MEDWAY MEDICAL Group Gillingham
Patient Participation Group (PPG) Minutes

Date of Meeting: 29th February 2024
Time of Meeting: 18:00 -19:42
Location of Meeting: MEDWAY MEDICAL CENTRE Malvern Road surgery

In attendance:

	Name	Position
Attend	Dr. Murthy DM	Group Lead Doctor
	Dr. Carpenter DC	Group Lead Doctor
	Mrs. Evans ME	Group Practice Manager
	Paul Stephens PS	Patient PPG member/Chair
	TB, PK, BP, RK	Patient PPG member

Apologies

	Name	Position
	VH, LF-S, SV, CN, JA	Patient PPG members

Minutes

No.	Item.	Detail.
1	Prev mins, ToR, etc.	Brief into from all present. PS, meeting will be recorded for the purpose of drafting minutes then recording will be deleted. DC. Offered that at future meetings then Teams could be used to record them as it can generate a text copy of audio. It would be good if we could have a combination of F2F meeting and Teams to allow those that can't travel to attend. This was tentatively agreed. **Action**; practice to ascertain if possible then set up for next meeting. PPG Term of Reference, Minutes for meetings Feb 2020, Oct 2023 and Jan 2024 were all approved without change. **Action**: Items to be placed on PPG page of website Full names to be replaced by initials before uploading..

No.	Item.	Detail.
2	Merger	**DC: We are looking at the possibilities of merging but it has not yet been decided.** Until we have full engagement and negotiations are complete! DM: DC mentioned considering merger, that PS had informed about on 22nd Feb. Due consideration will be given to feedback to determine benefits, etc. If positive then pushing it forward to the start of Apr. Issues would be combining the databases, this could take a couple months, systems are the same system, phone and ANIMA, etc., which should facilitate process. PS: concern of more patients at Railside. DM We have11.5k reach have 21k only about 8.-1k Balmoral Gardens, less than 3k come across from upper Gillingham. Doctors at Balmoral will counteract patient increase. DC: Reach have 2 PFI sites which becomes a burden on cost so Railside maybe a cost saving. Dr. Lull worked out our staffing needs and assisted with those resources. So, more nurses will and are available to cover current HCA roles and cove many more services. ME; we are over our required quota of checks! DM; one of the most in Medway DC: Reach have a Training role, so staff on training would be available to Malvern and Railside, Junior Doctors, Nurses, Paramedics and other professional staff. Our current home visiting is done by paramedics. DC, gave an update on the merger discussions ANIMA: after merger, if it goes ahead, then a doctor will be monitoring it all day and allocating accordingly, so expected it will be open for appointments most of the day. There are of course limits to the number of appointments that can be allocated agains resource. Currently, CQC and ICB can and do monitor in real time our progress on this aspect! DM; Reach currently have over 70 staff members, So, when considering a merger sharing resources and residence it one of the main advantages.They already come to Balmoral. Recruitment of qualified staff is very difficult at the moment so sharing will benefit both groups. DC: In general doctors and staff will remain at the current sites. Some staff like nurses may come to Gillingham branches.Therefore, more specialist clinics should be available. Also, students would possibly become available with Reach being a registered training group. PK: will elderly patients registered at Malvern have to go to Railside or any Reach surgery? DC: Patients would not be expected to travel to other surgeries unless it was for a specific clinic, ie: minor surgery, specialist clinic birth control, etc. It was agreed that for elderly who have not got their own transport traveling to Reach surgeries would be impractical. ME: patients that have own transport and especially the younger ones a merger would enable them to access many other services if a merger happened. Especially if an appointment is available. This already happens with HUB F2F appointments at Rochester, Rainham etc. So, there well be much more flexibility. DM: 14th March is a pivotal date when ICB review aspects of a potential merger and decide direction of travel.

No.	Item.	Detail.
3	Appointments / Anima	Anima requests, patients are putting detail like Pharmacist has said must be a GP and patient then gets sent an invitation with a pharmacist. (Misleading information) DC: Requests are either F2F or phone, around 45-50 each day being allocated. PK: not our experience! Appointments are all gone at 10 past 8 each morning - patients experience. RK: concern it closes too early DC: Queues currently are huge..myself and DM have been, for past week, monitoring and reviewing allocating accordingly then reopening ANIMA later so this is an improvement. (Link to item 2 above and item 5 below) When merger happens it will be open much longer with a doctor managing it all day long. Capacity will always be an issued but quoters appts - v - patient list must be met, CQC currently monitor this dynamically and if we fail to provide enough they call us! PK: patient's suggestion for those that don't have tech, could there be an open diary for receptionists to see and allocate appointments? DC: That is not possible because ANIMA is the core of appointments. Receptionists will put a patient details on it if that patient does not have access. They have a shorter means available to expedite the process. ME: Stated that the problem is exasperated when receptionist are doing this for someone in person at the surgery, phones are ringing and wait times could be high. DC: Currently on line requests numbers are being restricted to ensure/enable receptionist to facilitate those without tech requests. So, even if 9-10th in queue on phone ANIMA request should still be available! ME: At times, especially late in the day, receptionists will note patient request details then it would be put in ANIMA the following morning.PK: was assured that a patient calling at 08:00 would be assisted by a receptionist with ANIMA request. DC: in response to a question re: number of appointments, he said HUB phone appointments are available at 16:00 and 20:00, plus some on Saturdays. **Action**: Clarity is needed at next meeting giving a breakdown of appointment types; phone, doctor, practitioner, prescription, physio, etc.. Statistical and graphical information by day, week, month would enable patients to understand more! **Action**: Clarity is also needed as to these HUB appointments, are they recorded in the ANIMA system or elsewhere? ME: 4 receptionists answering phone, 2 Malvern, 2 Railside. All start at 08:00. RK: concerned that patients have been waiting at reception at 08:00 while the receptionist is on the phone with no acknowledgment of them waiting, (concentrating on the phone call) DC: When/if merger happens there is a dedicated HUB of receptionists at Reach who will and can respond to calls. So will be a back office function. **Action**: However, staff need to be cognisant of waiting patients at the hatch and provide some kind of acknowledgment - it has been noted on many occasions by patients that when presenting in this way they feel ignored and can become very agitated. This appears to be a staff training issue, can an update be given at next meeting. DC: In response to a question regarding consultation rooms: 2 Malvern, 4 Railside; Potential 6 at Balmoral. RK: frustrating when patients can't get an appointment every day over a few days attempting to do so then have to go for a HUB appointment at Woodlands or else where. Patients are finding this disappointing. Response: With a merger this may and hopefully will change with more available appointments. DC: currently if a person keeps coming back for an appointment, receptions will advise doctors who will then facilitate an appointment. This will reassure patients.

No.	Item.	Detail.
3	/continued	TB; Asked what sort of timeframe can patients start to see the effect of improved appointments, waiting 30mins for an answer when calling, etc? DC: Stats for average wait time was 43mins at 08:00 and this is replicated across the country, this will improve with more staff, capacity is getting better and when fully staffed, expect that some one will be answering phone all day long leaving receptionists able to greet F2F ME: Nurse will be at Malvern Road 3 days and Railside 2 days each week DC: It is hoped that phlebotomy will be provided in the future.
4	Repeat Prescriptions	PS: Some patients are getting misleading information when requesting med repeats/ review, they are informed that it will be a doctor but when call is received it is a pharmacist! DM/DC: Some medications need a periodic review by GP so this maybe where the confusion lies. Advised that the NHS app can be used to facilitate the process. Frequency of some medications need to be restricted because they need to be monitored, therefore patients need to ensure they submit early in those cases. Some patients are experiencing difficulty getting medication in a timely way to ensure they don't run out. So, urgent clarity is required to ensure patient safety is not put at risk. RK: Prescriptions are being rejected but the patient isn't being informed and does not know if it is at their pharmacist or doctors because they are never informed! DC: There were issues in the past that have made practice prescribers cautious, they have now been told they must keep the patient informed. TB: There are issues where a blood test is needed before repeat meds can be issued, however with the current delays in blood tests and the short timeframe to obtain. Then it is likely that meds will run out before test is done! DC: In those circumstances, consult the practice for a solution. ANIMA admin request enables. PS/RK/PK: Clarity with regard to repeat prescriptions is needed so that patients are cognisant of the process/policy to enable timely requests.. Especially timeframes, this is drugs and devices. Pharmacists supply chains can have a negative aspect if item availability is delayed/shortage that in turn affects the health/wellbeing of the patient. Can this be published? DC: Gave example of delay from pharmacy requesting repeats to us (GP) so there are issues both ways! It this case it meant an 8 day turnaround. Normally should be 3! PS: We are hearing many cases of the other way around, delay from GP to pharmacy! That is why clarity is important. Example given of no doctors available at either surgery, request marked urgent but nothing happened until an assistant from the pharmacist visited the surgery in person! So, days delay. Another occasion, elderly patient when requesting a repeat in person was challenged and asked how many were left and how many are being taken each day. Accept, there is a safeguarding issue but surely this should not be going on with other patients in ear shot! It inflames people! Some patients have had a really quick turn around, less than 3 days. So, there is inconsistency that needs addressing. DM/DC These should be done by practice professions not receptionist however at times it can be resolved sometimes at reception! Patient Safeguarding issue. **Action**: DC:Policy, process hopefully with flowchart to be included on Website policy page.

No.	Item.	Detail.
5	Recovery Plan	DM: Gave a brief update. He is the practice lead communicating with ICB/ NHS England and CQC frequent update meetings with them and a monthly report to CQC. They are positive on our changes and progress implementation. CQC remote our systems to ensure the correct actions/ processes are being completed. It is known as a continual assessment to ensure KPIs are being met. They are content with progress and approval of any potential merger. Therefore, good progress and much better place than we were in September 2023. **Action**: DC to provide PPG with a more current updated progress report Ser 12 – Who is the care coordinator, Edem, will contact patients 4 days a week, searches system for them. Team deal with complex patient conditions. Care Plans? Patients complex needs but independent living - Eden will include them. ME: has file of vulnerable patients Andrea, Eden and DC do searches of patients at risk DC: patients with suppressed immune system would be categorised at a much higher level. **NB: Some Staff mentioned above are not listed on Website, why?** DC: practice are confident that all out of GP prescriptions (Hosp) are recorded and progressed. This is important for any future pandemic and if practice prescribe other medications that need to be checked against them to ensure safe. DC: Information on Summary Care record. BP: asked about search systems DC: searches are in place, difficult part is to call and advise patient of their new condition and then getting them to come in for a review. ***The subjects below that emulate from previous meeting CQC findings were not covered at this meeting so hopefully included in next full meeting***. **Action**: DC to provide response; • Ser 13 – Staffing. Who is the new partner and long-term locums. • Ser 15 – Progress on Smears and immunisations. • Ser 7 – Safety alerts for medications (not just Omeprazole and Clopidogrel), patients are now receiving same alert more than once which leads to unnecessary anxiety. • Ser 17 – Infection control how are the spot checks going? Is the practice now compliant? • Ser 18 – Is the Practice looking to close one or more of the premises? Are Management looking at closing for half a day at both premises (Dr Carpenter mentioned closing at lunch at last meeting) If the practice merges with Reach Health Care will they shut all premises and patients will need to go to one of Reach Health care premises. • Ser 19 – Leadership and Governance. Dr Carpenter said there were weekly meetings / team building etc why is there still so much mixed messaging between surgeries, Clinicians and Reception Staff etc.

No.	Item.	Detail.
6	PPG support activity	Proposed dates for Coffee mornings for those with learning difficulties (LD) and carers has been set for 21st March. Seeking members to assist with meet and greet and discuss PPG etc. • What role does the practice envisage PPG taking, duration of events, refreshments, Risk Assessments. PS what is LD? DC: Patients who have difficulty functioning with daily life! DC: Chat to them about the merger, generally about how they can use ANIMA access to practice etc. Take information from them rather than give information, listen….Have other information leaflets on the table that they could look at. DC: Reach has asked if members would like to take part in role play to assist training in health scenarios? .This would be to test staff in actions to take in those circumstance. DC: A Newsletter and maybe poster with regard to potential merger. **Actions**: PS to produce Newsletter with text provided by DC. Timeframe; DC to provide text by weekend. PS to provide draft by Monday Practice to publish soon after approval. With Link on Website. DC: Newsletter could be sent out to 5k patients registered on ANIMA. PS: Consideration needs to be made for those without tech. Paper copy to be available in surgeries and other locations used by patients. **Action**: PS & practice to distribute to local pharmacies. Poster: not discussed further but needs to be done! DC: future newsletters could have information and advice about conditions - Diabetes is a big issue so an item on that would be useful. Lot of issues about patients not coming in for checks, etc. **Action**: Next newsletter to include these items. Next meeting - Plan for a followup one in May. DC: Considering ways to advise patients of potential merger, using a poster with QR code and/or on our phone system where a caller pressed a number to get more information. Plus posting on our website. DC: Plato, text messaging system cannot be sent to Landlines! Bulk message reject if landline used. **Action**: Maybe this needs to be reviewed by technical people to derive a solution for those that don't have tech! DM: Considering with Reach if we could have an open day for patients to come along and discuss potential merger. TB: Due consideration needs to be given to patients who can't travel, etc. DC: That's one of the benefits if we use the phone system to advise patients as they are more likely to call the practice.

No.	Item.	Detail.
7	Any Other Business	PK: Blood test results are slow getting back to patients in excess of 3 weeks! When queried, receptions have said 'Dr not signed it off yet'. RK: Vaccination programme concern. DC: They are being carried out by HCA and Nurse/s that will continue. Have to be done by a certain age and it is a financial incentive for it to be done. QOF - Quality Outcome Framework - targets set for this service so it is and must be done. General discussion about type, age ranges etc. **Action**: Vaccine Type and eligibility should be on Website and maybe with numbers completed and how to access. Referrals: Completion of pre checks, etc. PS: Recently a patient had a referral for a weight loss life style programme, process required completing a form and a blood test as a prerequisite before commencement. Those elements took ages. ME: There was a back log on which has been worked on. DC: Covid built up a huge back log of this type of referral plus there was a coding issue which is being addressed, where the wrong code was allocated therefore things got missed Andrea, DC and Kavitha have spend a lot of time back checking, Kavitha continues that work. DC: as we move from a small business to a larger one training will be facilitated more accurate and reliable process than has been possible in the past. Revised Website: Acknowledged better than previous one - forms completed on it go to an Administrator who keeps DC informed. DC: could put more policies on it. RK: access to Malvern road waiting room is still not directly available to patients. DC: Receptionists feel safer if the door is shut especially there has been unpleasant patient reactions. Debate followed regarding dissatisfaction with current process especially as Railside has full access. Issue not resolved. PS: Can standard statistical historical information be given l at the next meetings- regarding appointment types and number done of preceding month/s, number of patients not able to get appointments, DNAs etc? So we, PPG, can update patients with what is being done. DC: Maybe a show of some of our stats, even graphically that could be displayed on a wall or website. TB: Are there set days that a specific doctor is available, some prefer female or certain doctors so it would be helpful to know who is working when? DC: LOCUM have specific days/times whereas we (DC, DM) are more ad hoc. Information could go on website. Action: DC to ascertain if and how such information could be displayed. TB: Raised the issue of keeping patients informed, fine if access to tech but there are many that don't. Would it be possible for a breakdown of patient categories, ages, no tech (no smart mobile phone), etc. Then the problem can be scaled/mapped for a potential solution/s. DC: Stated it's not as simple as age, some 90+ have and can use conversely some in 20's have not or can't use! RK: Referrals appears to have an issue when no feedback is received back to them. DM: It is understood how frustrating Referrals can be, once a patient has selected provider or it is a given provider. Then the patient should get some communication to indicate progress ore even an appointment date. DC: If a patient does not hear back within a period from the hospital or other provider enquire with the practice as to it's progress. DC: Maybe we should send a text message to say the referral has been submitted then a patient will be aware that it has left the surgery! General Debate: For a later meeting need to ascertain what patients need/can do if ANIMA quotas have been filled, what options do they have?

No.	Item.	Detail.
8	Next Meeting	PS: We (PPG) are an entity that works along side the practice for the benefit of patients. Also, we are their reassurance, like the CQC, to ensure that positive progress is being achieved. So frequent meetings are important in that process. DC: Suggested the next meeting be a joint one with Reach's PPG. PS: He hopes to attend their next meeting and would like the chair of Reach PPG to attend our next one. Before we move to a joint meeting. As with the iT systems it will take some time to integrate PPGs! PCN's need also to be a consideration! So, would a meeting on 28ith be acceptable. DM: End of March is a difficult time for the practice with all the end of year processes. Maybe middle of April would be a better time. DC: Suggested a short (20 min) meeting could be held with him and PS if anything substantial happened - Action: DC/PS date to be arranged.

Action List.

Action No.	Descripiton	Who	Date to be done	Status
18/1/24/1	Provide an abridged copy of the recovery plan to PPG	Dr. Carpenter	At least a week before next meeting. By 7/2/2024	Done
18/1/24 /2	Review plan prepare comments	PPG members	By the next meeting	Partical update at this meeting Feb 2024
18/1/24 /3	Produce minutes of meeting	All	Before next meeting in agreed draft	Done approved by default
18/1/24 /4	ANIMA use to be reviewed	Practice	Unspecified at meetings	
18/1/24 /5	Clarify HCA role	Practice	Next meeting Feb 2024	