

# Whiteacres Medical Centre

## Patient Participation Group Meeting Minutes

**Date: Tuesday 28<sup>th</sup> April 2025**

**Attendees:** Dr Alison Findlay (GP Partner) & Chelsea Beattie (Administrator)

**PPG Members:** Names will not be listed. A PPG member gave their apologies, that they were not able to attend the meeting.

### **Welcome and Introductions**

Alison welcomed the randomly selected PPG meeting group members. Everyone went round the room and introduced themselves to the rest of the group.

### **Item 1 - New Surgery Leaflet**

What we did:

Improve and update the surgery's leaflet then upload it onto the website.

Chelsea explained that at the last PPG Meeting, we asked what the group felt would be important to include in the new leaflet. From the feedback, a new leaflet was created and uploaded onto the website. The members were sent the new leaflet prior to the meeting.

- Members stated that the leaflet is concise and visually attractive with enough information but not too much.
- Members felt that it would be helpful if there was a QR Code for the surgeries website as it is difficult to type in the written web address on the front of the leaflet.
- Members requested if the first names of the GPs could be added, so patients could see if the doctor is male or female if they have a preference. Stated that it would look more consistent with the rest of the leaflet.
- Members asked for the healthcare assistant's title not to be abbreviated.

- Members felt that a full list of the services that the surgery provides would be beneficial on the website and in the surgery. Chelsea explained that the list of services on the leaflet is a concise version. Members discussed the spirometry service that they have been referred to and had a poor experience. Stating it was not 'fit for purpose'. Dr Findlay advised that the Primary Care Network (PCN) provided this service and is seeking a local replacement.
- Members stated that the triage is still very confusing, and that they cannot get an appointment with a GP. Dr Findlay explained that the triage is to ensure that patients are assessed by a GP and provided with an appointment in an appropriate timeframe. 'The more information the better' the doctor can assess the medical concern. Dr Findlay added that the surgery tries to be as accommodating as possible, negotiating with patients, an appointment that is suitable for them. Dr Findlay explained that the triage system is constantly evolving.

Members voiced that the term 'triage' is associated with different barriers and used in the hospital for acute patients and for them to be quickly assessed. They felt that 'patient assessment' is a nicer term for triage, using language which everyone can understand.

Members stated that the triage system is absolutely first class and works a lot better than other practices.

- Member voiced that we should add onto the leaflet that we are a carer aware practice. Dr Findlay added that we try to be as flexible as we can be for carers. However, this information needs to be coded so we can inform carers of vaccinations that they may be eligible for. The practice has a lead for Carers, Glenda who is able to help carers with any forms or questions they may have.
- Members mentioned that when they have submitted a triage form, they are not aware if it has been received and/or assessed. Members stated that it is unnecessary for patient's to be hanging on waiting for a call. Members suggested if they could be sent a text message with a rough time, so patients know when to expect a call e.g am/pm or a 2-hour timeframe, as it's difficult for people with children and work.

Members asked if a text shot could be done with the amended practice leaflet for all patients, so everyone can have access to it.

What we said:

Make advised amendments to the practice leaflet.

Update the list of services on the website and provide a list in the surgery for patients to view.

For the PPG requests to be put forward to the partners for review.

### **Item 2 – Talk in Confidence Poster**

Chelsea explained that at the last PPG Meeting, we asked what the group felt would be important to have a poster to make patient's aware that the surgery can accommodate a private space if needed to complete a triage form.

- Members stated that the talk in confidence poster should be added to the video on the television screen in the reception area.

What we said:

We will add the talk in confidence poster to the video reel in the waiting area.

### **Item 3 – Check in Screen Posters**

Chelsea explained that at the surgery, if trying to promote the use of the self-check in screens, to minimise the queues at reception. The surgery created a poster and asked what the group thought of it.

- Members suggested that the poster may be more beneficial if attached to the bollards in front of the reception desk area.

What we said:

Unfortunately, the bollards have been removed from the reception desk and the surgery felt that they didn't help with queue control. However, the poster is still viewable near the reception desk.

### **Item 4 – Triage Leaflet & Links to Local Websites on Website.**

Chelsea discussed that from the last PPG Meeting the group felt that regarding a current triage leaflet or flowchart, that due to the changes in the GP contracts, the triage process would be changing. The surgery feels that publishing their current guidelines would be confusing for the patients. Patient's will be updated as soon as this is finalised.

Chelsea discussed that from the last PPG Meeting the group felt that links to more local services would be helpful. Chelsea has found that the local 'All about Malvern' directory has an online website which has a wide range of local groups and services. Advised members that this has been put forward to the partners to approve to see if this is something the surgery can utilise.

What we did:

Partners approved use of third-party website for information. Added a 'Local Groups and Services' link to the surgery's website via 'Health Information & Support' then 'Useful Links'.

What we said:

Patient triage leaflet to be finalised and published in due course.

### **Item 5 – Process for Health Reviews**

A member requested this item be added to the agenda, they queried the process for patients being contacted for health reviews. Stated that they have been contacted incorrectly. Dr Findlay stated that this must be due to incorrect coding on the system. Dr Findlay advised that the system generates a list for the surgery of patient's to contact by the codes and their birth month.

What we said:

Improve our recall process to ensure patients are not recalled unnecessarily and repeatedly.

### **Item 6 – Our Health Future**

A member of the PPG requested that this 'Our Health Future' was added to the agenda. Member stated that they had received a letter from 'Our Health Future' who are recruiting 5 million people to give blood to research preventable diseases through genetic profiling. Member stated that other PPGs and the ICB have not heard of this. Stated that no one knows what or who has approved it. It doesn't make people aware of where there

information is going, and who is monitoring the information. Another member advised that research is a cost to the NHS and any data is anonymized, lots of universities and practices do research on behalf of the NHS better understand preventable diseases.

What we said:

The surgery felt that this item was not relevant for the PPG meeting.

### **Item 7 – Open to the Room**

A member stated that they were not recalled for their annual review, stated that they had a very bad experience. They were worried others may be missed too who are chronically unwell. Member stated that it has not happened since, and the nurse recalls them in to make sure. Dr Findlay was sorry to hear about the members' bad experience and explained that a person in the surgery needs to manually run the searches, then extract the data, then use another system to contact patients for their reviews every month for every health review. Members stated that if it's a person and not software that runs these searches, then it is understandable that sometimes recalls are missed. Dr Findlay stated that it may be due to coding changes that errors can sometimes occur, as they change all the time. Dr Findlay stated that the surgery has switched to a recall software where patients were unfortunately contacted twice for health reviews.

A member discussed their struggles with patient access. They were advised that the surgery promotes using the NHS app as patient access will be decommissioned soon. The member was advised that a lot of patients are finding it difficult to access due to the high levels of authentication in place. Members stated that the NHS app works a lot better than it did.

A member stated that they were very impressed by the review with the Astra Zenica pharmacist, provided the patient with a very good analysis. Their new inhaler is brilliant and feels much better. Very professional rather than a typical drug company review and is a good step forward.

A member wanted to mention they had a medication review with the pharmacy across the road from the surgery. Stated that they were brilliant and provided outstanding service. Spoke to the pharmacist about medication that wasn't working and advised them to speak to a GP. Dr Findlay stated that the pharmacy is great and provides more and more services and are always 'on it'.

Members discussed recent news reports of NHS changes, Dr Findlay stated that there is some talk that surgery may be financially rewarded for sending advice and guidance rather than referring patients. Dr Findlay stated that sending advice and guidance generates a lot of work, so the surgery stopped this and refers to their patients. Dr Findlay stated that the pressure has been put back on GP practice is immense, however, she does not think it's gone live yet.

Members have requested that they are emailed the minutes when they have been typed and if in future when invites they could be sent the previous month's minutes also.