

**Derwent Valley Medical Practice – Patient Participation Group
Conference Room, 20 St Marks Road, Chaddesden.**

Date: 26 January 2024 Start: 13.05 Finish: 14.35.	
Attendees: GB, MB, CB, MF, PH, JO, GR, DP, KP, AT, GT.	Apologies: JS, Peter Sansom, Sheila Wormald.
Minutes of Last meeting: 24 th November 2023.	
Communications/Correspondence: Gemma received apologies as above and sent members of group copy of previous meeting notes. She distributed an agenda. Val Haylett- Chair: Park Farm & Vernon St PPG, sent aims of their group to Karen.	
1. Welcome: Gemma welcomed everyone.	Action Points.
2. Volunteer Members Guidance on Roles and Responsibilities. Gemma spoke about what she perceived of the roles and responsibilities of member of the PPG and briefly outlined the roles of the ‘Lead Members’ of the group. She circulated a 3 page guidance document which outlined the Roles and Responsibilities of Members of the Group. 3. Appointment of Chair, Vice Chair and Secretary Gemma asked group for any nominations for Chair, Deputy Chair, and Secretary to the Group. Persons nominated were asked to give a brief resume about their relevant knowledge and experience. Agreed roles were for an initial period of 6 months to get the group up and running. <u>Nomination for Chair.</u> 2 nominations, Karen present. Gemma stated a second member had expressed an interest but was not in attendance. It was agreed by those present that Karen should be elected. <u>Nominations for Vice Chair.</u> 2 nominations Mark & Gerald both present. It was agreed by those present that Gerald should be elected. <u>Secretary:</u> Single nomination Dave present. There were no objections and Dave was elected.	Review July 2024 for Chair, Vice Chair & Secretary Roles.
4. Draft Terms of Reference Gemma circulated a 2 page document (4 sides); Draft Terms of Reference (TOR) amongst members present at the meeting for consideration and agreement. Karen said that she had had the opportunity to speak to the Chair of the PPG for the Park Farm (Allestree) and Vernon Street Surgery’s who supplied their Aims. Karen spoke about that group’s 5 Aims, which encompassed some of those supplied by Gemma. Karen suggested that there should be ‘strap line’ of: <i>Patients Making It Better for Patients.</i> There was a discussion concerning about issues around the TOR documents presented to the meeting. It was agreed the Aims needed to be separate to the rest of the document and there was a danger of	Karen to review, simplify if possible, circulate final draft for discussion/adopt at next meeting.

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<p>PPG group members would have access to patient data that contained any of the Data Subjects identifiable data in the remit of their normal work.</p> <p>Gemma stated that she thought this could occur when PPG members were in the practice building either by overhearing staff comments about patients or by them casually having a view of computer VDU's at workstations in the practice.</p> <p>Members of the group thought it was a large and too important document to consider in the meeting and that members should take it away so that they could read in depth.</p> <p>Dave was asked to examine the documents due to his knowledge of the law and check if any amendments were necessary.</p>	<p>supplied, look at the issues, simplify, circulate draft document in preparation for discussion/adoption at next meeting.</p>
<p><u>Practice Update – Gemma</u></p> <p><u>1) Measles Vaccination Programme:</u></p> <p>Uptake of vaccination in the population is low resulting in a surge in spread.</p> <p>Practice is undertaking a vaccination programme to target the non-vaccinated population. Starting with 0-5, 5-15,15-29 and then over 29's</p> <p>Initially Monday afternoon clinics with availability for 30 immunisations.</p> <p>Work in progress re venues and possibly opening Vaccination hubs.</p> <p><u>New Alert: Telephone Triage Questions (Q):</u></p> <p>All patients will be asked questions to exclude patients with measles attending the surgery and spreading measles within the surgery and community.</p> <p>Q -including rashes and temperature.</p> <p>Patients will be initially given a telephone appointment, hub appointments may also be available.</p> <p><u>2) Smear Clinic:</u> Saturday 9th March</p> <p>Following patient feedback this once a year clinic is a woman only environment (Patients and staff).</p> <p><u>3) End of year Quality and Outcomes Framework (QOF)</u></p> <p>This is due 31st March.</p> <p>Indicator of practice activity and payment according to this.</p> <p><u>4) Winter Pressures</u></p> <p>Can result in Cancellation of routine activity to cope with challenges. No Cancellations have been required to date.</p> <p><u>Greater Derby Primary Care Network (GDPCN) Hub.</u></p> <p>This is in operation between December and March in the Walk in Centre. A specific number of appointments are available for GDPCN patients only, which consists of 11 Practices. Winter pressures funding</p>	<p>PPG members will be welcome to come to speak to patients- interaction/contact at these appointments. Processes need to be agreed re this.</p> <p>As per action above.</p> <p>None</p>

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Practice Update (continued)

has enabled this collaborative approach. Patients are given an appointment with a named professional. Appointment slots for each surgery are allocated pro rata population. Thereafter if appointment are available they are open to all.

There is also a Saturday Clinics for GP's.

The hubs are located between Derwent Valley Medical Practice at St Marks Road and Chapel Street Surgery at Spondon once a month

5) Pharmacy First- Launch 31st January 2024

This builds on the Community Pharmacy Consultation Service to manage patients with 7 common conditions, which follow a specific criteria/pathway. Patients can access this service by attending a participating pharmacy or will be signposted via GP receptionists.

Note: Only available to patients who do not pay prescription charges.

Conditions are:

- 1 year and over: Impetigo and insect bites.
- 1 – 17 years: Ear infections
- 5 years and over: Sore throats
- 12 years and over: Sinusitis
- 18 years and over: Shingles
- Women 16-64: Uncomplicated urinary tract infections.

If the pharmacist can't help the patient, there is a bring back to GP service.

6) Signposting to correct professional.

Gemma explained reception staff have received training to enable them to give a patient an appointment with the most appropriate health care professional.

Specific criteria are used for appointments within the practice team; e.g. Physiotherapist, Advanced Nurse Practitioner and GP.

Patients are not always happy to see an alternative clinician preferring a GP appointment only. Some patients are refusing to use an alternative clinician, and the pathway is used more successfully after all GP appointments have been taken. This results in the GP having to explain why they are not the most appropriate person to see the patient at their appointment and less GP appointments available for those who need to see a GP.

It was suggested that there may be value in revisiting training for staff on Sign Posting but the group thought a key Issue was also Education of Patients about the Menu of Services available to them.

Gerald suggested having phone preamble announcements that allowed patients to choose the most appropriate clinician with more options but it was explained that this would not work in practice due to same staff would operate the system.

See PPG Audit on Access to appointments/ patients only wanting to see a GP.

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<p><u>Practice Update (continued)</u></p> <p>7) <u>Do not Attend (DNA)</u> Remains a significant problem, 5 patients who booked last week in the morning for a same day appointment failed to attend. Letters are sent out in respect of DNA. Patients are at risk of being struck off the Practice if this occurs on 3 occasions. Dave reported in about the audit he was involved in to find the optimum time of SMS timing experiment to reduce DNA's. Discussion around ability to send reminder e.g. an hour before the appointment. Gemma confirmed that sms were sent out on booking the appointment and the previous day, but the IT system could not automatically send a reminder again. Patients can cancel their appointment by leaving a message on the voicemail by ringing the practice selecting option 4. This was the practice would cancel the patients appointment. You can also do this by the NHS app.</p> <p>8) <u>Changes in Practice Staff</u> Dr Lukas has increased the number of sessions he works from 4 to 6 Dr Khan has left the practice Dr Fatima will be joining the practice in April 2024. Erica New Advanced Nurse Practitioner joined in January 2024 Now surgery has full complement of staff.</p>	<p>See PPG Audit on Access to appointments/ patients only wanting to see a GP.</p>
<p><u>6) GP Patient Survey</u> Gemma suggested that an initial piece of work for the PPG group to carry out was a Patient Survey; and suggested that the GP Practice Survey (Google) may be a good starting point. She gave out a copy which was benchmarked against 2 other local practices, plus a previous questionnaire used by the previous PPG. Gemma mentioned she already held accounts for the 'Accurx' and 'Survey Monkey' online questionnaire portals. The group discussed this and reached the conclusion that the most urgent subjects to look at were Patient Access to the Practice Services and Sign Posting of Patients to the appropriate Clinician. Karen suggested that the group should consider a small 5 question survey on issues around appointment access/availability and seeing preferred health professional as these were the lowest % in the audit. Gerald stated we need to define what we want to find out and work back from there. Anne stated she had previous experience of designing surveys and agreed to look at putting a survey together with Jan for consideration at the next meeting. The group asked Gemma about future appointments and was informed that a number of future appointments were released daily for 2, 3, 7, and 14 days ahead. Problems around, GP review of results and SMS sent from GP to patient for a routine appointment (ie 2</p>	<p>Anne and Jan to work on this for discussion, implementation at next meeting and piloted.</p>

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<p>weeks, many patients did not accept their problem was a routine follow up as per the GP's plan, and regularly wanted an urgent appointment which was not required. It was obvious that the majority of the group had no knowledge of this.</p> <p>Gemma was asked about Self Book Appointments via the Internet (DVMP Website or NHS app). Gemma stated that she had not been keen to release these as they would defeat the Triage/Sign Posting system. It is not possible to release specific slots such as Physio appointments as they have a different booking system.</p> <p>Discussion in group regarding feedback about <u>telephone calls for appointments. Call backs-</u></p> <p>Q- Call back system didn't work A- Call back system doesn't work for with held numbers. X1 call back attempted by practice, if phone engaged or goes to voice mail- it is classed as a no pick up and a failed attempt. Other feedback include that it worked well.</p> <p>Group member feedback about experience with a telephone appointment which although booked with a GP, the GP failed to call back. Gemma said this was unusual.</p> <p><u>Key Patient messages via Prescriptions</u></p> <p>Karen asked if a short message could be printed on prescription re-order forms and given to patients similar to the announcements made at the top of the practice web site but Gemma advised that the space allowed would be too limiting. Karen suggested key messages about booking appointments could be put on website.</p>	<p>Gemma to investigate specific issues identified.</p>
<p><u>Future Meetings.</u></p> <p>After a group discussion, it was agreed for the time being Friday meetings in the afternoon were better. This would enable a GP to attend, also potential speakers such as Social prescriber.</p> <p>Length of meetings, all agreed maximum of 1 hour 30 minutes was reasonable.</p> <p>In order to move quickly on the issues actioned today it was agreed to meet in 6 weeks. Future meeting frequency may be 6-8 weeks.</p>	<p>Gemma to arrange GP attendance/?Toni Social prescriber.</p>
<p>Next Meeting: Friday March 8th 13.00- 14.30. Conference Room, St Marks Road.</p>	<p>Gemma to book room</p>