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# PPG Meeting

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**Tuesday 24<sup>th</sup> September 2024**  
**11.00am – 12.00pm**  
**Face to Face Meeting**  
**Minutes**

**Present:**

**Dr Daniel Ward (DW)**  
**Denver Pieterse (DP) Chair**  
**Jennifer Lynn (JL)**

**David Cornwell (DC)**  
**Bob Hackett (BH)**  
**Fenella Needham ((FN)**

**Apologies for absence SM/AP/DR/KH/PR**

<b>1.</b>	<b>Welcome 11:15</b>
	Everyone was welcomed along with a roll call and a brief introduction from each member. Apologies given from members who could not attend.
<b>2.</b>	<b>Summary of discussion</b>
	<p>The group discussed was the role of the PPG was to the surgery. FN suggested that we need input from a broader representation of the community. The group needs diversity in the sense of age and social variety to gain a broader overview to topics discussed. The surgery represents 18,450 patients and having a view from the diversity of our patient group will benefit all.</p> <p>Maybe by making meetings more accessible to people out of hours for those who work, or bringing them to add digital technology, such as MS Teams so that others who cannot attend in person, can access the meeting remotely.</p> <p>JL we will actively encourage new participants to the group to gain a broader spectrum of our patients, to facilitate the needs and suggestions.</p> <p>BH The Patient Participant Statement was brought to the attention of it not being on the website as previously it once was. DW said we should repurpose and recirculate the Charter. JL to make this visible in the foyer an DP to put back on website.</p> <p>PPG updates and minutes will be added to the website in due course and there will also be an increased visibility to access information and join.</p> <p>BH recalled recent appointments and had compliments for the physician for providing care and reading notes not just dealing with the diagnosis. Further</p>

	<p>compliments were extended to The Care Navigators and a general compliment to 'Keep Up The Good Work' was greatly appreciated by the LMG team.</p> <p>DP/DW confirmed the issues with the previous meeting were addressed when it came to KH registering as a patient and as a carer with the same email address, was duly to data protection and the protocol is to have separate email contacts.</p>
3.	<b>Agenda</b>
	<b>New Build</b>
	<p>DP encouraged the participants to bring their concerns and suggestions to what the patients need and would like to see offered as services within the new building. The site has now been taken over by Sanctuary but the building itself is NHS funded so it's vital to address the needs of the existing patient base and future proof the build for the increasing volume of patients and their care. DC said we needed a modern version of the old practice presented within the new build, to serve the area that the practice covers. Action and support were actively fortified. FN mentioned about local GP practices that have recently been relocated and how smooth the transition was for them, is that an option for LMG if the current surgery is not Fit for Purpose?</p> <p>Also noting that other areas, like Billericay had comprehensive facilities and diagnostic centres within their community.</p> <p>BH asked if the build has been cancelled and DP said that we were awaiting instruction from Sanctuary and the NHS to move forward. DP mentioned AP was in a meeting at the time of the PPG gathering and would hopefully be able to supply fresh feedback for the next group.</p> <p>A campaign to local MPs highlighting issues of the current building and the needs of the future new build was vital to facilitate the best outcome. Escalating the needs of the Practice, the surgery (building) and the patients needs to the greatest good.</p> <p>.</p>
	<b>Volunteers</b>
	<p>JL mentioned we are active in seeking to recruit a new team of volunteers to the surgery. These volunteers are vital to assist patients with their everyday visits. Help them check in, offer literature within the lobby should they need relevant information and to assist in direction and care. This will coincide with the possible development of Digital Training (see below)</p>

	<p><b>Assign Chair PPG</b></p>
	<p>DC commented that we need to address the issue of time management within the meetings as it was often confusing, and the topics discussed were over complicated by members talking over one another. It was decided as a discussion, that moving forward that, DC would now be the new chair of the PPG and each meeting would address points on the agenda (brought to the group by the chair) in an order that would give clear communication to each item.</p> <p>A general discussion at the end of each gathering, to have an overview of concerns and areas of business that need to be raised.</p>
	<p><b>Digital workshop for Online Services</b></p>
	<p>JL advised the group about a new incentive that the surgery will possible be part of a pilot survey for, which involves training patients to use online digital services. This will allow patients to access services such as the NHS App, Patches, SystemOne Online and other forms and links needs to move forward with care (e.g. referrals, surveys, feedback, other appointments).</p> <p>JL asked the group if they would be interested in this approach and FN, DC said they would gladly volunteer to help new users to access the technology needed to facilitate a caring aspect of helping others to understand from a 'normal' person's point of view, rather than a classroom environment. As mentioned, JL is in the process of sourcing additional volunteers to help with the scheme, which we feel will have a positive impact on our patents grasp of technology.</p>
<p>5.</p>	<p><b>AOB</b></p>
	<p>DP advised the group that we will be welcoming a new member of staff to the practice in the form of a new fulltime GP. Also, a new Practice nurse will be adding to the staff group soon.</p> <p>FN asked DW about the protocol of staying with your assigned GP after a course of treatment for a condition is completed. DW explained that its best to have continuity of care from a one-point GP for each condition so they can see the process through. After that condition is finalised, its fine to go back to designated GP or whoever is available to continue the continuity should another consultation for a new episode of care event arise.</p> <p>Patient DNAs (do not attend) were discussed and DW explained that from a clinical perspective, the patient gets offered a same day appointment so care can be administered if its needed. FN felt this wasn't fair and asked how we were monitoring patient no shows and was there data on as to why i.e., forgot, missed appointment, traffic etc.</p> <p>BH brought to the attention the issues with the booking system when the texts/links are sent out for vaccines etc. If it needs to be changed, it must be done manually which takes a lot of effort if the patient has to come physically into the practice to facilitate this. This isn't always convenient, and the system barriers leads to frustrations.</p>

	<p>BH commended the way the callback service works when a recent call into the surgery had him at number 30 in the queue. DC/FN agreed to how it expedites the service.</p> <p>BH had a query as to how to follow up with a out of surgery treatment or procedure. Who is responsible for the action, the provider or the GP? DW said the practice were limiting where they could hospital chasing up. FN Continuity of communication at the hospital was poor.</p> <p>Text messages were discussed in the form of when repeat prescriptions were requested. FN made not that it doesn't accommodate weekends so the medication may not be available when it says it will be. FN would like the wording in the confirmation message to be added (excluding weekends). DP said he would bring it to the attention of IT and see if there was change available, but it might be down to the number of characters allowed within a message.</p>
6.	<p><b>Next steps: Actions and Notes.</b></p>
	<p>FN going to use NHS app for order repeat medication to compare doing via the Systmone link on the practice website.          DP to update PPG statement on website and poster to be placed in reception.          Links to SystmOne on website to be investigated with relation to links to making appointments.          JL to make PPG more visible as a resource in posters, access and recruitment.          JL to action new signage to incorporate the wording 'Care Navigator' on posters directing to the receptionists as its confusing to have them called that on phone calls but not in the physical practice.</p> <p>Meeting ended 12:34</p>
	<p>Date of next meeting: <b>Tuesday 21<sup>st</sup> January 2025 12.30pm</b></p>