

Minutes of Zoom Meeting

Held on 6 Jul 2021

Present: John Leslie (JL) Chair
 Phil Marston (PM) Secretary
 Vicki Abbott (VA)
 Dr J Burden
 Richard Ongley (RO)
 Christine Stanesby (CS)
 Geoff Thompson (GT)
 Pat Triffit (PT)
 John Twidell (JT)
 Lara Upton (LU)

ITEM AND DECISION	ACTION
1. CHAIRMAN’S WELCOME. JL welcomed all stating that this was to be GTs last meeting as chair, however, he had been held up and would be joining later. It was also noted that, with regret, Hamid Mani has resigned due to pressure of work in the NHS. He was thanked was his past participation when his medical experience had been invaluable.	
2. APOLOGIES. There were no advance apologies.	
3. MINUTES OF PREVIOUS MEETING. The minutes of the meeting held on 27 Apr 2021 were approved with no outstanding issues not included in the agenda. Actions from this meeting were reviewed and complete.	
4. PRACTICE UPDATE. There have been several staff change overs since the last meeting and recruiting of replacements was well underway by VA and Dr Burden (Care Quality Commission Manager). Of note was that Dr Phil Green, a salaried GP, had resigned and two new experienced Nurse Practitioners had been employed. In addition, 2 non-clinical members had joined and were being ‘embedded’. Two formal complaints had been received and the necessary actions had been addressed.	
5 PATIENT SURVEY UPDATE. JL explained that 10 survey questions had been received from 5 PPG members and were being evaluated for the next	

<p>part of the survey which would go out to all PFL members. VA had been allocated to 'Processes' GT had been allocated to 'Care' PM had been allocated to 'Communications' JL had been allocated to 'Access'</p> <p>It is not intended to be a scientific analysis with representative samples but being designed to obtain patient's experiences and suggestions in areas where progress and/or changes can be made. JL stated that once these areas had been consolidated, all members would be sent copies.</p>	<p>JL</p>
<p>6 ACCESS TO PPG. VA had asked how patients can contact and join the PPG. It was decided to leave this until the next meeting and VA would do some more research.</p>	<p>VA</p>
<p>7 TEXT MESSAGES WITH INCLUDED DOCUMENTS. PM stated that a text message had been received referring to a website link. The document on this link included a section that required printing. He suggested that this was no use to anyone using a phone who did not have a computer and/or printer. He agreed to contact VA on 7 Jul 2021 for further discussion.</p> <p>Post Meeting Note. The text in question was forwarded to VA on 7 Jul 2021</p>	<p>PM</p>
<p>8 REFERRALS. PM stated that referrals were being made by the surgery but the patient received no information regarding any follow up action. At this stage they were totally at the mercy of 'the place referred to' and, if nothing happened, had to contact the surgery for more information. Could the patient be sent a letter when the referral was made? Dr Burden felt that this was a good idea and an accRx message could be generated.</p> <p>On reflection, are the PPG aware of what accRx is? Some patients have been told they should use this. Dr Pickering has mentioned this in the past but more information is required. Agenda for next meeting noting that this system might not be available for patients without technology.</p>	<p>PM</p>
<p>9 PATIENT FEEDBACK LINK. JL wished to see the use of the Patient Feedback Link (PFL) expanded especially during the next phase of the survey. Lara Upton agreed and said that this was good use of the PFL. The item will appear on the next agenda and all members should put some thought to this subject where it would be discussed at greater length.</p>	<p>ALL</p>
<p>10 PPG CO-OPERATION. JL expressed a wish to see the PPG more involved. All members were requested to submit ideas as to how this could work by 16 Jul 2021. JT stated that this should first and foremost come from the practice which has not occurred to date.</p> <p>VA stated that anyone with green fingers could help with the planting of a garden adjacent to the surgery.</p>	<p>ALL</p>
<p>11 AOB. a. <u>SOCIAL MEDIA</u> GT recommended the surgery consider implementing a social media management strategy. There is no doubt</p>	

that social media contains masses of ignorant, irrelevant and unpleasant content. It also contains wise, informed and educated content. As individuals we can avoid it or be selective but as an organisation our patients' views are shaped by what they hear see read and experience and for some, unfortunately, they believe what they read in the media (social or otherwise). Nowadays, every organisation is forced to consider the impact on their business of social media and must decide whether to ignore it or to manage it. Usually, the first stage for an organisation is to read all and not comment ever. VA stated that it was CCG policy to ignore anything other than official complaints' RO commented that he had given JL a print-out of a blog whereby a complaint about the Surgery gathered 10 positives and only 5 negatives which spoke well of the Surgery. VA does not have the team to take up all media and many are best left alone.

b. PATIENT OPT-OUT asked what the current position is regarding the opt-out for making patients records available to the NHS. PM was of the p[inion that the information would be coded and was for medical statistics purposes and VA added that decisions had been deferred until Sep 2021.

c. FACE TO FACE MEETINGS. No decision had yet been made regarding opening up the surgery and VA would let the Secretary know when things change.

d. TIME ALLOCATION. PM stated that time was limited and suggested that additional meetings might be allocated to more lengthy subjects. This would be kept under consideration

b. DATE OF NEXT MEETING. 7 Sep 2021 at 1730.