

The Spa Surgery – Patient Participation Group

Wednesday 6 March 2024

GP MEETING ROOM SPA SURGERY

1	Welcome and Introductions
	<p>Spa Surgery: Clare Hedges (CH) (Spa Surgery Managing Partner) Mike Drew (MD) (Spa Surgery Operations Manager) Dr Sian Greenwood (Practice: GP PPG Lead)</p> <p>Patient Participation Group members: Chris Brackley (CB) (Chair) Alison Hill (AH) (Vice Chair) Christopher Dunn (CD) Jo Farragher (JF) Ashley Green (AG) Finlay Hewson (FH) Pam Dight (PD) Sue Whyte (SW) David Cage (DG) Neil Gabriel (NG) Christine Taylor (CT)</p>
2	Apologies for Absence
	Ahmed Hassan, Jeremy Odle
3	Declarations of Interests in Relation to the Business of the Meeting
4	Minutes and Matters Arising
4.1	Minutes of Meeting 11 December 2023 -
	Matters Arising
4.2	No formal minutes were produced from the 11 December and 24 January meeting which had been held on Zoom. CB had however circulated the Agenda and Action Points following each meeting
5	Terms of Reference
5.1	<p>CB raised the issue of the ToR which had been reviewed by Spa. A new clause had been added to the document reflecting the wish of the Practice to have the final say in the membership of the group should a member be found to be potentially bringing the group and Practice name into disrepute.</p> <p>CB and MD stated that the original ToR (i.e. pre new clause) had not had a final ratification. Events in the media recently had caused Spa to rethink how it approaches representative/participatory groups if there has been behaviour which may be subject to investigation.</p> <p>CB and CD felt that without a process/protocol being in place such a clause could be open to abuse by the practice. MD and CH disagreed.</p> <p>A long discussion ensued. CB said that no other PPG in the country had, to his knowledge, such a proscriptive clause in their ToR. (Although he acknowledged he had not reviewed every PPG's ToR)</p>

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	<p>DC said that he would want to understand more about the Equality Act and the Nolan principles and in its potential consequences before being comfortable in signing such a document. MD suggested the ToR is a contract which several members doubted.</p> <p>PD said she had absolutely no issue with the clause and felt that it was appropriate. SW agreed that, should there be a sensitive issue this may be confidential and would not be open to a group discussion for a decision to be made and would therefore respect the decision of the Practice. Members had not however suggested that there should be a 'group discussion' rather that there should be a robust process/protocol in place to address any perceived inconsistency or misunderstanding should someone have been barred.</p> <p>CB suggested that the discussion be taken offline into a 'holistic working group' and asked for volunteers. CB had discussed the proposal with AH who said she would be happy to chair the group. PD/SG/CH/AH/AG and CD agreed they would discuss issue further and would also review all the ToR. CB was asked to send his ToR research document to CH/SG/MD. Members already have the document.</p> <p>CH would ask the ICB for their opinion. CB said he would discuss with the ICB. And with other PPG Chairs.</p>
6	Friends and Family Survey
	<p>MD presented the latest data which showed lots of positive response.</p> <p>A text is sent following any face-to-face appointment with the ability to respond. Paper copies of the survey are also available in reception.</p> <p>Since the survey moved to text the responses have increased from 20-30 per month to around 300.</p> <p>There is now a new option for giving patient details should you wish to have your experience reviewed and be happy to be contacted for further information regarding your feedback.</p> <p>The group asked what the question was that was asked. MD said that this was a standard question. "Overall – how was your experience of our service?" – Very Good/Good/Neutral/Poor/Very Poor/Don't Know. There is a space for comments.</p> <p>CD complimented the practice on the outcomes and encouraged people to ensure they complimented when it was deserved.</p> <p>Link to FF feedback https://www.thespasurgery.co.uk/about-us/have-your-say/friends-and-family-test/</p> <p>The question on the F&F Feedback is: How likely are you to recommend our Practice? There is a need to make this meaningful. CB will send questions.</p>
6	Pharmacy Project Update
	<p>This was regarding several members concerns over issues with the services received at Cohen's Chemist.</p> <p>CB had written to all three practices in the building with a view to approaching Cohen's on behalf of the PCN.</p>

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	<p>CH on behalf of all Spa Partners had been clear that they did not wish any approach to be made on behalf of the practice. Community Pharmacy was struggling across the country with many closing and putting additional pressure on others. She wished the relationship to be maintained as a positive and supportive one as it was currently. Some of the issues experienced could be down to the practice not furnishing prescriptions in time so was not a one sided issue.</p> <p>This had been discussed at PCN Board and the other two practices agreed with The Spa approach. CB stated that this is disappointing as it is a matter of concern to patients. The motivation is to improve the patient experience. Pharmacies would be approached on the basis of 'How can we help?'</p> <p>CH encouraged everyone to watch the 'Tonight' programme on the challenges facing community pharmacy.</p> <p>Fears for future of community pharmacies as eight close every week on average - Latest From ITV News</p> <p>CB wondered if the Cohen's Pharmacist could come to the PPG. CH felt that Cohen's was not the sole provider of community pharmacy to Spa or Harrogate patients and therefore would be better inviting Community Pharmacy North Yorkshire. CB was not familiar with this group. CB said he would be in touch with them.</p> <p>AG said he would send the details as he knew the Chair. A representative would be invited.</p>
7	Pharmacy First Discussion
	<p>DC asked how this was going and how patients would be referred. MD brought the info up on the screen from the NHSE website.</p> <p>CH explained there were strict criteria that were followed and patients would be referred back to the practice if there were any red flags.</p> <p>DC was concerned about patient choice. CH said that the patient could choose which pharmacy they attended but for these conditions the steer from NHSE was that a Community Pharmacist (CPh) had the required knowledge and skills to deal with these issues.</p> <p>There was a question from the group re NHS111 and if they would refer to CPh. CH said that yes they would.</p> <p>This could be a walk in service although to save a prolonged wait would be better telephoning in advance for a time slot. This was still likely to be the same day.</p> <p>CB referred to the ICB PPG group he had attended and this was a service in its 'early days' so patience was required.</p> <p>CD expressed concern that pharmacists may try and sell items that weren't required as are commercial enterprises. CH said that pharmacists were bound by a code of ethics as GPs were and this should not be the case.</p>
7	Website Update
	<p>DC and NG presented their review of the Spa Surgery Website, the NHSApp and the Airmid App</p> <p>There was an extremely good discussion with all contributing their experiences. It was clear there was no one clear winner and that the variety of offers could be confusing.</p>

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The Apps were updated automatically on a regular basis, whereas the Spa Surgery needed to do this manually.

Apps could be possibly over-accessible and could put the more vulnerable at risk.

NHS App could have notes added but the disclaimer said that the surgery may not see these. This led to more phone calls to GP to check the message had got through.

All 3 platforms had ability to review and renew their prescription on line and/or change their nominated pharmacy and this needed to be promoted to ease pressure on the phones.

A useful aspect of the SystemOnline website was that you could put notes for your Rx but the box was very small. This was out of Spa's control.

Patients now also had the ability to see their prospective care record from 30 November 2023.

The NHS App is the 'umbrella' App and was being fully promoted by the NHS.

DG undertook to develop a list of Top Tips for the PPG Board in the waiting room to guide people on the use of the App., starting with accessing test results.

FH highlighted that although younger people seemed IT savvy, they did struggle with these sorts of interfaces. A promotional campaign to download and use the NHSApp in schools may be a worthwhile consideration as part of PHSE.

CD felt that the online booking button could be bigger so was easily seen.

e-Consultations were also discussed.

MD highlighted that the cap had now been removed unless there was unexpected absence and practice pressure on provision of care.

The e-consult service does not operate outside of core hours as the practice does not have the resource to provide 24/7 care. Currently 15% of total appointments are e-cons queries.

CH highlighted that for simple admin enquires the 'Sick Notes/Test Results or Administrative Help' was the option to choose to avoid multiple questions regarding illness/condition.

Online Bookings

Due to the continued pressure for appointments a triage system is still in place and if an appointment is required then a booking link can now be sent for the correct appointment 'type' but gives a ranges of dates and times for the patient to choose. This means that the patient always books the right appointment slot.

Having the appts on line has shown that a patient may book a blood test, expecting a GP consult which is a wasted appt.

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Next Meeting

Zoom Up-Date Meeting: Monday 20th May 10.00am. CB to send invitation

Face-to-Face Meeting: Tuesday 25th June 4.00-6.00pm. at the Surgery