

GW --- Welcomed everyone to the meeting and asked if everyone was OK with the meeting being recorded as our secretary was unable to attend. No objections were received so a transcription recording of the meeting was started.

Market Weighton Patient Participation Committee Virtual Meeting

Monday 4th July at 16:00

Minutes

1:Present:

Barbara Pace, Graham Ward, Joan Fletcher, Hilary Chester, Ted Burnside, Susan Smith, Susan Loft, Susan Wardlow, Claire Jenkinson, Helen Cammish, Ester Sanni, Ruby Watson

2:Apologies received:

Dr. Barathan, Erica Cross, Marilyn Foster

3:Minutes of the meeting of 23rd March:

GW: Have we got anything that anybody wants to talk about or can we take the minutes to be a good and fair representation of the meeting.

BP: I think in the section 6 we had some discussion about the recruitment of new members so that we were going to be more representative and there was a couple of suggestions about the younger age group being invited by a text. Can we liaise with you on the wording Sue and action that please? Action Agreed.

GW: Can we ask Sue to do the practice update please?

4:Practice update:

SS: Thank you, yes. We have sent out the latest newsletter and there is a link on the practice website to download it or sign up for receiving one in the post, as well as some in the practice people can pick up when they are in. It would be great if members of the PPG could help circulate that in the community for any future additions?

We now have a new permanent and glass screen on the reception desk which also contains a working hearing loop for any patients who are hard of hearing.

Early in June we held a very successful Saturday morning clinic with Loretta who is one of our community link workers. Offered a limited number of face-to-face appointments for her which were booked straight away and the session went really well. All who came in for an appointment with her have actually been directed to a different service. We will be looking to work with Loretta in the future to operate a similar event on a Saturday morning just to give you a bit of an overview of her activity.

We offered 1045 face-to-face appointments with GPs and 1462 face-to-face appointments with clinicians in the practice. We are offering patients now the opportunity to decide what type of appointment they want they can have face-to-face or telephone service. In May we offered 752 telephone appointments with the GP and 230 telephone appointments with other clinicians so I think you can clearly see that patients are wanting more face-to-face appointments and that is what we are offering if a patient requests that. Obviously we will try and accommodate that as best we can.

In May we completed 61 home visits and received 448 engage consults. Just to give you some feedback from our patients who are using the engage consult.....

“very easy to use” “I’ve had a response to my request, it’s easy and straightforward” “easy to use” “great, thank you for always providing my family with a speedy and satisfactory resolution”.

Unfortunately we had 78 DNA appointments in May and I just wondered if the PPG had any ideas about what else we can do to try and reduce the number of DNAs. We send text reminders which patients can reply to if they wish to cancel their appointment. There is also a link from the practice website. Patients can also cancel by telephone and in person at the practice. We need to reduce the number of DNAs they are wasted appointments and those appointments could be made available to somebody who needs them.

We booked 82 improving access appointments in April (May’s figures not available) for patients on an evening and weekend because it gives them more flexibility in terms of when they wanted their appointments.

Our patients continue to choose 111 so they can have 24 hour care and in the last year 111 have actually booked 865 appointments direct into our ledger.

We talked about previously the patient and they feel that the need an appointment at the practice patients directly instead of system does work and patients are choosing to ring 111 if it’s appropriate to be seen by a clinician at the practice in those appointments you do get booked in with us.

We’ve got 61% of the practice population signed up now for receiving text messages and 56% registered for online services and 55.8% using the online app. We have just sent a message out in the last week regarding the NHS app and we have seen an increase in the last week with a number of patients who are registered to use the app. Connor is working as a volunteer in the practice on a Friday morning and he’s in the upstairs waiting area for any patients who want to learn more about the app. He’s got a tablet (*the electronic kind!!*) if any patients come in at reception and they want to learn more about the app we direct them upstairs to Connor.

We’ve also got Ruby and Ted; they’re both working as a volunteer in the practice on a Monday morning. They’re helping with promoting online services and also helping the reception team. Historically Monday mornings are quite busy in the practice at the minute. I don’t know whether Ted & Ruby want to add anything in here?

TB: I’ve found talking to patients, a large percentage of people just do not do online services so we need to remember that and make alternative arrangements for them too. Do they get text messages?

SS: Yes they do get a text reminder before their appointment and yes a DNA is noted on their record. We have started a piece of work to look at the number of DNAs that we currently have within the practice and that’s what I was saying earlier if there’s anything at the PPG can think of anything that we’re not doing to try and reduce the number of DNA that would be really helpful.

RW: I love supporting the practice on Mondays and it’s only 1 1/2 hours. Can I please just point out that we must remember to be patient with receptionists as they all have family too. It is very distressing to see them not treated well by some people and we should look to make everyone aware not to do that .

SS: Thank you Ruby and Ted, that’s really nice feedback. That does fit quite nicely with what I was going to talk to you about. Reception is an extremely challenging place to work at the minute. Unfortunately there is daily abuse on the telephone and on reception and via social media. I think the frustration comes from when patients don’t understand how primary care works nowadays and when a team member tries to explain the different options, patients don’t always understand this. We try to address this in terms of displaying posters about getting help sooner and we put information in our newsletters about things that patients can do to help themselves. We’ve also displayed posters in the practice about the role of the care navigator and also the different routes that are available within primary care and the terms of conditions we have working in the practice.

We do also continue to send out warning letters to patients who are abusive. This is a known problem across the whole of primary care, it isn’t just Market Weighton. I would like your thoughts on what else

you can do as PPG? Have you got any thoughts about what else you can do to help and to reduce abuse? It appears primary care is getting to a point where it's going to be very difficult to attract any staff to come and work here. We have got staff within the admin team who unfortunately have said they want to leave because they can't continue. We're trying everything we can. We understand the patient's frustrations but they should not take them out on the person on the end of the phone or sitting at the reception desk. I just wanted to see if you've got any other ideas about what else we can do? Graham and Barbara, I think you've got a stand at the Giant Bradley Day and I wondered if there was something you could do there. For instance, I've sent you a link to the LMC website and they've actually got a campaign on there about abuse in primary care and I wondered whether you would take the opportunity on 17th of July to display posters on how to navigate primary care?

GW: I'm not sure that we are able to do that on the 17th. We see our role that day as trying to spread PPG across a wider range of the population -- to try and get the thing recognised. There's not enough of the population within our community that know about PPG and that's the first thing that we're trying to address. Hopefully you've read all read the terms of reference that we --- mainly Barbara -- worked on to emphasise the message that any patient that's registered with the surgery can be a member of PPG. It's then the role of the committee to take on board all the information that comes back from the general PPG and then engage with management at the surgery. That really is the thrust of what we're trying to do on the 17th.

SS: If there is anything you could help us with to reduce this in the practice. I don't know whether they would be feel comfortable maybe to talk about something, but if you didn't feel comfortable talking about the Care navigator and the different roles within the practice? I don't know whether it's something here in the practice in the that could be supported in the volunteering role?

GW: I hope I didn't sound too negative in reply to your question Sue. We very much acknowledge the great difficulties the issue of abuse brings and recognise that the education of the community to use the services that are available correctly is absolutely key to keeping primary care functioning. The only way we can see us doing that is to get more people involved with PPG and thereby educate the public better in terms of how they need to use the systems. I absolutely respect and understand what Ted said about the number of people who don't use online services and I think we all get that. However, if we get more of the people that are capable of using online services to actually use them correctly, that will then release more time for staff to deal with people who don't use online services. Hopefully in turn that will reduce frustration and abuse. We have to make sure that those online services are good enough and easy enough to use. We're at the point where the level of service is going down and the expectation of people of what they should receive from primary care is too high. People are expecting miracles but actually not willing to invest the right amount of time and the right amount of responsibility themselves and that's why we need to get to a point where we've got enough people within the community that are engaged with PPG.

CJ: I 100 hundred percent understand it and agree with you that it's just not acceptable; but I don't know how we're gonna do it, how are we going to deal with it. Without understanding, there comes frustration and I understand the frustration is directed at the staff here. It's also about what you said, we should share information about that helps, that's what you're trying to do by encouraging more people to join in the PPG you'll also be able to share that message.

HC: Are these DNA the people who are not using the text messages or just can't be bothered to ring up?

SS: It is a combination of both unfortunately.

GW: Okay thank you. Can we move on Sue?

SS: Can I still just finish off this sorry, not much more.

In May the reception team answered nearly 4000 calls and the average answer time for a phone call was two minutes which is something that we're really proud of.

To give you a bit of an overview on staffing changes within the practice: Jackie Lyon -- she was one of our pharmacists -- left the practice in June so we currently have a vacancy for a pharmacist. Sam Hamby leaves the practice at the end of this month; we have appointed a new ANP who will be joining us in August; we have appointed two new GPs.

We are going to begin a piece of work to look at our out of area patients as we have a significant number. The boundaries of the surgery's area are shown on the website so if anybody wants to have a look at that it actually shows where we should be taking our patients from. We are aware that the Pocklington surgery has started writing to their out of area patients already. They have begun writing to these patients to say that they really need to register somewhere else.

Last week CHCP began running a vaccination clinic, currently using a room in the Practice on Friday mornings. This gives patients in Market Weighton who haven't had their Covid vaccination yet, an option to use the walk-in clinics. Dates in July and August are available.

Then just to finish off, as a team we were really pleased that in June we actually won the Trust Compliment of the Month. We got quite a number of compliments in June which we submitted to the Trust and we actually won compliment of the month so that's something that we're really proud of.

GW: Congratulations on your award Sue.

4:Promotional Work for MWPPG

BP: MWPPG will have a stand at Giant Bradley Day as we felt that it was one way that we could spread the word that PPG is here for the community. You might have spotted some pop-up banners which have appeared and we have some flyers to accompany them. We will be giving out flyers and hopefully people will be able to come and talk and find out a bit more about PPG and what they do and what resources are available. They will be able to actually sign up to join as a member of the PPG. At the moment all of Sunday is so far covered by Graham and I so if there is anybody else who could come and join us for an hour on the stand, we would be really grateful. If we don't get any volunteers to help on the day and there is just going to be Graham and I, we cannot say we will be there all day. We will do some of the day but if anybody is free to come for an hour and literally just chat to people and hopefully get their signature on the form and contact details that would be very helpful.

GW: It is a starting point and if we get let's say 100 people, hopefully more, and they feed their ideas and comments into the committee and we then discuss it with the staff of the Trust and the surgery that's got to be better than it is at the moment.

BP: I mean it's something I'm quite passionate about, being part of the community and I think it's just a really good way to just be there and face-to-face with people. We're not some kind of specialist group, we're just residents or patients. We can say "we are people in the community who use the services like you do on a day-to-day basis". Fingers crossed it will be a first stepping stone for us to try and improve PPG and also it's another way of targeting different age groups.

See AOB for extra note on flyers.

5:Update Regarding Facebook and Practice Website:

BP: We are in the process of sorting out a meeting with the head of IT/Comms plus others at the Trust plus surgery staff where we can discuss improvements required to the practice website. If anybody has any particular thoughts or comments relating to the website and the information that's on there both in terms of general or to do with the PPG specifically, then if you could let us know that would be great ahead of that meeting which hopefully will be within the next month.

Facebook--- so I reached out to certain people around this including the Trust through Sue and the CCG. The feedback has been quite mixed. The CCG are more than happy to share information with us that

would go on a PPG Facebook page and they confirmed that a number of other PPGs have Facebook pages. I see it as a good way of disseminating information out to the public and they're really happy to get involved with that. However the feedback from the Trust is quite the opposite -- they're not really keen on the idea.

I contacted the National Association of Patient Participation just to get some clarity from their point of view around this and how they would see it working, which was all positive.

I guess it's up to us as a group to decide what we would like to do with it. I am happy to give my time to set it up — it's kind of what I do in my day job as I think as I've mentioned to you before. It would definitely be something that is just a "post out" and not a "comment in". That way the risk of any clinical issues is removed. The last thing we would want to do is cause stress to somebody who is ill trying to get some clinical help or whatever through that site. That's definitely not what it would be about but it would be a way of going back to some of the things you were talking about earlier Sue about getting the message out about care navigators --- that would be another medium where people will be able to look at, learn and see more information. If there's anything else that we particularly want to focus on, Facebook may be a good thing for it as well. Anything from awards won by the Practice to opening hours, when the staff training is taking place etc. It's just another way of people getting that information. I guess my question to everybody is where do we all sit with it as a PPG? Are we happy to move ahead with it or are we absolutely against the idea?

GW: My opinion is that we should do it because it's just another way of informing people. People who aren't of our general demographic age use IT more than we do. Facebook being one of the tools that they use extensively and we need to engage with that. Getting the message over for things like abuse of receptionists needs to be done by every means possible. As Ruby and Ted mentioned earlier, that's one way to do it.

BP: I'm going to Facebook to start with. I'm not adding Instagram but we might look at this in the future. Getting the messages out in the right format gives us a better chance of getting the messages through, simple as that.

GW: As Barbara said we won't push on if people are dead against it, so tell us now.

JF: I think that would actually be beneficial to the practice. As far as I'm concerned I'm all for it.

BP: Thank you Joan. Anybody else?

TB: I think we should go for it. If we can get a two way conversation going it means people are engaged. They would have a condition of expectation.

GW: Just to be clear it wouldn't be a two-way conversation, it would be a bulletin board. It's just a way of disseminating information. However, what we do propose is that we put the PPG's email address on it so that would be a way of feeding back to us.

Hel C: Just to point out, the Trust does have a Facebook page but we are not keen on every Practice having its own Facebook page as that would increase the workload. However that is different to the PPG owning the communication and dissemination of information via a Facebook page.

Hil C: Will the Facebook page be open to all via a browser or only people who have an account with Facebook?

BP: I'll double check for you but it should be available to everybody and because we're not going to steer anybody into doing something they don't want to do. so it's an information board I'll double check that but yeah that's that's the way I would set it up anyway so it's readable for anybody

SS: I was just going to ask in terms of sharing information out in the community, what is the expectation from the practice in terms of what are you expecting us to share that information with you or are you going to have a link on the PPG website to Humber's? The things that we would normally share with our patients, the majority of it is posted on the Trust Facebook page. You may be potentially putting an extra step in if you're relying on somebody in the practice to share information with you.

BP: I was thinking mostly I will just try and gather information from wherever possible I wouldn't rely on you necessarily sending it to me. It is a bit different with the CCG because they send the newsletters every month so I'm just going to be using whatever is sent on that newsletter. I don't want to create any more work for you unless there is something specific that you would like me to publish. For instance what we have discussed today, staff abuse or anything like that. If there's something that you wanted particularly to highlight then you know yes let's let us know then we can focus on that but other than that I'm happy to pick up information from anywhere. I can get the majority of the things that we would want to highlight to our patients on the Trust Facebook but if there's anything that you think of just drop us an email. It would be my ambition to tie it in also with some of the other local services; so I'll speak to Cohens about maybe putting their opening hours on and Boots people like that so there's other things on there so people got all that information in one place. We can finesse as we go; so I don't create more work. We also have to be aware that some younger people quite frankly don't use Facebook but as I jokingly said previously, I haven't quite reached the levels of being able to volunteer anybody to do a PPG dance on TikTok!

JF: I was really just going to say this in respect of the Facebook page, however many people get onto it, it is certainly likely to be more than look at Humber's Facebook page. So it will be interesting to see just how many people will come onto the PPG one.

BP: thank you, right shall we move on to the update from GRAHAM on the activities of the Town Action Group

6: Update on The Activities of the Town Action Group

GW: The Town Action Group formed in the aftermath of the two public meetings held in the Town Hall in the late summer / autumn of 2021. I joined the group after attending the second meeting.

I joined the group for two reasons: 1) I felt that comments and questions raised at PPG meetings were not being addressed and 2) I felt the largely unfair and outrageous comments made at the public meetings and on social media by members of the Action Group might be tempered by my presence and that TAG should take a more reasoned approach.

At that stage TAG had 4 members (Councillor Peter Hemmerman, Mark Gibson – who works in the NHS, Jim Laing --- an ex headteacher and HR mediation expert and me). A second town councillor, John Marshall, joined the group in May this year.

TAG has met with members of management of the Trust 9 times since the end of October. All the meetings have been conducted in a fair manner. The bulk of the meetings have been led by the Community and Primary Care General Manager, Helen Cammish and in most cases has been attended by the lead Primary Care clinician, Iqbal Hussain. At other times we have also met with the Deputy Chief Operating Officer Claire Jenkinson and Clinical Lead in Community and Primary Care Kerry Brown.

We have also met with the East Riding Clinical Commissioning Group and a Governor of the Trust.

We have continually said that whilst the performance of the surgery has not been up to scratch, the main reason for this has been the lack of support for the surgery management from the Trust.

The main aims of the meetings have been:

- to get a significant improvement in the telephone wait times,
- to provide non-urgent GP appointments within 7 days of request,
- to provide a full complement of salaried GPs and other healthcare professionals

- to provide a straightforward, easily accessed complaints procedure
- to get the MWP website including online appointment systems up to a fit for purpose level

All our criticisms have been backed by facts and figures gained by research and we have also asked for figures to give us a better understanding of the operation and efficiencies of the surgery. For instance, we asked what the surgery's budgeted Full Time Equivalent GP figure was and how close the actual provision of GP hours was to this figure. Almost 6 months after initially asking the question, we got the answers. The guide figure for GPs only (as opposed to all Practitioners at the practice) is 4.4. What has been supplied on average over 6 months from October is nearer 5.8. Due to the lack of salaried GPs, the majority of this time has been fulfilled by locums and agency staff. We know this has led to a disproportionately higher workload for the surgery's management not only in respect of finding GPs to fulfil the hours but also because a locum GP tends not to do as thorough a job in respect of required administration as a salaried GP so that work has to be done by others. This has also led to a large overspend at Market Weighton.

The surgery management were heavily criticised for their response to complaints that had not been presented to them via the proper channels. TAG have continually pointed out to the Trust that this is unfair. We have challenged and questioned why the complaints procedure has not worked well enough to encourage people to use the proper system rather than taking to Facebook. Whilst previously there was NO link at all to the Trust's complaints department from the MWP website, some minor changes have been made so that now there is at least an email address for the Trusts complaints department on the MW website. The more you look at the website it is clear that further work is needed. To that end, two members of TAG have been invited onto a subcommittee to work on the MWP website with Rachel Kirby – head of IT/Communications at the Trust.

One of our meetings was with CEO Michelle Moran; Chair of the Board of Directors, Caroline Flint; and the Chief Operating Officer, Lynn Parkinson. This particular meeting came by invitation after the TAG team sent a pre-release copy of a media briefing note written to summarise the meetings to date and to suggest that the position of the CEO was untenable due to the generally poor performance of the Trust in Primary Care. This point was backed up by research done by one of my TAG colleagues, Jim Laing who scrutinised 10 hours of Trust board meetings and found that despite all the meetings we have had with the Trust and the fact that at least one other of the Trust's surgeries is in special measures after a CQC inspection, the Board talked about Primary Care for less than 5 minutes. After the meeting Michelle Moran sent us an email confirming the 5 priority points I mentioned earlier and has invited us back in September so that she and her colleagues can report on progress.

It's been widely accepted by both sides that educating patients to use the systems and facilities available at the surgery has to be prioritised to make life better for everyone. Improving the website will help with this. We are not forgetting those who haven't got access to online technology but we believe that if online services are straightforward to use and more people use them, the more time surgery staff will have to help those who do not use online services.

BP: Thank you Graham. So we're onto any other business anybody?

Any Other Business

BP: I've got one quick comment just to update on as we move forward with the new set of Terms of Reference of the committee in the PPG. I want to make sure that as a group we're compliant with GDPR so I will be sending out to everybody through email a form for you to just give your permissions about email use and texting. I'm sure the surgery does that anyway but as we hopefully begin to grow and expand as a group, we make sure that we're on the right side of everything. So I would really appreciate if you see an email come through it will come through on the PPG email address if you can just to cast your eye over it and give me a give me a tick to confirm your acceptance, then I can add it to the list to make sure that we're all present and correct.

SS: I just wanted to add that we've now got another couple of options for the hold music for the telephones and I don't know as a group how you want to progress with that I can try and play it to you tonight.

GW: essentially if your average wait time is right down to 2 minutes, I don't think we actually need to worry about the music.

SS: Graham it's been like that for the last year so I'm very proud of that to be honest.

GW: well just before you get too proud about it, you need to check in with Helen because she gave me a different figure at our last TAG meeting.

SS: well I'm looking at the reports I get on a monthly basis and it's been less than five minutes for the last year.

GW: It's fine and it is a good achievement and must've had a massive impact on people ringing the surgery.

SS: *made an unsuccessful attempt to play the three "on-hold" music options. The meeting decided to hold this over to another date.*

JF: I was just going to say actually thank you both because I think you've done a cracking job. All the best carrying out what you intend to do. Well done.

BP: We may need our brows mopping after Giant Bradley Day. We will see.

GW: Thank you Joan, it's appreciated. Can we try to fix a date for the next meeting please?

BP: Could we come to an arrangement that at least half of the meetings in the future start at 18:00?

SS: That would make it difficult to get staff to attend. Most staff start work at 07:30 so it's a bit much to expect them to make themselves available for a meeting starting at 18:00.

GW: Could some arrangement be arrived at where some hours are taken off in the afternoon? Claire, Helen?

CJ: We will look into this and get back to you.

BP: If we are to expand the group, particularly in respect of younger people, we need to be able to organise meetings in the evenings.

The meeting concluded that the meeting would take place in w/c 10th October on a date and time to be fixed.

GW: One piece of information which we should have covered in item 4 — as well as the pop-up banners we have had 5000 flyers produced. Each of them has a form on the back for people to fill in contact details. We intend to distribute some on Giant Bradley Day, have some available in the surgery and the rest will be distributed across each of the domestic properties in Market Weighton.

JF: Who is paying for all this?

GW: We have managed to get funding from the Trust for the banners, leaflets and distribution. As usual, our time comes for free.

The meeting closed at approximately 17:25.

