KELVEDON & FEERING HEALTH CENTRE

Patient Participation Group Meeting

Tuesday, 29th November 2022 @ 2.45pm

Present:

Patient one
Patient Two
Patient Three
Patient Four
Patient Five
(SA) – Operations Manager at K&F HC
(JA) – Finance Manager K&FHC
(MV) – Practice Manager K&F HC

In attendance:

No other departments/Organisations in attendance today.

ITEM	AGENDA	SUMMARY -MINUTES	ACTION
	Agenda inserted	K&FHC PPG Agenda 29.11.22.doc	
1	**Minutes of previous meeting & outstanding actions**	None yet first PPG meeting today and hopefully many more to come.	
2.	**Welcome & Introductions**	**MV:** welcomed everyone to the meeting and thanked everyone for attending this first meeting and getting it up and running. Introduced ourselves one by one to each other, what we did. The PPG group told us a bit about themselves and what they do. **GB:** would like to be more pro-active **CMP:** to be proactive and helping the vulnerable people, wants to get information out there to the local community. Is part of a women's support group and to do with women's health and has a keen interest in promoting this and getting it out there. **AG:** wants to see where things are going within her surgery. **PS:** has been a patient of the surgery for 35 years and came from Tiptree Health Centre. **AT:** part of the parish council and interested in seeing what the surgery is doing, is happy to help in any way she can. **PMMV** handed out the PPG documentation out to the PPG group. • Confidentiality agreement was handed out to all the group, • Two copies of each, one for patients own records and one copy for the PM's file and record keeping for the new up and running PPG. • Reasons given as to why this was essential to do when being a PPG participant. **Briefly went through the:** • PPG terms of reference	

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		• Currently have no chair so we will need to elect/vote one or volunteer for this. • Discussed how the PPG works and what it entails or what our expectations are for this. • To cascade information down to our patients on what new and what is happening within their GP surgery, • To work together with ideas and suggestions from our patients on how to improve and move forwards with our surgery. • What our patients want from us and how we can work together to provide this. • To organise events for patients such as health awareness events, community events involving our patients. • Involve secondary care services for information and what they do, such Heart Failure services, MIND (mental health services) do interactive events with such departments for informative, learning and education events for our patients. **PMMV:** gave an example of an event organised at a previous surgery with other external providers and it was well received by patients. If anyone wishes to attend this PPG MV to be informed and she will forward the agenda and papers for the meeting. PPG Documents distributed, inserted here: • PPG Leaflet, NAPP.org.uk • PPG Terms of reference • PPG Confidentiality agreement • PPG Ground rules- (not given out the time). PPG leaflet (napp.org.uk).pdf K&F HC PPG TOR 2022.docx K&F HC Confidentiality agre K&F HC PPG Ground Rules Nov2(The PPG email set up by SA for all correspondence to go through is: kfhc.patientgroup@nhs.net	
3.	**Access to patient records**	MV asked everyone if they were aware of this initiative for patients having full access to their patient records and what this meant, entailed Forgot to mention that this is called the: accelerated access to GP Patient records.	

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		This surgery is in the process of doing this and wanted the PPG's thoughts and views on this. Were they aware and did they know what this was all about? MV passed over to SA regarding her input on other surgeries experiences and who had completed this and for some there was no influx of queries, but other surgeries had said that the first couple of weeks they had a lot of calls querying with what they came across and what certain things meant. This is an NHS digital and England initiative that had started in July 2022. This is supposed to make it easier for patients to have access to their full patient records to hand in what full information they see about themselves as well decreasing queries and calls made to GP surgeries. Discussed what the understanding of what patients would now being able to see such as read codes and what these meant, how read codes worked when a letter came in from a consultant. What would now be viewable in a patient's health record. **AG:** said that she had access to her NHS app from July 2019. **MV:** Brought up marked in error episodes were discussed and what this meant- as in mistake on a patient's SystmOne electronic notes not necessarily grave but patients could take it this way, if they do not understand what it means. **SA:** gave a rundown on what this meant and who has access to this. Teenagers as young as 13 would be able to have access to their patient notes with a competency test being carried out for this to happen. Case scenarios were discussed and why this could be. **AG:** said that was fine, as she had three children and they would probably share this with her, which is good, but we discussed the reasoning behind why at such a young age this could be granted, safeguarding issues came up **JB:** if a child wanted to go on the pill without their parents knowing etc. See link below re: NHS digital an update from NHS England on accelerating citizen access to GP data (29 November 2022) https://digital.nhs.uk/services/nhs-app/nhs-app-guidance-for-gp-practices/guidance-on-nhs-app-features/accelerating-patient-access-to-their-record/update-from-nhs-england-29-november-2022 MV confirmed that the NHS app is not run by the GP services, it is run/controlled by NHS digital and is linked to the GP surgery in house system (SystmOne) we have no control over the NHS app. All patients said yes that they were aware of this	
4.	Enhanced Access	**MV/SA:** explained about the enhanced access service which is:	

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		• 7 days a week evenings and weekends. • The service is from 6.30 pm to 8.00 pm Monday to Friday and 9.00 to 5.00 on Saturdays to relieve pressure from practices on Monday morning. • Access to the service is via your own GP and if they do not have an appointment available, they can book an enhanced access appointment via the surgery. **SA:** said the enhanced access will have a GP, Practice Nurse, and ANP so full services will be provided. **SA** said that we currently offer 736 GP/Nurse appointments. So, patients do have a good access to our services at the surgery, we are just overwhelmed with the requests to see a GP all the time. We are over what the recommended appointment per week is which is 506. **MV** said that if patients were offered an enhanced access appointment, then they should take it, as we would offer these appointments to patients if we ran out of GP appointments, and it just means that you would be seen or called by another surgery with a different GP. Appointments are both phone calls and face to face. Patients should travel to Halstead if offered an appointment as we are offering flexibility after 6.30pm and it will benefit patients who work further afield (i.e., London) who can get a late evening or weekend appointment so do not need to have a day off work. Patients need to see these enhanced access appointments as offering more choice and flexibility if it is not at the surgery. Information on our website: https://www.kfhc.co.uk/news.aspx **The new way of delivering out-of-hours appointments will give you:** • Access to **more healthcare professionals.** This includes GP's, Nurses, HCAs, and Physiotherapists • More choice about the type of appointment you want. These include a mixture of in-person **face-to-face appointments**, and **remote appointments** like **telephone, video, or online appointments**. • Make it more convenient for you to travel to out-of-hours appointments. These appointments are being planned and delivered locally, so it is likely they will available **closer to your home.** **Out-of-hours appointments are now available from 6.30pm to 8pm on weekdays, and from 9am to 5pm on Saturdays.** We are working together with other GP practices in our local area as part of the **Colne Valley Primary Care Network,** find out more at the **PCN website.** **An out-of-hours appointment might not be at your regular GP surgery.** When you book an appointment, you will be told where the appointment will be. These appointments will not be available as walk-in appointments. You will need to book them in advance.	

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		Patient info: If you need medical help now but it's not an emergency, you can also go to 111 online or call 111.	
5.	**Phlebotomy clinics**	**The surgery's review of the running of our blood clinics.** **MV** said that the surgery had now increased their phlebotomy services and increased their clinics. The aim for this increase is to provide more appointments for our patients so that they do not have to travel further afield for this service i.e., travel to the hospitals for this (Colchester) **Phlebotomy clinics held every day apart from Friday:** Monday: 8.40am-12.00pm Tuesday: 9.10am-12.30pm Wed: 9-12.30pm Thurs 9-1pm Friday none currently to be confirmed. **Extra info for patients:** Diabetic blood test at the surgery is a non-fasting blood test unless it is for diagnostic purposes than it is a fasting blood test.	
6.	**Emergency on the day appointments**	Questions and case scenarios came up with regards to calling the surgery at 8am on the day to get an appointment and what to do when all had been taken or no capacity left. **JB:** wanted to know if a patient absolutely needed a slot and we had nothing available or left what would we do. **SA:** said we would never turn a patient away depending on their circumstances at the time and situations are based on a case-by-case scenario, but we also have to bear in mind the more you add to a GP's workload, mistakes happen and are made by doing this and patients are the first to let us know when a mistake when under pressure happens without them realising the how's and whys. The operations manager will always assess the patient case scenario on the severity, presenting complaint at the time and what is doable at the time. Clinicians' rotas explained and the slots available and what was on these rotas explained by SA. Each clinician rotas have a certain number of slots, and these slots are allocated to and include emergency on the day slots, pre bookable appointments, telephone appointment slots, face to face slots, NHS 111 slots, online slots, home visits slots, admin slots, training slots, meeting slots. **NHS 111 & Urgent Treatment Centre (UTC)** It was explained to the group why we tell patients this due to our capacity being filled and no more availability within the surgery on the day.	

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		Discussed the old and vulnerable patients and no available appts on the day what do we do for these patients: Do we turn these patients away. **SA:** Said that we do not turn patients away, they would be assessed, and we would see what we could do, bearing in mind that the clinicians are full of their rotas, admin work, meetings, training, and home visits, as well as assisting the practice nurses and running their surgery and staff. **MV:** we are already overloading the GP workload with patients in terms of fitting in ad-hoc and emergency patients. We do this daily, and patients need to realise overfilling a Dr and pressurising them to see such patients can end up with mistakes being made unintentionally due to doing this. We are aware we need more clinicians due to the patient high demand to see a GP. Again, we are restricted in what we can do due to lack of rooms and clinical space, we will try and accommodate our patients to the best of our abilities, we would never turn away a patient's without questioning this. Our Ops manager SA is the one in charge of the clinicians' rotas and how many the clinicians can see in a day. Patients need to call at the correct times for the correct reasons to alleviate the pressure on the phone system and not all call in at 8am in the morning for appointments and queries. We have enough staff to cover our phones, it is about patients understanding what an emergency appt is, when to call in. All this information is on the K&FHC website. Please see when to call our TELEPHONE LINES Below are the opening times and options you will have to select from when calling our landline: • **Option 1: Appointments - 8am - 6.30pm** • **Option 2: Prescriptions - 11am - 2pm** • **Option 3: Results - 2pm - 6pm** • **Option 4: General Enquiries - 10am - 6.30pm** • **Option 5: Cancellation line - Leave a message 24/7. Please state your full name and DOB.** Please listen to the options carefully as calls will only be answered at the allocated times and **if you go through to the wrong extension, you will be asked to call again and select the correct extension.** **Case scenario's given by AG & CMP in regards this.** AG: part of the service was great from the receptionist, but what happened to the appointment that she was given? Somehow the great advice taken by the receptionist then fell through when it concerned the given appointment. **SA:** to investigate and see where the shortfall is so that it does not occur again.	**OM:SA**

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		These were not complaints, but constructive feedback given to us about patient service experience for investigating, learning from, and improving on. We take all feedback seriously and want to ensure our services fall nothing short of being good for our patients. Our surgery is passionate about our patients. **Recruitment drive and vacancies out** Due to being aware of the increase in patients wanting GP appointments and always looking at our rota capacity and ways to improve this we have adverts out for: • Another GP • An Advanced Nurse Practitioner Our Operations Manager SA is always listening to patients and their struggles in getting an appointment. She also always looks at the rotas and identifies where we could be improving what appointments we could be offering daily. It is difficult because patient demand has increased after C-19. **MV:** said that the adverts had been out for a while now and there is no uptake on anyone applying for these roles. **Discussed reasons this could be:** • GPs prefer to take on more of a locum role • The demanding role of a GP-increase in patient demand & expectations. • The area we are in, rural up against working in a bigger practice in a town. • What would draw a GP to a more rural site, what incentives can we offer them if trying to recruit a younger GP? • The building we work in- limited in terms of what we can do These could be some of the reasons why uptake on our vacancy adverts is slow and no applicants. **CMP:** agreed and could see what we are up against in terms of if a GP had a choice of working in an all singing and dancing venue, what would you choose? We are up against other surgeries that are more modern and have access to local amenities surrounding their build and that is why a new health centre is needed. How do we sell working within our facility and what we have to offer within the surrounding area? It is not from lack of trying in recruiting more clinicians and is it not as easy as some of our patients think.	
7.	**Patient Questions**	The new build project – This came up due to where the new health centre would be, concerned about being one side of the high street to the other and not near Deals.	

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		Our groups views on the health centre were very positive and were forthcoming in saying that this needed wherever it is placed. **CMP:** the locality of this new build would be down to the property developers and NHS England- not down to the GP surgery. Wherever it is placed patients will travel to get to this new build. From the surgery information it would be the other end of the Deals garage where the Nursing home is past this nearer the A12 to Chelmsford side. The surgery needs to be relocated as currently the build that we are in is not suitable and we are constrained in terms of other services that we could provide our patients instead of referring them further afield. GB: Regarding patients that were concerned about travelling, the more senior members of the public, patients without cars, mothers & babies etc, maybe we could look at liaising with community 360 with regards to transport and helping patients get the other end of the high street if this were the case. Wherever it is based it will be along the high street whichever end it is. We would have a bigger car park to cater for our patients and much more suitable premises, fit for f or purpose to see our patients in. We cannot expand with the current building that we are working from now. Most of the PPG group agreed with us and can see that we want to provide the best overall services to our patients and are happy to take on patients views and comments and work together to improve our services.	
8.	**A.O. B**	• **Eye services & Ear services:** The Group were informed of what to do if had any issues and with their eyes and ears and where to go to. Eye conditions and issues to go to Spec savers. Some of our group members were not aware of this but now are. To also put this on our face book page- so more patients become aware of this and do call up about it. On the K&FHC website is information about the **Minor Eye Care Scheme: Primary Eyecare** provides **NHS funded eyecare services** across many parts of England. Look at the links below to find your nearest practice providing a Minor Eye Conditions Service (MECS), Urgent Eyecare Service (CUES) or Community Eye Care Service (CECS). Links: **Find a Practice - Search for your nearest participating optical practice** **Simon Kleyn Optician Optometrist Earls Colne Frinton On Sea Colchester** • **Compliments from our PPG members:** Reception team answering the phones and how they come across.	

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		Receptionist and their knowledge, how they deal with patient's queries, examples given by some of our PPG members CMP & AG. • **Covid 19 vaccinations clinics at the surgery** PPG members thought that our Covid-19 & flu clinics were run very well and complimented the surgery on their delivery of this service. • **Well woman clinic:** **Query from PS: w**anted to know if there was a well woman clinic in the area and are these still being run. Specialist clinic for women, to be referred to about the changes with the female body and someone within this filed to talk to. **OMSA:** To investigate. **GB:** pain clinic – back open Where to hold the PPG meeting, due to lack of space within the surgery- no meeting room. **AT:** discussed the parish council and the events that they hold such as dementia group, Diabetes, afternoon tea. ARC Church is currently offering a warm hub service to the local community due to the current position and rise of bills, electricity, and petrol. **AT:** suggested that we could also advertise the PPG in the Parish page which comes out once a quarter. **AG:** asked how many patients do we want to join this group? **MV:** said 25 to 50 (being extravagant with her figures!) LOL! **AG:** Realistically 15 + **MV:** Just need to get a good PPG surgery support group going to cascade down all the relevant and correct information down to patients and this can be spread by word of mouth by our PPG group members. **Extra information:** **CMP:** runs a local group to do with women's health and is passionate about this, the group is to do with women's menopause and perimenopause support UK-lets enjoy living. Discussed a case scenario where saw Dr RPW regarding menopause. Feels more info needs to be out there for women regarding this. There needs to be more info on UTI's, hormones, there is free training and information on this on the Balance website. We will look at this website and inform our clinicians. Organises these meetings and has a lot of recourses. Is also very concerned and proactive in helping the vulnerable and what we can do for them. **CMP:** feels needs more visuals for this topic, posters- information for this.	**OM:SA**

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		Link to website To also build stronger links with the Co-Op with regards to advertising our PPG group. **AT:** suggested that we could also advertise the PPG in the Parish page which comes out once a quarter. **OMSA:** To put up posters in the waiting room for our patients for female health issues menopause and perimenopause. • **K&F HC FB page** Discussed the current number of K&FHC sites on face book and clarified with out PPG which one was our legitimate one. All aware. **CMP:** To speak with someone regrading how to get these extra sites taken down, as they had similar problems to us. We have reported /informed fb of this and tried to contact the previous persons that set these up to take the non- verified sites down that are not us anymore. **PMMV:** asked & confirmed with the PPG patients if okay to use their emails on a distribution list together to be able to send all PPG mins of the meet to and any other info from. **All PPG members agreed.**	**OM:SA** **CMP**
9.	**Future meeting discussions**	Ideas from the surgery and based on what the patients asked at this meeting we could arrange: • To get the property developer in to discuss and answer questions that our patients have. As we had a lot on questions about where the build would be why at one end of the high road and not the other. • To get a member of the Mid & South Essex integrated care team in to discuss what their part is within the NHS England team/Services. Quality Assurance team. (RE or CR) • Ask MP: PP to come and meet our PPG Group. **Agenda Topic for next meeting:** MP: PP and her visit to our surgery on Friday 11th November 2022- how it went & what was discussed.	
10.	**Next PPG Meeting**	**Dates for the next future meeting offered:** • After January 10th but would have to borrow/investigate getting a room. • Tuesday 28th February 2023 • Thursday 23rd March 2023. **AT:** cannot do the 16th of December apart from this the rest of the 3/52 okay to do. **MV:** thought another meeting to be scheduled after the new build appeal has taken place which is on the 9/10 January 2023.	

Meeting closed at 4.45pm

Date of next meeting: TBC

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