

**Patient Participation Group Meeting Minutes**

**Date: Tuesday 28th January 2025**

**Attendees**: Dr Louise Remedios (GP Partner), Jitinder Birdi (Operations Manager) & Chelsea Beattie (Administrator)

**PPG Members:** Names will not be listed. A member gave their apologies that they missed the meeting.

 **Welcome and Introductions**

Jitinder welcomed the randomly selected PPG meeting group members and went through general housekeeping such as tea and coffee facilities, bathroom locations and fire safety procedures. Everyone went round the room and introduced themselves to the rest of the group.

**Item 1 - Patient Triage Frequently Asked Questions Leaflet**

Jitinder explained to the group members that the surgery is looking to re-vamp the triage process as it has not changed since it was first initiated. Jitinder stated that the surgery and patients have access to additional resources such as the Pharmacy First Scheme, who can prescribe for minor ailments. This is helping free up additional doctor's appointments and increasing capacity. The surgery is looking to improve the triage process, so admin staff ask predefined questions that the doctors have requested, so patients can be directed to the appropriate services. Dr Remedios emphasised that using the triage form allows doctors to assess the urgency of the appointment needed and can be directed or booked into the appropriate appointment. Capacity-wise the surgery would historically get full at 08:45 now we typically reach capacity around 10:00.

**Patient Triage Frequently Asked Questions Feedback:**

* Members thought the video in reception which explains the triage process is great.
* Members stated that it was a curious use of a document.
* Members emphasised making patients who cannot use or have access to the internet or do not have a smart phone, that they need to be aware what they need to do to get an appointment.
* Ensuring reception staff are aware before contacting a patient with additional needs are catered to e.g deaf to use text messaging/communicating preferences to ensure accessibility and independence. Dr Remedios stated that this flags up on our system.
* Members stated some patients do not like that the admin staff asking questions about their medical concern when helping them complete a triage form. Dr Remedios reiterated that all questions asked, are questions directed by the doctors, to ensure a medical concern is assessed correctly, so the right appointment is given. Member stated that maybe the admin staff explaining that they are ‘trying to help’ may be helpful.
* Members suggested maybe admin staff need to stress everything that is discussed is confidential.
* Admin staff need to be clear and explained why the surgery is at capacity and what a patient needs to do.
* Members clarified what they need to do for certain appointments e.g complete a triage form for a GP appointment and call for a nurse appointment. Suggested that patients could do with a checklist or flowchart where they need to go for certain medical conditions e.g Pharmacy First, CUES appointments, a nursing appointment to check ears, dentist for teeth.
* Members queried about test results and if they need to call in for results and if a triage form needs to be completed. Dr Remedios stated that ‘no news is good news’ regarding results, if anything flags up the surgery gets in touch. However, it is the patient’s responsibility to check and follow up with the surgery. Dr Remedios stated that it is okay for patients to use the triage form to chase up blood results, referrals etc. However, this still can be done by calling the surgery.
* Members queried what to do when they are prescribed new medications, and they cannot see them on the NHS App and what they need to do.
* Members queried access to social prescribers and what help they can provide. Dr Remedios stated that social prescribers can help patients with debt, diet, housing, paperwork, loneliness and low mood. Unfortunately, patients are unable to self-refer, however, GP can refer on their behalf by completing a triage form.
* Members suggested that it would be helpful if they had a checklist of what to do if they require a certain type of appointment.
* Members stated that everything is directed back to the triage form. Jitinder stated that there are ‘grey areas’ especially when a patient feels they need to see a nurse, but they really should be seen by a doctor. That by completing a triage form or having a member of the admin staff complete this for them, they will be contacted back to be booked into an appropriate appointment.

What we are going to do:

Create a clearer triage help sheet for patients

**Item 2 - Surgery Reception Area**

* Members commented that there were not enough chairs in the waiting room today. Dr Remedios stated that due to the time of day, it's peak time in the waiting area with patients coming in for doctors and nursing appointments, in addition, to the PPG members. Typically, there are enough chairs in the waiting room.
* Members commented that the waiting room is tidy and liked the information leaflets available.
* Members liked the ‘What you said/What we did’ display in reception.
* The waiting room is set up well as it’s not intrusive looking at other people.
* Members mentioned that when they approach the reception desk, it can be quite loud, very public and unable to have a private conversation due to other patient’s being seated. Asked if a private room could be made available to complete a triage form with a member of staff.

What we did:

Created a poster to advise patients to ask for a ‘private word’ in one of our available rooms.

**Item 3 – Surgery Website**

* Members found the website ‘fantastic’ it now flows easier and is more accessible.
* Members stated that the website has useful links and information but may be useful to have more local information and local groups. Dr Remedios stated that things change so often that it would be more sensible to keep it as is. Members agreed that this would need to be updated all the time. One member suggested having a direct link to Malvern or Worcester Council, which has an up-to-date list of local groups for asthma, pain management etc.
* Member mentioned that there are quite a few web pages to get to before they got to the last PPG Meeting minutes.

What we are going to do:

Looking into signposting more local groups via Malvern/Worcestershire County Council.

**Item 4 – Surgery Complaints Process**

Jitinder stated that there is a process in place for complaints.

* Members stated that usually complaints and compliments go hand in hand. They stated that when someone does something well it’s often forgotten about and should be celebrated. As what one person may find is a bad thing, someone else may see it as a good thing.

**Item 5 – Surgery Leaflet**

* Members commented that if the leaflet was printed smaller it would look nicer.
* Not all the doctors are listed.
* Members did state that it would be nice ‘to put a face to the name’ for staff. Dr Remedios explained that we used to have a board in reception with the staff and their photos but due to issues in the past this had to be removed.
* Members suggested that they do not need to know the doctor's individual qualifications and would look nicer without this information.
* Consider the wording of ‘How to make a GP appointment’
* Overall, the layout and flow of the leaflet needs to be improved.
* NHS App – what and where can we help with this?
* Noted duplications of nursing checks available at the surgery. Members queried periodic health checks if a patient has not been in for a review in a while. Dr Remedios stated that if a patient feels they need a health check to please get in touch with the surgery.
* Staff noted the number of staff is now incorrect.
* Members asked if the surgery could clarify on the leaflet what pharmacists can do.

What are going to do:

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

**Item 6 – Surgery Phone Line Message**

* Jitinder explained that the surgery used to have three phone line options; option 1 urgent and home visits; option 2 for appointments & option 3 for admin enquiries. From the feedback that we got, this has now changed to one line to make the phone line system less complicated. Dr Remedios explained that all members of the admin team are able to answer all calls. All members of staff answer the phone from 08:00-08:30 so there is not a big crash at 08:30, which is the surgery’s busiest time, helping the admin team to answer patients’ calls more effectively.
* Jitinder explained that the surgery has re-enabled the ‘position in the queue’ feature on the phone line again. The option for patients to be called back has also been enabled if a patient has been on hold for three minutes and over three in the queue.
* Members stated that they would find these features helpful and don’t mind being in a queue if they know what position in the queue they are.

**Item 6 – Reception Area/Leaflets/Display Feedback**

* Members mentioned that it would be helpful if there was helpful person who could help with the triage forms and the NHS App. Dr Remedios stated that we had a staff representative during the covid and flu clinics to promote the NHS app and provide help and assistance to patients. Stated that it was beneficial as it was a time when we had a large volume of patients in the building at once and had positive feedback.

**Item 7 – Open to the room**

* Members stated that they are aware that the surgery is a teaching surgery but were not aware the doctor they had been booked with was in training. Stated that they didn’t mind but they had to keep popping out to speak with one of the other GPs. Stated it would be nice if the doctor said that they are in training but have adequate support. Dr Remedios advised that the trainees are not fully fledged GPs but are doctors.