GRASMERE SURGERY Patient Participation Group (PPG)

<u>Draft Minutes of meeting – 25/7/23</u>

Present: S Mills (Practice Mgr); L Holden (Ass't practice Mgr); Ann Norris; Ann Lloyd; Sheila Bloomfield; Hazel Bennett; Kath Sanderson; Barrie Coates; Anne Vernengo (part Mtg)

Apologies: Sheila Cockram, Jean Lee.

Practice Report: SM described the changes in staff that have occurred recently. These are: -

- A Nurse has left difficulty in recruiting a trained GP Nurse.
- Receptionists, again difficulty in recruiting someone with Knowledge of working in a Drs Surgery

SM explained the different types of funding and the criteria attached to each. These are: -

- IIF
- QoF
- DES

SM explained the coding system used.

Doctors work in 10-minute blocks and aim to see 20 patients in a morning and 11 in the afternoon. The remainder of the day is taken up with urgent pt tasks resulting in extra telephone/F2F consultations, and administration – blood results, letters, and referrals.

SM said that this generally resulted in the doctors working well in excess of their contracted hours.

Appointments were discussed and SM confirmed there had been time spent on managing appointments to ensure that Grasmere saw patients for routine appointments within 2 weeks. @ 25/07/2023 Grasmere Surgery had seen 97.29% of patients within 2 weeks. Surgeries are now meant to triage patients to see if their symptoms need urgent care, routine care or can be signposted to another services e.g. pharmacy.

All agreed that this was not desirable and concerned the effect to the staffs health and patient diagnosis.

Following a wide discussion regarding the Practice's achievements it was agreed that: -

- Staff give a good service within the constraints of the systems and procedures they are required to use.
- Staff are under pressure, and this limits the amount of clinical activity. Ways need to be found to reduce the amount of administrative activity the clinical staff are required to do.
- Systems and processes have flaws and are often imposed, from NHS England, with inadequate explanation and training. This needs further investigation, by the PPG, and the results communicating to higher authority.
- Staff and patients are frustrated by the systems/processes and the amount of non-clinical work required.

It was agreed that the PPG has a responsibility and duty to inform the public of the difficulties and to draw them to the attention of Senior NHS Management

The Practice Manager produced several documents (which are appended to these minutes)

- Appendix 1 Practice Structure Chart
- Appendix 2 GP Practice Surgery.
- Appendix 3 'Iceberg' Diagram illustrating the range of activity.

Appendix 4 – Terms of Reference (to be agreed)

Reporting. It was agreed that consistent reporting across all 10 Leigh Surgeries is desirable.

Various ways of informing the public were discussed without reaching a conclusion.

This should be an agenda item for a future PPG meeting.

The Patient Satisfaction Survey, distributed at the PCN meeting on 20/7/23, was briefly discussed.

Those who had tried it found it confusing and repetitive but a reasonable first attempt. It was agreed that it needs to be a satisfaction with the systems and processes survey and not a staff performance review. Any comments regarding staff, complementary or otherwise, should be directed to the Practice Manager and not included in a survey. This will be reported to the PCN.

AOB

 AV – mentioned about having postcards in reception with the surgery details on them. SM confirmed Grasmere have a leaflet.

Future Meetings. It was suggested that the frequency should be monthly, and the last Tuesday of each month was proposed.

The meetings need to fit with the Practice Reporting Schedule so that the PPG receives up to date information.

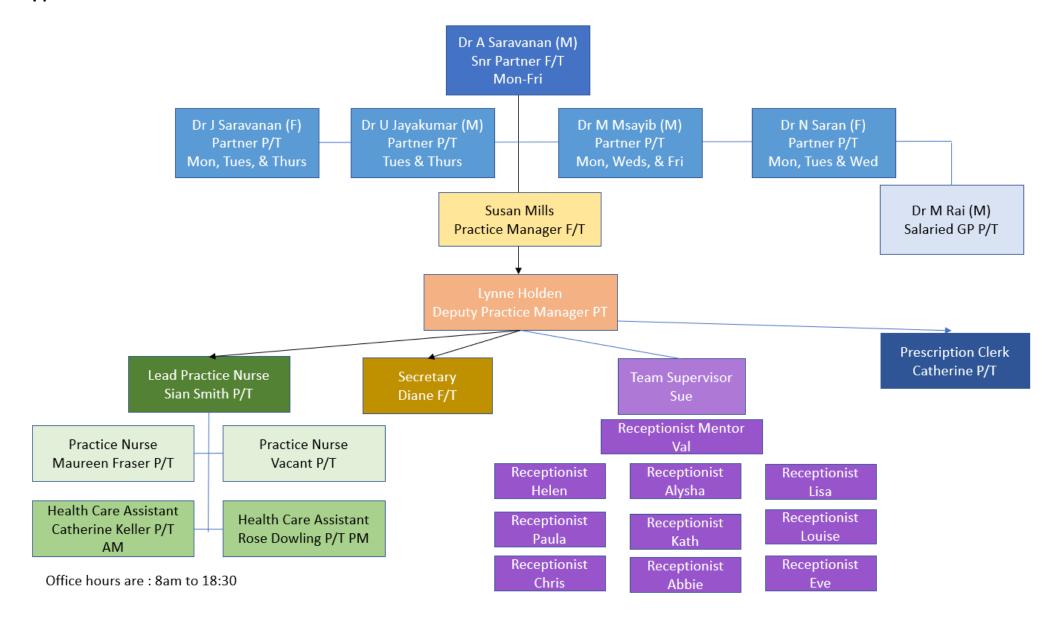
Update 27.07.23 – there is a building work taking place at the back of Leigh Infirmary. This will be a new diagnostic centre, to help take some of the pressure off Wigan, Wrightington Leigh Hospital, for routine scans/one the day treatments. The entrance will be through Leigh Infirmary

THE NEXT MEETING WILL BE 22/8/23 AT 12 NOON AT GRASMERE SURGERY.

Agenda Items for next meeting

- PCN survey
- PPG terms of reference
- Chairperson
- The PPG group going forward.

Appendix 1 - Grasmere Structure



GP PATIENT SURVEY

Results from the 2023 survey

Practice details

Grasmere Surgery

Leigh Health Centre, The Avenue, Leigh WN7 1HR

P92607 Practice code

378 surveys sent out

127 surveys sent back

34% completion rate

Overall experience



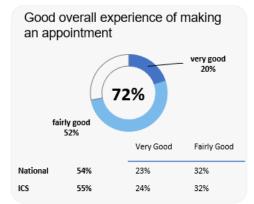
Comparisons with National results or those of the ICS (Integrated Care System) are indicative only, and may not be statistically significant.

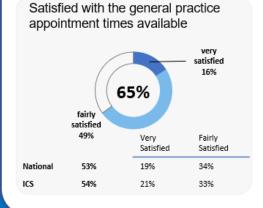
Data by Ipsos

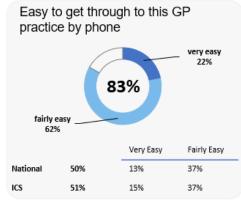
Grasmere Surgery

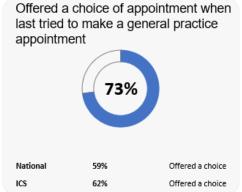
NHS

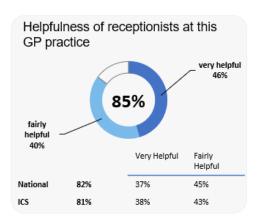
Accessing the practice

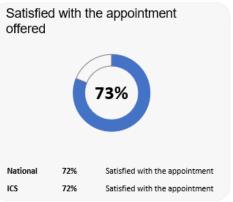














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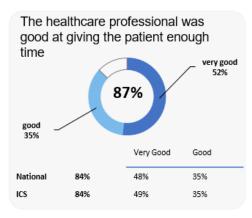
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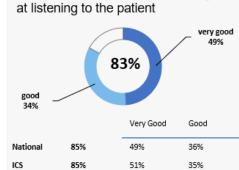


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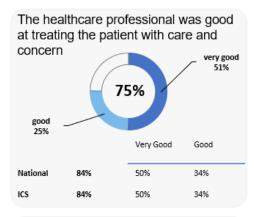
Appointment experience



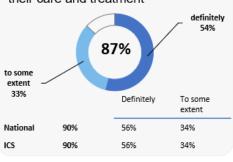


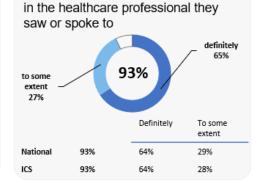
The patient had confidence and trust

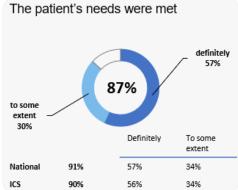
The healthcare professional was good



The patient was involved as much as they wanted to be in decisions about their care and treatment





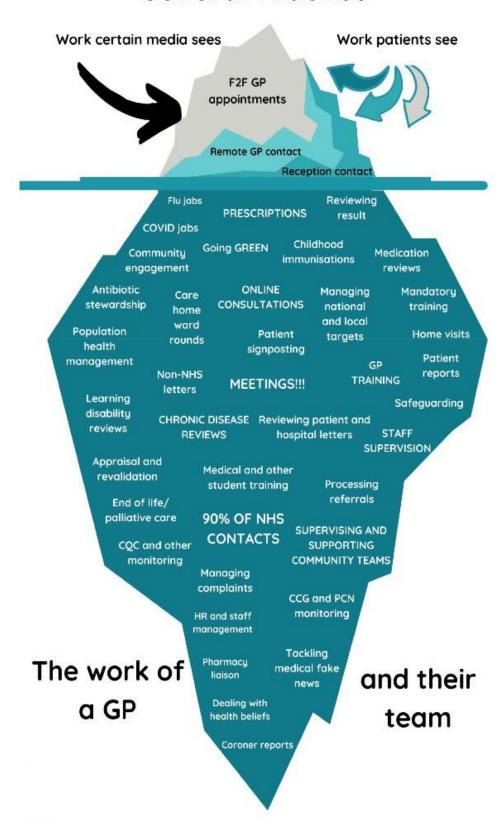


For more information about this practice, please go to: https://gp-patient.co.uk/PatientExperiences?practicecode=P92607



• Appendix 3 - 'Iceberg' Diagram illustrating the range of activity.

General Practice



Appendix 4 – PPG Terms of Reference (to be agreed) in draft

Title of the Group: Grasmere Surgery

The Group shall be called the Grasmere Surgery Patient Participation Group (referred to as PP in this document):

1. Aims of the Patient Participation Group (PPG)

- 1.1 To facilitate good relations between the Grasmere Surgery (referred to as the 'Practice' throughout this document) and through interests and concerns and providing feedback to the Practice on current procedures and proposed new developments.
- 1.2 To work collaboratively and positively with the Practice to improve services and facilities for patients and to act as a sounding board for Practice staff on issues affecting patients.
- 1.3 To build two-way communication and co-operation between the Practice and patients, other individuals and organisations in healthcare, and the wider community to the mutual benefit of all.
- 1.4 To act as a representative group to support the Practice and influence local provision of health and social care.
- 1.5 The PPG meetings is not a forum to raise individual complaints; or to seek medical advice.
- 1.6 Grasmere Surgery operates a no-violence policy.

2. PPG Structure and Membership

- 2.1 Membership of the PPG shall be open to all registered patients. Membership will reflect the patient profile and be widely representative and inclusive of different genders, ethnicities, ages, and abilities as required in the GP contract.
- 2.2 All registered patients of the Practice can show an interest to become a member of the PPG. Removal of a patient from the patient list will mean that he/she will cease to be a member of the PPG.
- 2.3 The PPG will be non-political and non-sectarian and will always respect diversity and exemplify its commitment to the principles contained within the Equality Act and its subsequent extension to age.
- 2.4 The carer of a patient registered with the Practice can be a member of the PPG even if he or she is not a patient at the Practice.

PPG and PPG Committee

- 2.5 The Practice will be represented at PPG meetings by one or more partner when possible and the Practice Manager and or Assistant practice Manager.
- 2.6 The Practice will appoint member(s) of staff to coordinate PPG activities and provide administrative support to the PPG.

This includes but is not limited to: communicating by email and post (as required) with PPG members; preparing agendas for PPG meetings as agreed with PPG Chair; taking notes of PPG meetings; updating PPG

notice board and Website; coordinating and administering the Virtual PPG together with nominated PPG members.

- 2.7 The PPG shall have other posts created by the PPG.
- 2.8 The PPG will hold regular meetings, to maintain an active PPG, any PPG member who fails to attend three consecutive PPG meetings may be deemed to have resigned if no good cause is demonstrated. The PPG will extend an open invitation to practice staff to attend its meetings as agreed with the Practice Manager.
- 2.9 The PPG shall normally not exceed twenty members.

Virtual PPG

- 2.10 To support the PPG if required, the Practice will establish an online group to be called the Virtual Patient Participation Group (VPPG).
- 2.11 Members of the VPPG will follow the same Code of Conduct as those in the PPG that meets face-to-face (see Appendix a: Code of Conduct).

3. Management of the Face-to-Face PPG and the Virtual PPG

- 3.1 The PPG shall meet face to face no fewer than four times a year.
- 3.2 In the absence of the Chair and Vice Chair, those members who are present shall elect a Chair from among the attendees.
- 3.3 Meetings are subject to a quorum of five members of the PPG. Apologies for absence should be sent to the Chair or appointed Practice Staff member prior to the meeting. In the absence of any apologies or available explanation, any member recorded as not attending meetings may be deemed to have resigned from Face-to-Face PPG.
- 3.4 The PPG may invite relevant professionals or patients to specific meetings. Any such persons shall respect the confidentiality of the PPG.
- 3.5 Decisions shall be reached normally by consensus among those present. However, if a vote is required, decisions, except where detailed above shall be made by simple majority of those present and voting. In the event of a tied outcome, the Chair may exercise a casting vote in addition to his/her deliberate vote.
- 3.6 The appointed PPG member shall produce minutes of meetings to be considered and approved at the following meeting of the PPG. Draft minutes will be distributed to members who attended (or apologised for not attending) the meeting within 14 days of a PPG meeting. Approved minutes will be sent to members of PPG and made available to all via email or post and displayed on the PPG notice board and placed on the PPG section of the Practice website.

4. Annual General Meeting

4.1 The Chair of PPG, together with the Practice Partners and Practice Manager will convene an Annual General Meeting open to all registered patients and carers before the end of the selected month each year. The date, venue and time shall be published at least one month prior to the meeting by means of a notice in the Practice waiting room and on the Practice website.

4.2 Officers of the PPG in post and members of any Working Group will notify the Chair at least one month prior to the date of convened Annual General Meeting if they intend to step down from their position.

5. Confidentiality

5.1 All members of the PPG must be made aware of the need to always maintain absolute patient confidentiality. Any member whose work on behalf of the PPG includes work in the Practice or consulting with other patients or members of the public should sign and return a copy of the Practice's Confidentiality agreement before undertaking any such activity.

6. Code of Conduct

6.1 All PPG members, Practice staff and caretaking practice's staff must abide by the Code of Conduct shown at 1.

7. Activities of the PPG

As required in the GP Contract the PPG will:

- 7.1 Make reasonable efforts during each financial year to review its membership to ensure that it is representative of the registered patients in the Practice.
- 7.2 Review any feedback received about the services delivered by the Practice with Practice staff and relevant members of the PPG with a view to agreeing the improvements (if any) to be made to those services.
- 7.3 Contribute to decision-making at the Practice and consult on service development and provision where appropriate, expressing opinions on these matters on behalf of patients. However, the final decisions on service delivery rest with the Practice.
- 7.4 Act as a sounding board to provide feedback on patients' needs, concerns and interests and challenge the Practice constructively whenever necessary, also helping patients to understand the Practice viewpoint.
- 7.5 Communicate information which may promote or assist with health or social care.
- 7.6 Explore overarching ideas and issues identified in patient surveys.
- 7.7 Act as a forum for staff to raise Practice issues affecting patients, or for input into any operational issues affecting staff, so that patients can have their views on Practice matters taken into account.
- 7.8 Act as a forum for ideas on health promotion and self-care and support activities within the Practice to promote healthy lifestyle choices.
- 7.9 Promote patient awareness of the range of services available at the surgery and help patients to access/use such services more effectively.
- 7.10 Any other issues that pertain to patients.

8. Signed agreement

These Terms of Reference were adopted by Grasmere Surgery PPG at the meeting held at Grasmere Surgery, Leigh on ??? and may be reviewed according to emerging needs,

These Terms of Reference were adopted by PPG at the meeting held at Grasmere Surgery on and may be reviewed according to need.