plan agenda item? Are you happy to ask questions rather than going through it line by line?

The general consensus of the meeting was that it would be acceptable.

SC – My neighbour this morning had gone for an early appointment but couldn't get into the surgery as it was closed. No one answered the intercom and you couldn't get any way to actually go in.

CJ & SS – the intercom was reintroduced under the new Covid regime when the Omicron variant caused a very large spike in numbers. We had to be sure that we did not allow entry of people who were expressing symptoms. The intercom allows us to ask some screening questions before entry is allowed. We have spoken to PPG and TAG about signage issues and hope that they are now OK. We are monitoring the numbers and the spread of infection in the East Riding. I want to be confident that the numbers are dropping and then we will review the position in relation to the door.

TB – Can items be added to the Action Plan and can the list of items be prioritised?

CJ – New items could be introduced to the Action Plan and this could be done via the PPG, TAG or Practice Management but we need to be sure that the point raised is not covered by something already within the plan. We do not want to have a situation where the Action Plan becomes unwieldy. We do prioritise though this is not indicated in

the document. For instance, we do not regard the on hold music as being as important as patient care issues. It is certainly something that I know Iqbal Hussain who is our clinical lead, takes a keen interest in.

TB – What about continuity of care?

SS -- Continuity of care has been discussed on many of the PPG meetings. I know Dr Barathan is on the call this evening and I know that she has spoken to members of the PPG regarding continuity of care. In an ideal world that's what we would want to achieve but obviously at the minute we've only got two salaried GP so it becomes more and more difficult to do that. I think we would all agree that that it is something that ultimately patients want, but the reality of where we are at the minute doesn't allow that to happen. We provide continuity of care as patients can request the GP of a choice, but there has to be an understanding that they may get not get an appointment in the time that they want. It has often been addressed as part of a PPG meeting, certainly since I've been the practice manager

JF- I think that's a fair point so I think that in terms of a headline, I think it's important that it actually feeds into the recruitment campaign that's underway for the practice. Even if the solution to the action point is recruitment, then at least it identifies that's the case on the plan.

CJ- I don't think anybody would deny that. Ted, I think in terms of what Sue was saying, actually continue of care is possible, but it might mean a longer wait for an appointment and I think it's about balancing the two things isn't it? When there are only two salaried GP it's very difficult. It's weighing up the impact of the wait for the patient because of the availability of the doctor. That makes sense I think though I would agree with Ted that it should actually be on there as an aim (*on the plan*) at least. If there is an aim, it's being considered all the time and I'm sure Sue will come back in her update to tell us more about how the GP situation is going along et cetera

GW – Question about the action plan: it is mentioned in the action plan that the data on the telephone system would appear as a dashboard type display and that it would appear in the November newsletter. It didn't so I just wondered whether if it's not possible to do or if it's definitely going to happen next time? I have to say I think through everybody's joint efforts we seen an improvement in telephone waiting times and regular reporting of that data even more regularly than on the newsletter, for instance on the practice website would give some reassurance to patients generally, but would also give some reassurance to the people who were involved in the meetings which led to the action plan. People need to see positive feedback.

SS -- Obviously we've talked about telephones et cetera at great length at PPG meetings and there was a commitment to provide that data which I think we talked about previously. We should have got the data through from Humber on our performance in November, but we have only just got that data. There is that commitment to provide that data out to the community once we establish where we are in terms of producing the next newsletter, so it's about being open and transparent, but as a practice we've just started to receive that data through now.

JF -- Thank you Sue.

SC -- On the question of open access to the surgery I understand your reasoning everybody does. It's important to explain it so that people don't get annoyed about it. We want to avoid anything like that.

JF -- Sue do you have an answer for that one or do you want to include it in your own update?

SS -- I'll talk on that now. We have got three salaried GPs. Dr Key is currently on maternity leave, so when I was talking about the two earlier, I was meaning the two who are currently working at the practice. In terms of the intercom when the decision was made to put the intercom back, we did send a message out to patients to let them know. We also updated the website and we've put a sign at the front of the door saying please don't enter the practice if you've got Covid symptoms. There's a sign on the door saying that the entry to the practice is now controlled by the intercom so I do feel that with we've done as much as we possibly can to share information with our patients.

SC -- I appreciate that thank you.

JF -- Anyone else with questions regarding the Market Weighton practice action plan?

GW -- I've got a question just why is the on-hold music still on hold?

CJ -- yes good point we should've thought about the terminology! You know that thing is still dragging on and people are still complaining about but maybe less people will be complaining now that the wait times are lower. I think it was Ted who was talking about prioritisation, we prioritise and decide actually in the grand scheme of things what should we focus on. The decision was actually about responding to patients as quickly as possible rather than making Market Weighton listen to any music.

GW – I've just got one of the practical points in terms the action plan. You use acronyms and you don't explain what the acronyms are and I find that infuriating. If it's an open document, as you said, everybody can read it but not everybody can understand it, if you don't key in the acronyms.

CJ -- a really good point because actually I get infuriated with different organisations and their acronyms and then we are we doing the same thing ourselves. We will cleanse the document and make sure the terms in it actually explains what the position is, so that people it's intended for can understand it easily.

GW -- you also make it clear when it is it is revised and updated it's the latest one. The one that we've got here still says August at the top which is fair enough if that's your format but at least have something obvious saying last updated such and such a date.

JF -- Sally Smith you've been waiting patiently.

SSm -- I open the practice Tuesday, Wednesday and Thursday and it open from 7:15 and the desk is manned from that point, so I don't understand why anybody would have a problem actually getting in even though the intercom is on. We do try to make sure access is as soon as humanly possible, but as a practice we've got to make sure that the patients as well as the staff are kept safe.

JF -- Barbara.

BP -- it was a question on the communication section about the newsletter, what is the thinking for the next newsletter in terms of how it's going to be offered and distributed?

SS -- The first one that went out was literally mailed through to everybody so everybody did get a copy and then we reverted back to it being available in the practice and obviously not many people are going in the practice to actually pick those up. Because of information governance we're not allowed to just take the names and addresses of patients off the MGP system so what we had to do is we had mail it to everybody in a postcode area whether they were patients at the practice or not and as a result of that we got quite a backlash. I think it's fair to say in terms of complaints and issues where people were saying "what a waste of money to put into my letterbox it's not relevant" so we got a flurry of complaints. So despite our best efforts it actually caused a bit of a stir so what we're in the process of doing and will be able to explain this more in terms of how we gain an IG approval because that's how it works for text messages as well and is the process to be followed is to make sure that our systems update it to allow us to canvas patients to make sure they're happy to receive a newsletter posted to them. In the interim it was a case of reverting back to avoid on the complaints.

CJ -- we would love to be able to post the newsletter to all of our patients but there's a process that we've got to go to in order to do that and that's about making sure that they're happy for us to do so. We would much rather mail them out but actually we've got to go through a process to make sure we get permission so where are we in that process? I'll ask Sue then to give you an update.

SS -- that's a process that we are still in discussions on. The next newsletter is due in February so we will have to decide about how we circulate that newsletter obviously before the Trust newsletter we used to do a newsletter from the practice and that was shared on the website and we had to copies of it in the practice as well. Maybe it's something the PPG could help us circulate. We've got some members of the PPG who have kindly agreed to be volunteers and I understand there is a process to follow, to get them cleared to volunteer for the practice but maybe that's something that they could help with distributing that newsletter within the community moving forward.

BD -- where are we in resolving the IG situation, are we getting permission?

CJ -- Humber have an information governance team so it would have to be agreed by them. I think on that basis what needs to happen is we need to question patients and get them to agree that they want to get the mail campaign. That's probably got to be something done as people attend the desk. We're literally going to do that verbally when people come in. I think to me that will probably the approach that we can take soonest and when it comes to text message approval how are you doing that?

SS -- I'm getting a bit lost with the thread if I'm honest I'm not sure what I've been asked. The issue for not sending them out by mail was partly around IG because the Trust can't access the patient records. They said that you need to have permission from the patients to post to them. How we are going to get that approval is literally going to be somebody comes in and you ask them.

SC -- Surely that could be done on a text message if they've already given approval?

SS -- I think there needs to be some further discussions had through the division to explain that the action plan is now with them.

JF -- we did have a meeting a couple of weeks ago and the newsletter was discussed there but we didn't, in the end, agree the terms of how it could be moved forward. That is the reason why we invited Kerry Brown and Helen Cammish, because they're presumably from division, and they will be the ones that you were meeting with. Unfortunately, they were unable to attend tonight, but I'm presuming that they'll be the people moving this forward. CJ -- I'm taking these points down Joan to make sure that these things don't stall and I think it is about how they approach it and the steps Sue and the team take in terms of making sure we get approval for patients to receive text messages. It's a case of do you give approval for text messaging and receiving.

JF -- Stuart you're the last one with the hand up

SC -- it's just a puzzle that we're not using emails rather than going to the expense and effort of having it physically posted through the letterbox. E-mail must be a lot cheaper option and a lot better in my view. For the people who don't have email they should be obviously posted to them

CJ -- I think you make a valid point you want because actually we're talking about posting it and we know ourselves in everyday life don't we that people are asked how do you want to receive it receive it by text, email, post and so on. Actually, as a general principle, it will be a case of "are you happy to us to send it and by which means?" so I think that's fair,

BP -- my concern would be, just because I've been speaking to people locally, and there are still a lot of people that are not email, they don't look at the website and they miss a lot of what's going on. Also, they don't necessarily access the practice. Can we try and identify those people in the practice that are in that group, and are left more isolated? I think that's great if we can make sure that everybody gets a choice but then we shouldn't miss anybody out.

JF -- Any other questions on the action plan?

GW -- Do we know now what the penetration of the text messaging system is? I have been told that the text messages are now getting through to everybody but that doesn't square with what we just heard now.

CJ -- It's a case of there's been a bit of a mixed bag but I think you do have some data and statistics that back up the text message service don't you Sue? in terms of where they go out but if I'm wrong Sue, because you know the detail. I doubt the text message goes to people that had not signed into the scheme if you, like it's not blanket is it is? What I believe is you have to give permission to receive Texts?

SS- The patients who have consented to text will receive the bulk type of messages that we are sending out so when we sent for example messages while we were closed over Christmas, those would go to everybody who signed up to receive text messages

GW --- and do we know the proportion of the population are signed up then Sue?

SS -- yes, I'll just get that for you and I think that would answer your question Graham

GW -- well it would help, yes, I think

BP--while it's just there, is there a division because sometimes the messages go out and it links to things and not everybody who has consented to a text message has a smart phone, so again there's just a slight gradient between some of the messaging that goes out

GW -- The CCG say they would make IT facilities available to make the text messages system more targeted.

SS -- I am not aware of that one Graham.

GW -- I'll give Will Uglow an email and ask him why.

CJ -- the commitment they made, was it funding Graham?

GW -- not necessarily direct funding but he was saying that he would speak to his IT department and he thought they would have available people to be able to help you get moving on points in the action plan. He would certainly make available facilities to be able to look at targeting the text messaging system correctly.

SS -- I'm not sure of the discussions that you've had with the CCG but we are using a tech system we've been using in the practice for several years before I began as the practice manager. We use a system called Mjog which is a way of sending messages out to patients. We have got 61% of the practice population signed up for consent to text, so all of those people who consented to receive text messages would receive them when we send out the bulk text.

JF -- right thank you Sue. Anything else anyone wants to add regarding the action plan? No? We'll move onto Sue's updates from the practice.

SS -- Thank you. The practice is continuing with the newsletters in conjunction with the patient participation group. As we've said previously, copies of the newsletters are available on the practice website via reception and have been circulated in the town by members of the PPG. The main areas I want to cover this evening are services available at the

practice, staffing and NHS initiative. Services: at the practice we offer appointments with GPs, advanced clinical nurse practitioners including Lucy who has a specialty in MSK, healthcare assistants and practice nurses. We also offer appointments with our in-house pharmacist Jackie, who's on the line with us this evening, thank you for joining Jackie, and Esther who has recently joined the practice. Both Jackie and Esther undertake medication reviews within our practice. We also have health trainers, community links workers in mental health and a well-being coach. I've asked Loretta to join the meeting tonight and Sarah Hicks as well to join the meeting. I've asked them to give a little bit of an overview in terms of their role and once I finish my update if that's okay with everybody. Jackie, would you like to add something?

JL -- We can also prescribe as well for the patients who come to us for the medication reviews and when medication needs updating.

SS -- I think I probably need to mention that Jackie is taking on the diabetic clinics with Caroline as well so they're working together on the diabetic reviews. We arrange for services to be delivered at the practice which are delivered by other organisations such as city healthcare partnership these include podiatry, retinal eye screening, maternity appointments and midwife appointments which are offered by both Hull and York and wound clinics. Our reception team all receive care navigation training to ensure the patient receives the correct care at the point of contact. We support our team with development opportunities to learn new skills and we also support student GPs and trainee nurses for future nursing roles. Patients at the practice can access services all over the East Riding with early and late appointments including weekends available with a range of different clinicians including GPs, advanced nurse practitioners as well. 22,618 attended appointments at Market Weighton during the period April to September 2021 Market Weighton patients also attended 817 appointments at different locations in the East Riding as there were a more suitable time or location for their needs. At the practice we offer extended access appointments and have nurse appointments available from 0730 each morning for patients to attend before work and Sally quite rightly pointed out that on a Tuesday Wednesday and Thursday, she opens the practice and every day we have somebody starting work in the practice for those appointments at 7:30am. so that the door should never be locked when people turn up for their appointments in early morning. We currently have 48% of the practice population using the NHS App and the benefits of the app is that you can book and cancel appointments, order prescriptions to the pharmacy to pick up your prescription, view test results, message the practice and view parts of your medical records. The NHS app is also where you can access your Covid vaccination passport. The NHS app can be downloaded in the App Store we have a leaflet which is available for patients via reception and we have sent a text message out to patients which included the link to access information. The practice website also contains this information and I will ask for the link to be included in the AGM minutes if that's okay with you <http://www.nhs.uk/gponlineservices> System online can also be used for booking and cancelling appointments and ordering prescriptions. Currently we have 53% of the practice population registered for online services. Should you wish to find out more about this please ask at reception or telephone the practice. Our website tells you about our online services and we have also included this in the newsletters and leaflets are available. Patients can consult with the practice by using engage consult which is available via the practice website seven days a week. It allows patients to send photographs and have a full consultation with a response within 48 working hours from the practice. In the period between April to September 2021 we received 3764 engage consults into the practice. Feedback from patients who have used this service includes "easy and quick to use it", "no sitting in a phone queue blocking up the phone lines" "good service" "so far so good hopefully you will be able to sort my problems quickly". Care Homes are also successfully using engage consult to contact us regarding their patients. Ensuring the access routes to general practice are inclusive and patients understand how and when to use them, is vital to overcome barriers which prevent some patients who wish to request care from general practice from doing so. For many patients phoning is always best, but for some on low incomes owning a phone and waiting to get through is simply too expensive research has found. We know it's also a difficult route for patients with impaired hearing particularly older patients and for those whose first language is not English, while patients who work long hours or who have caring responsibilities often struggle to call during surgery hours. By contrast, using a convenient secure online form on the practice website to request care can take pressure off the busy lines and help patients to contact us and get the care that they need without having to phone. Of course, using an online form to request care is not for everyone some patients have limited access or no access to the Internet, others have low digital keyboard skills or lack confidence in the system and believe they won't get the care they need online. Helping more patients to understand how and when to use online forms and reassuring them that their care needs will be met will help make online more inclusive. So, our

practice will ensure that our patients have a good experience of using online so they want to try and use it again. The third route to requesting care from the practice is to visit and asked for help. For some patients particularly homeless people, migrant workers and travellers it could be their only way to request care from general practice. Ensuring all three routes are as visible as each other, are available to all patients, will ensure the whole community can access the care they need. All of the digital solutions are available to improve access routes into primary care and we will continue to promote this to patients so that they know there are several options open to them to access the most appropriate care. In the practice we are supporting the GP inclusive access project which is led by NHS England and aims to promote solutions to patients about digital approaches to support new models of care in general practice. By continuing to promote digital solutions to add patients who can access them, leaves phone lines available for those patients who are not able to access online solutions. We are continuing to work very closely with NHS111 and this is another service which is available to patients 24 hours a day seven days a week 365 days a year. Patients will be triaged by a clinician and NHS111 will direct patients to the right place for them to receive their care. This could include an appointment at the practice which 111 can book directly or the patient may be triaged to A&E, an urgent treatment centre or a pharmacy. In the period April to September 2021, we had 458 wasted appointments as patients did not attend for the appointments that had been booked for them. So, we would ask all patients who cannot attend their appointments to ensure that they cancel them, either via the NHS app via online via the website or by contacting us by telephone or coming to see us as these appointments are wasted and could have been available for patients who needed them because they were ill. Friends and family feedback remains consistently high and during the period April to December 2021 we scored an average of 93% of our patients who would recommend us to their family and friends. We received a total of 3980 responses. This is something that as a practice we are very proud of. Each month we produce our "you said, we did" for both patients and staff which is based on feedback received and changes are made based on the feedback. We display 'you said we did' on the website in the Practice and have shared it in recent newsletters. As a Practice we won compliment of the month for October 2021 from the Trust which is an achievement we are all very proud of. Perhaps you would allow me to read a couple of the comments which helped us win this award. A patient who had a consultation and wanted to pass on their thanks to the reception team "You're lovely and helpful" They wanted to thank one of the locum GP's for the care they had received and said "The GP was very helpful" the patient said that she was most grateful for all the care and help that she had had at the surgery and can't thank us enough. "I've received excellent service from the staff everyone from reception to the clinician who carried out my injection. it occurred to me that over the last 23 years since I moved here the service just has never faltered, in fact during the pandemic I have been truly amazed as to how well the practice performed as an organisation through a very difficult time having needed assistance several times during that period I can attest to the practice's dedication and professionalism. Thank you very much for everything that you have been doing.

Following feedback from patients regarding our old website we launched a new website in September 2021 which hopefully is easier for patients to navigate and be able to find things and make it more user friendly. We received some feedback from patients who have said that they feel the new website is an improvement on the old one. The last two years during the Covid pandemic is proving very challenging for us all at the practice. We are extremely proud to have been able to open the practice every single day. Yes, there have been challenges; staff have had to work at home as they were vulnerable; staff have had to self-isolate and we've had staff members who unfortunately were ill with Covid. Despite all of this we remained open and we've put measures in place to ensure staff and patients were always kept safe in line with government guidance. Unfortunately, we had staff leave the practice in the last year but we have had some new staff joining the practice. Recruiting GPs remains a challenge but this is not just unique to Market Weighton.

Through the PPG we have had identified five members who have come forward and asked to volunteer at the practice These people are currently working with the Trust to ensure their clearances are in place so that they can actually come in and support and volunteer at the practice.

As I alluded to earlier, we will be looking for help from the volunteers to support potentially getting the newsletter out into the community and also to support the GP inclusive access program.

I think as a practice our biggest achievement of the last year has been a good CQC rating which we got following a CQC inspection in September 2021. We were extremely delighted to retain a good rating following a full inspection. The full inspection came on the back of a telephone inspection in April 21. Every single staff member played their part in retaining our good rating and we received a good in all five areas we were inspected on. The areas we were inspected

on are services safe? Are services effective? Are services caring? Are services responsive to people's needs? Are services well lead? As the practice manager I am so proud of what we have achieved as a team. The last year has been extremely challenging one for us all but we have pulled together and returned a rating that does truly reflect as a practice what we are doing to deliver the best possible care to our patients. May I ask Loretta and Sarah to do their bits because that links into my presentation? Loretta, do you want to do your bit.

JF – Yes that would be fine.

LP --Hello I'm Loretta Preston and thank you for inviting me along and it's lovely to meet you all. I'm really chuffed at being a part of Market Weighton practice. It's been really lovely and the patients I have looked after have been delightful. My specific role is as a community link worker. I work under the "service of your health" which belongs to Humber Teaching NHS Foundation Trust and we are a big team. We've got health trainers, community links and also men's health and well-being coaches within our team. We have a lot of different services that run from us all so my role at Market Weighton, as a community link, is to offer the social side of care support to anyone that wants it. It's a care plan that is designed and created by the client themselves and I am there just to help them to address any concerns they've got, anything that's worrying them. It could be things like housing, it might be financial. It might be benefits, learning, isolation. It might be mental health, emotional well-being. Through the conversation depending on what their needs are, my real specific is to help them to make their own decision about what they would like and what they feel would help them and then to refer them. Any care package is created and designed by the client, so it's a self-care package. I will always do my best to address their needs, putting them in touch with the relevant, correct service. That might be a referral from me or it might be something that they can take away if they wish to do it themselves. My other role is in the bereavement support service and carers support which means anyone who is registered as a carer will be put in touch with me if they require any additional support because quite often as a carer it can be very tiring, very challenging, emotionally draining and so we need to ensure that the carers are as well looked after as are people that they are caring for. Our bereavement service is available when someone who belongs to the Practice sadly passes away. I identify who is next of kin to the deceased and if we're not aware, because not all records will display the next of kin, we find out who the next of kin is. We send out a bereavement pack immediately and then we offer a support service at four weeks post death of the patient and then we will contact them again twice more which is around about the six month and the 12 month mark. That's to offer them any support and just to see how they're doing and if there's anything that they're not sure about. It's very sensitive, but it's a beautiful service. On a personal level. I lost my Mum and our practice didn't have that service and it would have been so nice to know that it was there. I think it's I think it's a well needed service that we offer and I've had a lot of compliments about how good the service is. My colleague can't be here tonight to talk about it, but another service we offer is provided by our health trainers who look at anything to do with healthy lifestyles, weight management, exercise and it can be any form of exercise. We offer a face-to-face service that's for all of us if we are able to and we're in the practice to help. Our first contact is always face-to-face, but if people wish it to be, it can be a telephone call, which in this pandemic time lot of people do. We are now doing remote contacts on Teams calls, so there are different ways depending on what the patient would like. A Health Trainer also looks at stop smoking, addiction advice and again it's all free so anyone joining that service will get looked after okay.

JF – Thank you Loretta.

SS -- Could we just asked Sarah Hicks to do her a piece as well please?

SJH -- I quickly met you all at the last PPG meeting. I'm the mental health and well-being coach and I'm in the same team as Loretta. We're sort of like a step up in mental health and well-being support from the health trainers and in the community link. We can offer support for up to 12 weeks, but generally we can offer up to 8 sessions within eight weeks. We call any patient who has expressed an interest of being referred by the GP or some other service and we go through a triage form with them. Then if we believe that the intervention is okay for us to go ahead with, we will offer support. At an initial consultation we will go through some mental health questionnaires, finding out a little bit more about the situation. If we feel that it's more towards the counselling, trauma therapy and emotional well-being service we will make those referrals. If we detect it's something to do with isolation, we would forward it on to the community link team or if it's a weight management issue we would forward it to the health trainer team. If we believe that the intervention was a higher need, what's brilliant at the moment within the Hart Hills Primary Care network, is they've got their own mental health multidisciplinary team. We have a psychiatric nurse who is the clinical lead and we're just about to get a band six nurse as a peer support worker. The peer support worker is somebody with

lived experience in mental health. What we are finding out more and more within the Humber Trust is that when people go through things, they want to speak to somebody who has been through something similar. If I believe that they need the extra support I will take that patient, with their permission, to the multidisciplinary team and see if they can be provided with more support. If they come into the service and we see that they need that higher intervention then they won't be left, they are now within our team and they will be dealt with. If we felt that the intervention that was needed was even higher, they needed secondary care, they needed psychiatry psychologist for example, we have weekly meetings with the secondary care community mental health team so we can forward them onto that higher intervention. Even if the patient just sees the community link initially, they can be referred on to the ward. The support is there if somebody is referred through to me. Even if I can't see them for that initial consultation for a couple of weeks I can make contact with them within the first few days, so the intervention is getting much quicker now for mental health support. I think I've explained everything about the things I deal with, mainly our anxiety depression and low mood bereavement relationship issues, with the emotional well-being service. We have a different way of intervening, we have a holistic approach, a more practical approach to what they're going through. I hope that's clear, if it's not do feel free to ask any questions. Thank you.

JF – Thank you Sarah. Right, any questions on and Loretta and Sarah's input? Then we'll go to Barbara for her comments, because she's had a hand up for a long time. Stuart you've got your hand up as well. So, anything in particular on the report from Sarah and Loretta today?

SS -- I just had something just following on from that Joan. We're intending as a practice to do an event and it will either be an evening event or a Saturday morning hopefully if restrictions allow them to promote the services of the community links to health trainers and the medical health and well-being coaches. So that is something as a practice we will be looking to do later on this year because all the services are available for patients at Market Weighton so we want to promote that to patients.

JF -- right thank you. Barbara?

BD --I'm just trying to think what I wanted to ask now but I can't remember. I'm only joking. It's just about the use of the NHS app primarily. It's great we've got 48% of people now using this. I'm just wondering if anybody's made any progress with this? It appears in the app that there is a facility to link somebody else's records or give me access to see somebody else's records. I know I did ask about this before, I just wondered if somebody could explain is that something that the practice does? In the App it says "Information" says go to your practice to activate this so I'm just wondering if we have any more information? is that something that is used quite a lot because for me personally it would be really useful for accessing my Mum's records?

SS -- Sue Loft you're the Guru on the app. Would you mind?

SL -- no not at all hello everybody. Thank you for referring to the proxy access Barbara. These are health services on behalf of someone else through linked profiles and you can actually do that by completing a form at reception or I believe you can actually do it through the app as well by clicking on what I believe is a link in the app as well. You can do it either way, you can do it either electronically or you can come down to the practice and talk to a member of staff about it. They would fill the form in for you and then you would be able to link, obviously with your mum's permission, her records in with yours, so that you would then have access to switch between the two accounts. You could view her results, obviously with her consent

BP- I already have the paper consent in place and yes, the digital element that would make my life easier to be able to switch between the two accounts. Also, somebody asked me the other day about Patient Knows Best and was enquiring if anybody knew whether this was an urban myth or a reality - because obviously here we get referred to 2 different areas between York and Hull, but it appears that both areas are different PKB accounts, so if you register for one you cannot then register for the other? I'm just wondering whether anybody knows anything about that as in from a Patient Knows Best aspect

SL- you've actually got me there Barbara. I'm not sure because that is actually something that the hospitals initiate on the NHS App for you to be able to get information of more quickly than you would having to normally wait for letters to come through the post. I wasn't aware but if you thought you could only register for one hospital at once, we would need to look into that

BP - thank you, yes, I'm quite happy to contact them and my next step was to contact PKB HELPDESK and just see the if it is a technical element or whether it was something else, but yes if you can come back to me that's great.

SL -- yes certainly I can certainly look into that for you no problem, thank you

JF -- Steve you've got your hand up

SK -- thank you Joan. The question I wanted to ask concerns physiotherapy and perhaps Sue or Mandy could reply. First question was, are physiotherapy sessions available in Market Weighton practice? If not are GPs or clinicians able to refer patients to other NHS services if patients have been recognised to be in need of physiotherapy. I've been told by two patients that GPs and clinicians at the Market Weighton practice have told them that patients can no longer be seen at the Market Weighton practice or even get treated within the NHS and that they should book treatment privately.

JF -- right over to you Sue and anybody else who can answer that.

SS - Physiotherapy is not offered at Market Weighton. It's not been offered for probably a couple of years now. We used to have Martin who is a physiotherapist who came to the practice, but unfortunately there wasn't the need for that service so the service was decommissioned. Patients can be referred through the practice. Referrals can be made by our GPs, by Lucy, so without obviously specifics in terms of what the patient was advised I can't comment on specifics but all of the clinicians know that there is an option to refer. I think patients can also refer themselves and we have information that our team are aware of in the care navigation pack which provides all the details of where patients can access Physio.

SK -- well thanks for that. I'm not au fait with the actual procedure relayed to me, but they both said categorically they were told by the doctor that they had to go private.

SS -- I think what I would say Steve in the sorts of situations patients need to come back to the practice and raise their concerns directly with the practice because obviously without the specifics it's very hard for us to comment. I can only give you the information on what we've got access to at the practice. If a patient has been directed down a different route, obviously I can only apologise on that. If somebody is not happy about the information, they've been given they do need to come back and raise that with the practice directly. We can then look into specifics. Obviously if you know that it's a Locum GP or something like that then I'll be able to look into it, but if we're not aware of who the clinician is we can't make sure that they have the correct information moving forward. You know that's the standard approach in the practice. I can't comment on individual cases but I would urge anybody if they've had that then they need to come back in and raise that directly with the practice. What I'm saying Steve is it could be one of the locums and maybe they're just not fully aware. We do have an introduction pack that is shared with Locum GPs but obviously we can't cover everything that they may be asked.

RF --thank you Sue.

CJ -- I think it's actually what Sue said really but I think in terms of access to physiotherapy it isn't something that's limited across the NHS. However, I think in terms of going back to specific cases I think it's really important because it might be there was something specific that actually we need to look at not only on a case-by-case basis but as a general rule. I'm certainly not aware of physiotherapy being limited.

JF -- thank you. I would like to ask a question which I have asked before actually. Letters etc that come to the practice, are they going to be in patients records as from April?

SS -- As far as I'm aware, the NHS was wanting that to happen and it should be available from April.

JF -- So that means if an expected letter doesn't arrive from the hospital, which is often the case, they should be able to actually read it on their own record.

SS -- I'm not sure about the hospital letters. I would have to clarify that, Joan.

JF -- I think that's one of the main upsets for people in that they wait so long to hear from the hospital. I think to be able to go onto something like SystmOnline and actually read the letter that's been sent about themselves I'm sure would be a benefit. So, you're thinking that from April there will at least be a starting point?

SS -- yes that's what I would like to believe yes

JF -- so does that incur a lot of work for the staff then or is it an automatic change?

SS -- as far as I know it should be automatic.

JF -- thank you for that. Are there any other questions please based on Sue's update?

CJ -- it is not a question Joan it's just a case of just to reassure you that all of these points that are bringing brought up form a good basis for the content of the next newsletter, information that people might want. I think we are all taking notes.

JF --thank you, Sue Wardlow...

SW – It maybe be a good idea to put in a minute of the details of how to get in touch with a physiotherapy service know that you was talking about the CHCP service we could put their details in a minute for everybody again <https://www.chcpcic.org.uk/chcp-services/physiolsk> }.

JF -- thank you anything else so now it's over to Mandy Dawley, Head of Patient and Carer Experience and Engagement for Humber Teaching NHS Foundation Trust.

MD – I hope you are OK for me to share my screen to show you a presentation. I'm just going to talk you all through where we came from and where we are now as an organisation so you can hopefully come on this journey with me. I started in my position nearly 5 years ago now it was the 1st of June 2017. The very first action that I supported in my role was to create a new strategy for the organisation for patient and care experience. The existing one we had was in the form of a set of pledges but this is in form of a strategy rather than pledges. February 14th 2018, we held a workshop with about 60 people in the room, from all walks of life. There were patient's care service users, partner organisations such as the clinical commissioning group and the local authority. We all got together and had tabletop conversations on what does patient and care experience mean to you. What we didn't want to do was have conversations and go off on a tangent but needed it to match what the organisations vision and strategy was as well. From that workshop we identified 12 priorities for the next five years and we are currently coming towards the end of year four. I know this is very small on your screens and you won't be able to read them, so it's just more of a visual impact rather than me asking you all to read that because I knew you wouldn't be able to do it. Just to give you a flavour of the strategy. The graphic is available on our website. If you go on the website Humber Teaching NHS Foundation Trust when you get onto the homepage, you'll see there's a section called Patients and Carers and everything that I'm talking about and all of the work that we do on this agenda you will see on the Trust Patient Care Experience webpages. The strategy in its entirety is quite a big document but I decided to work with patients care service users to develop a visual plan on a single page which is what you see in front of you now. We have got a free big cardboard version of this strategy for walls or noticeboards available so that everybody can have a view of it.

Do you have a staff champion? Staff Champions are recognised by a little purple insert in their lanyard so the public and the staff in their teams know that they are the staff champion of personal experience. Staff Champions come to forums where best practice is discussed along with what feedback mechanisms to use. If there is something that they're not sure about they can have an open forum on all sorts of engagement involvement opportunities. So, 4 1/2 years down the line we're still as busy as ever. We network with organisations that work with our Trust. They are invited to come along to a meeting where we share what we're doing. We always invite organisation's keynote speakers to come and talk to the group about what they want to spread with regards to what topics and what policy strategies they're involved with. We have over 60 organisations and people coming along to our production network so there is a lot of organisations from private sector, public sector, third sector organisations and includes forces covenant. I'm talking about anybody who has been a serving member in the past of the forces, anybody who is currently serving and the closest friends and family of forces personnel, allies of veterans and serving force members. There is a fabulous individual at the University who teaches a military human training and it's a fantastic training course for people to go on if they've left the forces and then coming into non- military life, what that feels like and the psychology behind that because it can be very difficult for them.

We developed a wonderful bereavement package a few years ago I was asked to create a survey for loved ones when they've lost a family member. At the time I thought I wouldn't want to just hand out a survey to a family member at a difficult time but it really does help you to get it right when you meet the bereaved. We worked very closely with a charity along with our recovery college team who are very good with the art groups and we designed bereavement cards and a beautiful bereavement booklet with lots of information to support the loved one following the passing of their loved one. We found that when they have a question that creates a conversation rather than a survey. It is so much more effective. So is there anything else we could've done to support you during this difficult time and one of the key themes to come from that conversation with our clinicians was "yes I'm lonely because I don't have anybody else in my world now" so it's been a really good opportunity for people like Loretta to connect these individuals to support groups. It's connecting people to the different opportunities and services that are out there. We can't underestimate the power of a conversation. We're seeing that all the time with the isolation and loneliness agenda that I lead on. I mentioned the forums: we love to hear stories and we always open up every month with a story from either a person a family member a carer or a member of staff and about the experiences of the services that we

provide in Humber and Joan very kindly attended the February 2020 meeting with me. I remember it well Joan, your truth, your honesty. It's not about hiding things it's about celebrating wonderful services that are being received but it's also about listening to the service user. What she presented at the February board meeting stayed in my mind. If anybody's got a story to tell that they would like to share, we listen to stories at Board, we also listen to stories at our Council of Governors. They always want to hear stories as well.

We include members of the public in recruitment of staff slightly differently, but I've been working with a team in the organisation to create a standardised framework so that everyone involved has the framework to work with and to be involved on interview panels. The panel volunteer will provide their life experience, value-based views, and emotional intelligence views on individuals that we are recruiting. So, it's not just about saying have they got the knowledge skills and experience but also judging their compassion and emotional values and that's where the panel volunteer can help. We are about to launch in February across the Trust and we're inviting individuals who are patients in our services and family members official carers to express an interest in the consent form process, be put on a database and be contacted by the organisation. I wanted to mention that because it's important that everybody gets the opportunity. We're working on what's going to be launching at the same time right now there is going to be a training module available on a recovery college platform that supports it. You can go onto the Recovery College platform onto the website join up for Tech which is an interactive informal training session to give you all of the information that you need to know. We've got an eight module training programme. Everybody who completes the programme will be rewarded with a small thankyou gift.

Since we've launched this strategy, in the last four years we've been working hard in the background to further enhance our friends and family test, so we've got a database dashboard where every member of staff can see the feedback that patients are saying about their services for primary care.

To get in contact with our chaplain for that one-to-one support telephone number post your contact details through the patient care experience mailbox service. I can put the patient care into the chat box afterwards and then if there's anything about any of the conversation I'm having with you now, if you want to know a bit more about what we do, use the mailbox and then at least you can get in touch with us directly outside the format of today's meeting.

One of the highlights of my role over the last few years is seeing members of the public especially members of the public that have been in patients in our mental health unit and were very vulnerable who didn't have a job who were needed really strong support package, I've seen them move from laying in a hospital bed to actually working in a paid role in the Trust and that just for me to shows the benefits of my job and how lucky I am to have such a wonderful job because people have been so poorly but have gone through the recovery process with all the support and help in the organisation care services provided and then they've got the confidence to come and volunteer with my team with patient care experience. I've even got Tom who works with my team now in what is an engagement lead role and Tom a few years ago didn't even have the confidence to come into a meeting. So, it just goes to show that when you give people opportunities to work with you, they start to build confidence. There is hope in recovery for individuals, so that's wonderful. We developed care experience plans across our Trust so all of our service areas have champions of personal experience who I've mentioned and they are developing priorities for what they want to do in their teams to move the patient care experience agenda forward. Then a couple of years ago other organisations asked, can you do a copy of some of the initiatives that we've developed. I'm not saying we're perfect there's still work for us to do and also some other Trusts in the country have got some fabulous involvement initiatives going on as well, but it's lovely to be recognised for some of the great initiatives that we have been doing.

The latest one and the one I want to finish with is our Humber Youth Action Group. We have over the past 12 months been working with young people to develop a youth board. They have decided on their own ways of working: how do you want to meet? where do you want to meet? WhatsApp groups etc and it's a very fun and interactive way of young people getting together to support the Trust. The idea behind this group of individuals is they going to support the organisation partly by interviewing for children's and young peoples' services clinicians and staff. They are going to be involved with the design of information leaflets and posters for the services. They are also going to get involved with service transformation. So, if our services in children's mental health or physical health services need improving then they will get involved with coproduction and what I mean by that is acting as an equal partner with members of the staff to redesign services based on their lived experiences. We don't just have people with lived experience as part of the group, we've also got members of the public and school children from 11 years old to 24 years old getting involved with us. Some individuals want a career in the NHS so therefore this is a great opportunity for their CVs.

They find out what it's all about and get to know the ways of working in the NHS and career opportunities because we all know there are not just doctors, nurses and physios in the NHS. So, these young people are getting to know and work with all of these individuals to get a flavour of what the NHS is all about, so it's absolutely wonderful. That's just some of the priorities that we're working on over the next few months and will continue to do so. I don't want to forget about equality diversity and inclusion and inequality is hugely important agenda. Yes, we have over 90% of our patient population in our community who are British white, but we still have around 8% non-white minority of the population. We do need to really make sure on how we work with a wider community whether it's from an LGBT+ perspective or a disability perspective. The big ticket that's coming out at the moment which has been for the last few months is digital poverty and we're doing a lot of work to look at how we can support people who haven't got access to a computer who haven't got access to Wi-Fi or can't afford Wi-Fi. Training on how to use a computer is something we are looking at how we can provide information leaflets to support people on that. I will stop there, thank you Joan.

JF-- thank you Mandy. Thank you for the presentation and I'm sure that members will know people who are interested in joining you on the various schemes that you've got in place. Any questions for Mandy? No? Thank you.

On to any other business, the next PPG committee meeting will be on the 23rd of March and obviously that will be dependent on Covid as to whether it's virtual or face-to-face. The public meeting will be on the 11th of May at 6 o'clock again that hopefully will be face-to-face.

Any other comments or any other business that anyone would like to raise? No, well thank you all very much for coming and thank you very much as well for all your support over the years, it's been really very helpful and I look forward to Graham and Barbara taking over. Thanks to all our speakers for coming along tonight and good night to you all.

The meeting ended at 20:00 .