Meeting notes
Hill Surgery PPG

Date 15th July 2024

This is a collective recollection of the meeting, and we are open to making any amendments or changes, if necessary, using the video and audio recordings of the meeting to substantiate any misinterpretations. For reasons of patient confidentiality, we have decided not to publish the attendee list or publish who made comments as we do not have their permission, and we have redacted any sensitive information that the surgery has subsequently deemed inappropriate.

In Attendance

Attendees:

- Attendees are not named to avoid any potential legal proceedings against members of HSAG by The Hill Surgery. Text in CYAN is new and has been added only to clarify.
  The initials of HSAG committee members attending the meeting as PPG Officers are highlighted in CYAN.

- The meeting approved the minutes from the meeting on 31st May
- Meeting notes for this meeting: Interim Secretary. also chaired the meeting for who had lost his voice.

Urgent Motion: Delay debate about PPG constitution matters until a future date

At the start of the meeting, read an announcement from a PPG committee member, since they could not attend. They requested that the statement be read and recorded in the minutes. The contents of the statement are detailed in Appendix 1. In summary, (they) expressed frustration that a chairman's note had added an agenda item to the agreed agenda. A motion was raised, indicating that the PPG had been informed weeks earlier regarding Dr. intention to address comprehensive issues concerning the PPG and its constitution. The meeting concluded that the appropriate approach to raise these significant concerns would be through a paper submitted to the PPG, allowing all members the opportunity for thorough consideration. Furthermore, it was decided that an informed discussion on these matters would be scheduled for a future PPG meeting, and no further debate would occur during the present meeting, as members had not yet reviewed the concerns or prepared accordingly.

While reading the statement, Dr interjected, stating that (they) found the statement "derogatory." Following this, requested that continue reading (the) statement. Subsequently, after the statement was read in full and the motion was passed, Dr informed the meeting that (they) would be leaving, suggesting that the PPG should read and consider the document (they) had submitted to the Chair an hour before the meeting before he had the opportunity to review or circulate it to the members.

A PPG committee officer proposed the motion to delay discussion, which was seconded by NA.

Action: will circulate Dr document for consideration by the membership and executive, and a new meeting date will be given for full discussion. Subsequently, Dr. left the meeting at 5:15 p.m.

Matters Aring: NHS App, Patient Access & Engage Consult Tutorial

Point Discussed: Pending: A proposal for one or two PPG members to receive a tutorial on using the NHS App, Patient Access, and Engage Consult.

Action: Dr. has kindly agreed to lead and organise a practice tutorial aimed at navigating the patient communication systems effectively, troubleshooting recurring issues, accessing website resources, and providing input on potential enhancements to the patient journey. This initiative-taking approach will better equip PPG members to support patients struggling with these technologies.

Next Steps: Dr will contact (practice admin) by the end of the week to develop a training session plan. will move forward with this point for the PPG.

Matters Arising: Complaint Procedure

Discussion Point: The Patient Participation Group (PPG) raised concerns about the contradictions in the advice provided for the complaints management process and website guidance. They highlighted issues with the patient pathway via the call centre, complaints received about non-acknowledgement of complaints, and the limited options for submitting complaints, notably the need for an email facility and the insistence everything must be in writing and by post.

Dr provided a comprehensive overview of the current complaints management process, and the protocols NHS England has in place that need to be complied with.

Action: NA has agreed to document the key areas requiring consideration, and Dr will ensure that this is raised internally and will be responded to at the next PPG meeting.

Matters Arising: Processing of samples during staff absences

Point Discussed: (Text removed for confidentiality reasons)
PPG requested an overview of the sample/specimen process and asked what happens when there is a staff shortage to manage the samples. Dr shared the process and explained how it hugely depends on the tested sample type. 95% of all samples get passed onto external labs, and the surgery manages the labelling, paperwork, etc. However, some urgent urine tests can be 'dipped' into practice by one of the GP partners to obtain a more immediate result and potentially start treatment sooner, i.e., urine infections.

Action: Dr has agreed to provide two process maps: internal urine testing and courier collections. Dr also confirmed that samples are collected daily from three sites between 1 pm and 2 pm. This information is helpful for patients.

Matters Arising: Monthly KPI indexes on the website

Point Discussed: thanked Hill Surgery for publishing appointment data and call centre statistics. However, the information needed clarity, simplification, and a more straightforward set of metrics than those extracted from the GPAD data, which is highly confusing for most patients.

Action: agreed to document the matter for further consideration, and Dr suggested that (practice admin) receive this document.

Matters Arising: Updated members and attendance record

Point Discussed: confirmed that the PPG membership now stands at 13, including the executive and that, in line with the constitution, attendance records are being kept.

Note: This was not discussed but is pending; is to write to all PPG members with clear guidance on PPG membership responsibilities and meeting attendance requirements. **Actions:**

Matters Arising: Patient records are still not on the NHS App

Point Discussed: Patients have raised concerns about their inability to access patient records through the NHS App. Several patients reported raising this issue with the surgery but have not received responses or access to records. All GP surgeries must give all patients online access to new information as it is added to their GP health records. Patients with online accounts, such as through the NHS App, should be able to read new entries, including free text, in their health records. This applies to future (prospective) record entries and not historical data.

Dr advised that the merger has made this automatic switchover more complex than anticipated,

but the surgery team is working hard to get it up and running for everyone. However, patients should be able to obtain prospective access from a set date, either the date of joining the practice or when access is provided. asked if a patient needs to request the data to be 'switched on,' but Dr. advised that he needs to check this.

Action: Dr. has asked that this be put forward to the surgery during one of the catch-up meetings, and we will provide a proper response at the next meeting**.**

Matters Arising: QOF Overview & Medication Request Process

Point Discussed: Dr had committed at the May PPG meeting to provide an overview of the QOF (Quality Outcomes Framework) and what the results mean. He also said he would also explain how medication requests are processed between surgery, pharmacy, and fulfilment.

Dr briefly explained that the QOF data is more a measure of clinical care around a given set of NHS England criteria. It is part of the NHS contract and is linked to the practice funding. QOF does not measure patient satisfaction or patient experience. It is more centred around good clinical management and outcomes. complimented the surgery for excellent scores.

Action: Hill Surgery will provide a more detailed overview of the processes at a future meeting.

Matters Arising: Process of medication requests and Rx changes – Additional point from above

Point Discussed: Can a GP change medication prescribed by an NHS consultant without a patient review, and in what scenarios would this be allowed?

Dr stated that a change in medication would not occur in most cases unless the medicine was not available locally or on the NHS Formulary. (NHS approved list of funded medications). He mentioned that it could sometimes happen if the patient had consulted a private clinician, and the prescribed medicine was not in the NHS formulary. In this situation a generic drug may be prescribed. However, the patient would be informed about this beforehand. Typically, the patient's medication remains unchanged as the surgery understands that altering medication may cause the patient concern or challenges.

Action: For information

New PPG Business:

Change of roles and responsibilities and surgery contact point & frequency of meetings

Point Discussed: The PPG executive has agreed that , PPG Chairman, will stand down as surgery liaison and that another PPG committee member will take over the role of sole point of contact for the day-to-day business between the PPG and the Hill Practice. Their objective will be to ensure we have adequate and visible systems for regular, constructive, two-way dialogue conducted frankly but with respect and understanding between the parties. gave an overview of (their) background in working with the NHS, and at the meeting, it was agreed that they were a worthy candidate for the role.

Actions: would like to meet with the practice team face-to-face to establish a communication process, meeting frequency, and strategy as we advance. Dr. suggested that they write to the practice, outline how they would like this to work, and then follow up to agree on the next steps. In the meantime, & will coordinate any outstanding business.

New Business: Letters sent to the surgery regarding PPG Constitution documents & Call centre statistics

Point Discussed: Two letters from the PPG executive board sent to the surgery await response/action.

1: Website information associated with the PPG constitution is incorrect and needs removing or correcting

2: Call centre statistics, a request for further clarity around various metrics

Action: No official response has been received from surgery on either point.

New Business: NHS Quality Improvement Plan for Hill Surgery

This point was carried over in absence, as they have been driving this initiative with the executive. will document, work with the surgery team, and report in full at the next PPG meeting. This point relates to The Hill Surgery's performance improvement plan and how the PPG can work with the surgery where appropriate.

Action: to carry forward.

Patient Survey & Pharmacy Survey

Point Discussed: PPG plans to implement a new patient survey after last year's merger. The previous 2018 study needs an update to reflect changes. The survey should be less burdensome, with options like in-practice surveys, texting survey links, website links, and a platform to analyse data. A smaller study with local pharmacies is also suggested to gain insights into medication reviews and prescription fulfilment/delays. Both surveys should be completed before the end of the year. Dr said he felt a pharmacy review would be beneficial. The budget was discussed, and it was agreed that a digital survey would be most cost-effective and less arduous in capturing the data.

Action: The next step is to schedule an executive meeting to agree on a timeline, assign a project lead, and share plans with the surgery management team. This will ensure the effective implementation of the new survey.

New Business: On-hold messaging

Point Discussed: brought up some crucial points regarding the relevance and effectiveness of the current 'On Hold Messaging' at the call centre. They noted that the message informing patients about excessive inbound call volumes, approximately 800 a day, aligns differently from the actual call centre statistics published on the website. This discrepancy is causing unnecessary stress and dissatisfaction among callers and may contribute to a high abandonment rate and a perceived long wait time.

A Secondary Point not covered but relevant to this point: Patients are frustrated because they must make repeated calls for non-urgent appointments with their GP or nurse. Patients are informed that once the day's capacity has been reached, they must call back the next day and start the process all over again. It would be helpful if non-urgent requests could be carried over for triage/discussion to avoid this repetitive process and the frustration of being unable to book ahead.

Action: will address these concerns with the practice management team at the next meeting

New Business: HSAG Update

Discussion Point: NA provided an update on the membership numbers, which have reached around 400, with new members still joining. HSAG is working towards a more positive and collaborative approach with the surgery, directing patients to a more suitable route rather than 'venting' via social media. Dr mentioned seeing negative comments on social media, suggesting that more moderation and balance may be necessary. While it is acknowledged that patients are frustrated, social media posts have been critical and require more balance.

NA agreed and expressed hope that with a more effective PPG, the need for the action group will diminish over time as the PPG executives are seen supporting patient issues and working more collaboratively with the surgery.

AOB:

Dr. gave a heartfelt presentation on the proposed Collective Action by GPs regarding the ever-decreasing practice funding and GP numbers. He made a plea for us, the PPG, to act both individually and collectively by lobbying our local MP, Helena Dollimore, for support. also mentioned that she personally knows the MP and is willing to offer her support wherever possible.

Action: Dr. will share his presentation along with the minutes.

The meeting closes at 18.50 pm.

Date of next meeting: TBC

Appendix 1: PPG Meeting 15/7/24: Read in its entirety to the meeting.

Dear (Chairperson),

I have read the minutes of the last meeting and am very concerned about what I perceive as an attempt to suborn 'due process'.

You have hinted for some time that you were aware of Dr wish to raise some matters with the PPG but consistently denied any clear knowledge of what these matters were e.g.

On 3rd July - you said you "wouldn't like to speculate"

On 8th July - last Monday - you said, "I now understand that Dr wishes to cover the following...."

For the last two weeks you have been sent emails & WhatsApp by Executive members seeking clarification of the position, asking whether a paper from the Practice is expected and seeking discussions with you to establish an agreed PPG response and way forward - **you have consistently avoided engaging with your Exec colleagues on this issue.**

You now issue, as part of the minutes of the last meeting, a chairman's note, which, in effect, seeks to create an agenda item without any reference to an existing agenda and without any mention of this in your covering email. As you are aware, the agenda for the meeting, which you have not issued but agreed with the executive last week, already contains several important matters that have been carried forward from previous meetings.

Dr obviously has important issues that she wishes to raise with the PPG and that the PPG should hear. **In my opinion, the correct way of doing this would be to submit a paper to the PPG outlining the obviously wide-ranging issues so that all members may have the opportunity to fully consider the points, after which it would be possible to have an informed discussion.**

This course of action has been suggested to you by the Executive over the last couple of weeks and you have studiously avoided any response.

Instead, it would appear that, by using your chairman's note, you have chosen, for reasons that I do not understand and wouldn't like to speculate on, to drop this into Monday's meeting unannounced. This process and your conduct are totally unacceptable and not in the best interests of PPG members and patients**. As Vice Chair, I totally disassociate myself from your action.**

I now urge you, in the best interests of the credibility of the PPG to take the course of action recommended by your Executive colleagues and outlined in bold above, that you inform Dr that these issues will not be included in the agenda for Monday's meeting and, should they be raised as Matters Arising or Any Other Business, **your response should be that the issue has been dealt with in the urgent motion to which I refer in my next paragraph. Should a paper be forthcoming in sufficient time, which, given the gestation period that it has already had, should be do-able, it could be taken at the next PPG meeting.**

As I will be in hospital on the 15th, I am asking my Exec colleagues to move this as a motion of urgency at the start of the meeting and to read this email to the meeting.

Vice Chairperson

Appendix 2: 15/7/24 **Biog and new day-to-day contact between PPG & Hill Surgery**

Dear All,

As a PPG committee member , I have been asked to take over the sole Point of Contact role for the day-to-day business between the PPG and the Hill Practice. My objective as Contact Point will be to ensure we have effective and visible systems for regular, constructive, two-way dialogue conducted frankly but with respect and understanding between the parties. I will seek discussions with appropriate Practice members on what these might be and how they may best be established.

The role of the PPG, as quoted in the Patients Association Guidance, is **"... making sure that the practice puts the patient and improving health at the heart of everything it does...."**

The PPG is the interface between the Practice and its patients and the voice of each to the other. This requires that members of the PPG know and understand how and why decisions are made and contribute, where appropriate, to the decision-making process. Only then can it better support and assist the Practice.

With the creation of the new Hill Practice and the new PPG constitution, we can develop an effective PPG. There may be tensions along the way, but I do not doubt that these will be overcome with goodwill and understanding on all sides.

I care deeply about the NHS and the need to involve patients (service consumers). I am committed to bringing my experience to the functioning and development of our PPG.

(signed)

Background:

It might be of interest to colleagues to know some details of my career history, which I believe have equipped me well for this role:

I was Head of Consultancy in the NHS Executive (as was), planning and managing numerous organisational projects and implementing the recommendations in the NHS, primarily, but not solely, in the Secondary (hospital care) sector.

I moved to the Dept of Health to oversee the operation and financing of the National Blood Authority (NBA), acting as the Secretary of State's observer on the Board of the NBA and Secretary to the Specialist Advisory Committee on the Microbiological Safety of Blood and Tissue for Transplantation (MSBT) chaired by the Chief Medical Officer. I then moved to the NBA as Head of Corporate and Clinical Governance, where I spent the last ten years of my career. All these posts meant regular and close contact with Ministers, Senior Officials and Clinicians, MPs, Pressure Groups and NHS staff and managers at all levels.

Although I have been retired for many years, I have a deep understanding of both the NHS and what organisations need to function effectively. The major problems confronting the NHS, such as funding and staffing, are sadly those faced during my career, albeit now, I fear, far more severe.

Our son is a Prescribing ACP in a major London Teaching Hospital, and his wife is the same in a busy Central London GP practice, so I consider myself completely in touch with the real world in today's NHS. I am also a Volunteer at the Conquest Hospital.