

Apologies: 6 members

Attendees: Rachael, Sue, Jo , 5 members

Rachael started by signing off the previous meetings minutes which everyone was happy with.

Discussion

1. Terms of Reference, review and modification.

It was agreed that the terms of reference were very old and that a lot of changes should be made. Starting with the name, it was asked the rest of the group what we should be named. A member then pointed out that on the current Terms the group is known as BPRG (Bethesda patient reference group) A discussion took place that there had been a lot of different names over the years. It was then agreed to be known as PPG (Patient participation group).

It was agreed that the aims and membership was ok but the meeting time frame needs to be changed on the current terms it states that the PPG meetings take place quarterly but we now hold the meetings bimonthly.

There was a long discussion regarding the Terms of Reference and it was agreed for this to be updated and then reviewed at the next meeting. **Action: Rachael to update.**

2. Traffic control at drive- thru events and police info and help.

A member explained that the first drive through caused a lot of hassle with the traffic and he phoned the police to provided support and suggested that we inform the police prior to any major events. Rachael explained that unfortunately there was an admin error where double the amount of patients were booked in and that we have had multiple drive through events and walk in events since then that have worked really well like previous years,.

It was asked about how many patients we have had in this flu season. Rachael explained that the flu season is still ongoing and we are still having clinics so we do not have a final number yet.

3. Promulgation of extraordinary events e.g Flu Jabs.

It was asked how we notify patients for big events and how long it can take. Rachael explained that for example Jo has been tasked with the flu campaigning and that the majority of patients now have mobile phones which allows us to use a template and send out bulk texts informing them. Those without either get sent bulk emails or letters. When we have staff availability we also have staff calling patients to book and we also advertise the campaign around the surgery and on our website.

4. Dedicated phone number for cancellations.

Rachael explained that the cancellation option does take away the patient from the queuing position so it does not block the line but she will discuss with Jamie to see if this is possible. **Action: Ask Jamie**

It was said that the reception team cannot give a time for when telephone consultations can take place. It was explained that the reason for this is because it cannot always be accurate on timing which caused the surgery a lot of complaints where the patient was told they would be phoned in the morning and then they actually received a call in the afternoon because the GP got tied up in surgery with other duties. It was explained that the clinician's protocol when calling patients is they need to try twice and at least 10 minutes apart to allow the patient time to pick up.

5. Use and content of SMS messages

A member explained that his SMS messages from the surgery sometimes are irrelevant or do not make sense. He used the example of when he receives the blood tests results and the comment is just they are 'normal' and no actual readings. Rachael explained that some patients will not understand the numbers and it could cause patients to worry. Susanne explained that she asks the reception team to print a copy which they are always happy to do.

Rachael then explained that from the 01st December there will be a change to what patients can see online. They will be able to see everything on the records which will include all of the blood test results and ranges once they have been looked at by the GP. Rachael then explained that nationally in primary care there has been a struggle to prepare for this to take place, she then explained that there is a lot of work to be done to code and safeguard certain groups of patients as some things they may see on their record could

be detrimental to their own health. Rachael also said that we anticipate there will be many complaints where patients might not agree with what the gp has put on their medical records. This was supposed to go live from the beginning of November but Bethesda, along with many other surgeries, applied for extension date to be able to prepare.

6. New appointment signposting

Rachael explained that currently our NPC (new problems clinic) is full within an hour of opening. Currently once full all appointment queries would be sent to the on call GPs which was causing a lot of issues. Unsafe working and gps refusing to do on call.

Rachael then handed out a copy of the new signposting protocol. Jo explained that she will copy out with the minutes.

Rachael explained that we have a new pharmacy scheme we can refer to which allows patients that are unwell that do not necessarily have to see the GP we can offer them a telephone consultation with the pharmacist and they will review as needed or refer back to the GP if necessary. Patients will be required to pay for any over the counter medication that the pharmacist suggest.

Two members said they will bring up at the next Thanet CIC meeting how 111 work and feedback to the rest of the PPG. They also said they will ask for clarification whether patients can walk straight UTC.

It was recognised that we may receive some complaints but we need to use the services that we have available.

A member expressed his concerns and suggested that Bethesda seek legal advice for this system. Rachael explained that this can be done but the signposting guidelines have been put in place by the partners and they are fully supporting the reception team in this.

7. Fundraising Ideas

Joanna will send out fundraising suggestions from staff with the minutes.

It was discussed whether a charity shop would be a good idea like hospice and RNLI. It was suggested because they are charity and we are government funded it may cause some upset.

It was said that minster surgery do a lot of fundraising and was suggested that we contact minster and ask what fundraising they do.

Any other business:

It was said what to do if a patient has more than one condition to discuss with a GP as it is supposed to be only one condition per appointment. It was said that this can depend on GP to GP but the suggestion generally is to inform the reception team when booking an appointment and they can make the appropriate appointments.

then asked if we are going to do ear syringing again at the surgery. It was explained that yes we are offering this service again but we do not book in directly. The patient has an ear assessment first with a nurse then if after the assessment it is deemed necessary to have their ears syringed the appointment will be booked. Every surgery is different and some do not offer this service.

It was asked what was to happen if the surgery did not offer this service, Rachael explained that the patients would be required to go privately.

The PPG asked if it would be possible to meet Dr Mahmoud and invite him to PPG meeting. **Action: Joanna to invite**

It was also asked if the staff members should have their photo up on a board like they do in hospitals. Sue explained that the staff will not have their photo taken as they do not feel safe to have it up on the website in case they have an altercation with a patient.

Rachael explained that we have other new members of staff two Nurses Reva and Sabine. Reva is a practice nurse and is currently training to become a member of the Acute Care Team. Rachael then said we have two new members of staff starting at the beginning of September, Darcy who is a Nursing Associate and Stephanie who is a phlebotomist.

It was asked if we still invite people to attend the PPG meetings, Rachael explained that we do invite but unfortunately not many able to attend due to current workload.

It was suggested the waiting room seating to be changed around to make it easier to watch the call boards. **Action: Rachael to arrange for the seating to be rearranged.** then said whilst in the waiting room upstairs he made an observation that there is no clear signposting upstairs. Rachael explained that upstairs is only used for certain clinicians and not at all times, each room is sign

posted with room numbers but usually the clinicians come out to call the patients.

It was then also showed a letter he received from Bethesda which was very outdated. **Action: Joanna to check with QOF and ask them to update.**

It was then mentioned that the phone system currently does not put you into a queuing position with numbers due to the multiple messages on the system. **Action: Jamie to look into this.**

The next meeting was then agreed for Wednesday 11th January 2023.