



LEATSIDE HEALTH CENTRE PATIENT GROUP

MINUTES

of the meeting held at

18:30, Wednesday 25th January 2023 at Redruth Health Centre

Present:

Robert Lamberton
Ruth Major
Carol Spencer
Iain Norman
Maggie Harris
Rosemary Musgrave

Practice Representatives:

Glynnis Turner (GP)

Practice Liaison:

Lee Collins (GPN)

Apologies:

Amanda Norman
Elaine White
Jo Craze
Jocelyn Floyd

The meeting was opened by RL at 1830.

LC asked the PPG if anybody was prepared to take on the role of Secretary, but no-one is able to at this time. LC said that he is able to continue, but only on a temporary basis. He did not have the capacity to manage the role long term. It was mentioned that Jo Craze may be interested in undertaking the role.

RL gave a report on the sub-committee meeting held on the 12th of January 2023. It was agreed that promotion of the PPG was important and requested that a dedicated PPG email address was established. This would be for patients to contact the PPG rather than the PPG soliciting patients which would help improve transparency. LC agreed to create an email address that can be used. Some discussion was held regarding an auto-reply that would be appropriate to inform those emailing the PPG. It was agreed that general patient concerns is appropriate to be brought to the PPG for discussion, but specific complaints with care, a staff member or clinician must be put through the official complaints procedure. LC also informed members that he had a login to enable updating of the PPG section of the Leatside HC website.

RM reiterated that we must inform patients that the PPG is not for individual complaints, but to look at more general issues and comments from patients.

RL brought up having a patient board in the waiting room. He has some white boards which he offered up for use. GT confirmed that the partners discussed having their pictures and names etc on the board in a recent meeting and were in agreement with this.

IN had made a poster previously for the Clinton Road PPG – he would find this if possible and amend for use for Leatside PPG recruitment.

RL made a point that nobody really knows quite what the surgery “does”. He produced an “iceberg poster” that had been produced to show the breadth of work that is undertaken in GP. RL suggested that the TV in the waiting room could be better used for promotion of the PPG and other matters. He also described how efficient it was to be able to book in on the automated system. Unfortunately this was not currently working due to requiring a new license at £650 according to GT.

RM raised the point that country-wide communication from General Practice to patients was not always particularly good. Especially when informing patients how processes work, what to expect and what services are available. LC commented to say that he felt it’s more important for Practices to communicate effectively with patients now more than ever. Especially with the considerable changes that have been made in very recent years.

RL raised a point regarding pressures on local pharmacies. After discussion with some local pharmacies, it was felt that it was unfair that the practice was “pushing” minor illness and ailments issues toward them when they are already stretched. GT pointed out that the pharmacies were paid for this Pharmacy Referral Scheme service, and their enrolment was entirely voluntary. The practice would only signpost patients to pharmacies who had signed up to this scheme. CS informed the group of a conversation that she had with an employee in a local pharmacy who stated that they were past breaking point.

A discussion was held regarding the general frustrations of patients with accessing general practice at the moment. GT explained how it was becoming more and more difficult to deliver ever increasing services with the same or fewer staff. Patients are becoming older and have many more long term conditions than ever before. Not only this, but additional pressure is being put on general practice to perform better and diagnose more long-term conditions with limited funding and resources.

RL raised the point of communication again and reiterated that the PPG must be seen as an ally to patients and are there to help improve things. He also reiterated the importance of the PPG to facilitate change for not only the patients, but the practice staff members and the system as a whole. We must not be resistant to change and ensure that this is portrayed to the wider patient groups.

A discussion was held regarding the retention of staff, particularly patient facing administrative staff. It was noted that the job was particularly difficult, much abuse was received from patients which led to poor retention. This surprised some around the table.

RL raised an issue with regard to the opening times shown on the website. It seemed that these did not align with the telephone line times. GT explained that this was likely to show that the practice was open for “extended hours” clinics. It was discussed as to how this could be misleading and people might expect the phone line times to reflect the overall practice opening times.

RM recalled a conversation that she had had with a patient regarding access. The patient phoned in to the practice just before 5pm, and was told that they had to go online to complete the Klinik form. However, when they got off the phone and went to the website, the Klinik form was closed. It was

generally felt by members that this was unacceptable. There was a discussion regarding keeping Klinik open 24/7. GT explained that the practice could not manage the number of requests it received currently. Keeping Klinik open longer would generate even more work that the practice could not handle. She acknowledged that the system was not perfect, and issues are exacerbated by the fact that new GPs could not be recruited. LC informed RM that any specific issues such as this should result in the patient being signposted to the complaints procedure to ensure its dealt with appropriately and changes made in the system where appropriate.

The number of GPs the practice has was discussed as well as the number of hours that were worked. The new BMA General Practice guidance was also discussed, in which appointments were recommended to be increased to 15 minutes. GT confirmed that the Practice would be moving to follow the new guidelines, which would improve patient care, but reduce the number of appointments available.

CS presented a first draft patient questionnaire to the members that could be used to help improve service delivery. Some comments were made to improve this on first sight. It was agreed that this would be reviewed by the members and comments brought back to the next meeting. LC had some concerns that the questions may be worded in a way that may introduce some bias to the results and may need to be reworded to become more neutral.

RL asked how many complaints were received by the surgery. GT was unsure as to the number, but explained how these are managed by the practice, and how each complaint was reviewed individually. Complaints were then analysed to view trends and reports generated. RL asked if this generalised information may be available to the PPG to review. GT agreed to ask Moira if she would provide this information.

It was agreed that it would be beneficial for PPG members to also be displayed on a board in the waiting room.

It was reported by RL and noted that Maria Parkes had left the PPG due to other commitments.

Points to discuss at the next meeting:

Patient's questionnaire

Any other business

None

Action Points

LC to create PPG email account

LC to email Jo Craze if she would be willing to stand as Secretary

IN to produce "Your PPG Needs You" poster.

The next meeting was agreed to be held at 6.30pm on the 22nd of February 2023 at Redruth Health Centre.

Meeting closed at 7.40pm.