

**Minutes of the Falkland Surgery Patient Participation Group Committee meeting held
on Monday, 8th April 2024**

Present: Adrian Barker, (Chair)
Bettine Bly, (Treasurer)
Adrian Edwards
Bob Hills
John Curtis
Martyn Rees
Mark Betkowski (Practice Manager)

Apologies:
Peter Davies
Phil Barnett

	Action
<p>1. <u>Appointment of Secretary and Vice-Chair</u></p> <p>Following the resignation of Diana Mudge-Davies, Pete Davies had kindly agreed to take on the roles of Secretary and Vice-Chair. He was duly appointed to those roles by the Committee.</p>	
<p>2. <u>Minutes of the last meeting and matters arising</u></p> <p>The minutes of the meeting held on 15th January 2024 were agreed as a correct record.</p> <p>Bettine had bought the banner as agreed, at a cheaper cost than expected.</p> <p>Adrian B had received most of the bios and pictures of Committee members. One or two were still missing. Once chased up, he would post these on the PPG website.</p> <p>Mark had mentioned to staff the importance of introducing themselves when making a phone call to a patient.</p> <p>On the question of having an open event during the day at a weekend, Mark said this would probably not suit the GPs and others attending from the surgery, but he would raise it. If this was not possible, it was felt that an online event would not be a suitable alternative.</p>	<p>AB</p> <p>MB</p>

<p>Mark reported that the lines in the car park were due to be repainted in the summer.</p>	
<p>3. <u>Financial Report</u></p> <p>Bettine reported that there was currently a balance of £781.53 in the account.</p> <p>Bettine had been making extensive efforts to go through the HMRC processes to be able to apply for gift aid but had been impeded by lack of availability of the relevant form on the HMRC website and lack of response from them. She was now going to try and get the relevant form from the treasurer of her Church and the Committee agreed this course of action.</p> <p>The date of the Wash Common Community Festival had now been publicised as 9th September. It was noted, however, that this was not a Saturday, so there may have been an error. [It was subsequently learned that this was the date of last year’s event and we were still waiting to hear what it would be this year.] She would wait to hear who would be available to help on the day before committing to attending.</p> <p>An email had been recently circulated about the Practice supporting a forthcoming Parkrun.</p> <p>Bettine had received a thank you letter from Diana for the flowers the committee had given to her.</p>	<p>BB</p>
<p>4. <u>Patient Feedback</u></p> <p>Adrian B noted that between January and March, the Friends and Family Test results showed an average of 92% saying their experience was ‘good’ or ‘very good’.</p> <p>There had been three comments on the nhs.uk site since the last meeting. In a five star review, a patient said they were listened to and found the service polite, friendly and welcoming. A four star review praised the good service from the Doctor, with “the only moan” being the car park. A five star review praised the process of a blood test.</p> <p>There had only been one Google review since the last meeting, giving five stars and praising the ‘patient co-ordinator’ for explaining the system and how the call would be triaged.</p> <p>Committee members noted some of the good service they had received.</p> <p>Mark noted that there had been an uptick in complaints. There was no obvious cause for this or identified themes. While some related to</p>	

<p>legitimate errors, which could usually be dealt with quite quickly, others were about things outside of the Practice’s control.</p> <p>Mark noted that compared to many other places this practice was well advanced in relation to the use of such things as triage, e-consult and the use of allied staff.</p>	
<p>5. <u>Digital Initiative</u></p> <p>Adrian E felt the paper previously circulated was good. He felt it might be useful to be able to provide advice in diagrammatical format or to show mock screens.</p> <p>Mark also felt it was a good paper. If patients came to him having trouble he would bring them in and work through the process using two screens.</p> <p>It was noted that people would be accessing systems from different devices including desktops, laptops, tablets and smart phones.</p> <p>It was agreed that:</p> <ul style="list-style-type: none"> • we shouldn’t be trying to help people get online from scratch • we should try to provide help with all the various forms of online access: website, e-consult, the NHS app • we should aim to reach different people in different ways – some face-to-face, others through leaflets, advice online etc. This should include checking what is already available, e.g. on Youtube. <p>Martyn felt there were two things that would drive online access in general: if patients find it better than ringing up; or if it’s the only option available.</p> <p>Mark confirmed that technically you need to fill in a form to be able to register for Patient Access.</p> <p>Mark confirmed that there were dummy patients already set up which could be used to demonstrate aspects of the system to patients.</p> <p>Mark suggested piloting an approach by having a couple of drop-in sessions, probably on week days. PPG members could provide basic information and help. If there was anything more complicated, Mark could provide more detailed support. He would consider the practicalities of this approach.</p> <p>Meanwhile, the rest of the PPG committee would have a separate session to pool our knowledge of the systems and consider what we might be able to offer.</p>	<p>MB</p> <p>AB and committee</p>

<p>6. <u>Surgery Initiatives</u></p> <p>Mark gave an update on latest developments in the Practice, including staffing.</p> <p>He confirmed that strike action by GPs was a possibility after the Government had imposed a new contract.</p>	
<p>7. <u>Patient Panel</u></p> <p>Adrian B reported that the Patient Panel had not met since the last meeting of this committee. It had, however, had a webinar on the new ICB (Integrated Care Board) primary care strategy, which was now being finalised.</p> <p>Mark noted the disparities between practices across the region, with some being much more advanced than others on new ways of working.</p>	
<p>8. <u>Open Evening</u></p> <p>The next open evening was to be on 15th July.</p> <p>It was agreed that digital access would be one of the topics for discussion as well as an update from the surgery. Mark confirmed that a GP would be present. Bettine would produce a 'save-the-date' poster.</p> <p>Adrian E suggested there was usually a better turnout when there was a specific topic. One possibility would be to do something on mental health which was an increasing problem.</p> <p>Mark would check which GP was available and what they could talk about, possibly mental health.</p> <p>[MB left the meeting]</p>	<p>BB</p> <p>MB</p>
<p>9. <u>Newsletter</u></p> <p>The newsletter should be distributed in good time to advertise the Open Evening, so early to mid-June.</p> <p>Possible items to include were:</p> <ul style="list-style-type: none"> • any surgery news, such as staff leaving or joining • something on digital access, such as how to use e-consult to miss the Monday morning rush, or advertising any drop-in sessions we were running • Adrian B to do something on the ICB primary care strategy and any national developments 	

<ul style="list-style-type: none">• the Wash Common Community Festival (if we are intending to attend)	
<p><u>10. Dates of future committee meetings</u></p> <p>Meetings for the rest of the year were:</p> <p>Monday 15th July 7pm (Open Evening) Waiting room area Monday 16th September 2.30pm (PPG Committee) Monday 18th November 7pm (AGM and Open Evening) Waiting room area</p>	