

St Wulfstan Surgery
Patient Participation Group & AGM Meeting
Minutes of PPG and AGM Meeting
17th June 2021

Present: Alan Boyland (Chair), Nigel Rock (Vice Chair), Graham Rice, Sandra Rice, Anthony Probert, Jane Tuck, Charles Henshaw, Mark Hancock, John Veasey, Dave Oldridge, Brian Cobb, Lindsay Ward (secretary), Amanda Cogley (note taker)

Apologies: Anna Walford, Jane Wolstenholme, David Powell-Tuck, Averil Kennedy, Jean Blake, Noorjahan Pallikkanda

AGM

Item	Discussion	Action
Apologies for absence	As above	
Election of Officials	Unanimous vote to re-elect Alan Boyland as Chair and Nigel Rock as Vice Chair of the PPG for the next 12 months	
AOB	Nil	
Date and time of next meeting		To be confirmed

PPG Meeting

Item	Discussion	Action
Attendees & Apologies	As above	
David Powell-Tuck Resignation	Everyone would like to thank David for his support and contribution to the PPG and wished him well for the future	LW will write to David to say thank you on behalf of everyone.
Matters arising and minutes of the last meeting	Nil Agreed as an accurate record	
Staff Changes	Dr Tim Coker and Dr Grania O'Mahony have retired and are off to Zanzibar next month. AB would like to thank everyone for the card contributions and to let everyone know he presented Grania with flowers. Grania and Tim were both touched by the gesture from the Group. Currently we have 3 Locum GPs: Dr Turner, Dr Lindsey and Dr Jahanzeb are working with us until the new salaried GPs start. These are; Dr Atif Zaman who will start in August and Dr Amina Willems who joins us in September. This means we will have our permanent GP team by the middle of	

	<p>September. We have also been approved as a training centre for GP training and Trainee GP, Sarah will join us 4th August. Dr Faris Al-Ramadani and Dr Hannah Bakewell are our training GPs.</p> <p>We are recruiting for a full time Reception Supervisor and full time Admin Assistant. Interviews for both posts are taking place this week.</p> <p>AB expressed his thanks for being included on the interview panel for the salaried GP interviews and praised the quality of candidates.</p>	
<p>Phone versus face to face appointments</p>	<p>There is a lot in the media at the moment about GP practices not seeing patients face to face and we are proud to say we have continued to provide care for our patients without having to close the doors and the practice has seen patients face to face, where clinically appropriate, throughout the pandemic. We are offering both telephone and face to face appointments and always looking at ways we can support patients to book appropriate appointments appropriately to ensure they get the best care possible. Telephone appointments will continue to have a place in patient choice for booking appointments.</p> <p>FAR asked if there were any concerns from the Group about the way we are currently offering appointments and asked if the PPG had any suggestions as to how we relay messages to patients about booking appointments appropriately.</p> <p>Members suggested we continue with ongoing communication to patients, making the communication as clear as it can possible be and ensuring our communication method targets all patients – not just those with access to the practice website and social media platforms.</p> <p>The general consensus was that the current message about booking an appropriate appointment was not complicated. It was suggested that this is a question which should be added to the next patient survey.</p>	<p>FAR to look at the surgery website front page to see if any further messages can be added to make our communication</p> <p>AC to add question to the draft survey.</p>

<p>Primary Care Network (PCN) PPG</p>	<p>The PCN is a geographical arrangement between St Wulfstan, Harbury, Southam and Fenny Compton Surgeries and the PCN would like to implement a PCN PPG, asking for up to 3 x PPG members from each surgery. Commitment would be approximately 6 meetings per year and would support the PCN in the same way they support and contribute to the surgery PPG. The next meeting is on the 19th August.</p>	<p>AB, DO and JT would like to join the PCN PPG. LW to forward their names to the appropriate PCN colleague.</p>
<p>'Did not attend' DNA letters</p>	<p>Historically St Wulfstan Surgery has had a low DNA rate, however it has been noted that more patients are missing their appointments and they appear to be the newer-registered patients. This may be because most new patients now register online and the information provided in the printed new patient registration pack differs from the online version, which doesn't contain information about cancelling appointments when patients are unable to attend. Also, the 1st and 2nd DNA letters do not make it clear that missing 4 appointments could result in the patient being removed from the practice list.</p>	<p>LW to forward all DNA letters to the PPG</p> <p>PPG to review letters</p> <p>AC to look at how we can mirror information from the printed new patient registration pack to the online registration form</p>
<p>Events publicised on our website</p>	<p>To continue our social media growth, FAR asked members for suggestions and details of local events, so they can be included on the surgery social media channels.</p> <p>FAR is open to all feedback on rearranging the format of the surgery website homepage.</p>	<p>Members to send any suggestions regarding the website and local event details.</p>
<p>Patient survey – what should we be asking?</p>	<p>CQC have issued new guidance to practices regarding patient surveys. Historically the national surveys for patients have had quite low uptake, which may be attributed to the length of the survey document. As normal services are restored we would like information from patients on the services we are providing, where they feel we can develop and what could we be doing differently. This also encompasses what media channels patients prefer and what services we should be focussing on. As PPG members and patients what would you like it to look like?</p> <p>Members agreed all methods of communication must be used to accommodate all patients. i.e. hard copy, face to face, post, telephone, email, SMS. Patients without access to social media or smart phones should not be disadvantaged. It was agreed to keep the survey simple, no more than 10 questions. Friends and Family survey model would not be suitable in this case, as we are only able to ask one supplementary question. For patients unable to complete a survey themselves could the Social Link Workers include this as part of their assessment?</p>	

	<p>The main question is what do we want to get out of the survey? The group acknowledge there were multiple strands to this piece of work and any survey questions needed to be meaningful.</p> <p>Suggestions for questions were:</p> <ul style="list-style-type: none"> • How do people feel about face to face appointments? • Have patients been offended by any letters? • How many people using online access? • Do the services we offer meet your needs? • Which communication method do you prefer? <p>One of the ways we have kept in touch with patients over the last 18 months was offering welfare calls to all patients who were shielding, carers and those who were vulnerable.</p> <p>Positive results from past surveys have included amending our car parking arrangements in response to patients' comments.</p>	
Drivers' Group	<p>We are waiting for government guidance before deciding when the volunteer driver service can start operating again.</p> <p>Once it restarts, there will need to be a new risk assessment completed.</p> <p>VASA have restarted and some of the patients who used the St Wulfstan Voluntary Driver Service have be accessing VASA.</p>	<p>LW to carry out a new risk assessment before volunteer driving service resumes</p>
Feedback	None	
AOB	None	
Date and time of next meeting	Tuesday 14 th September @ 12.30	