Minutes of Patient Participation Group Meeting Friday 4th October 2024

Present: HC, 2 PPG members in attendance, P3 virtual feedback

Introduction

HC welcomed PPG members, thanked P1, P2 and P3 for their continued engagement.

1. New Telephone System

HC advised P1 and P2 of our new telephone system whereby the patient can request a call back rather than waiting on hold. HC advised that if a patient is called back and the phone call is missed, they won't be tried a second time. The patient will have to call again.

P1 and P2 think this is a good service for our patients, P1 and P2 have not yet used the new system but if and when they do, they will let HC know any feedback.

2. Call-In Screen

As discussed via our PPG email exchange, we are still encountering problems with the call-in screen. HC advised we are aware of the issues and have logged multiple times with provider. HC advised we have been told this is a network issue as too many users calling patients in at the same time, therefore messages get 'jammed' and causes the freezing of the screen. HC advised that following on from an email received the week prior from P1 and P2, she has contacted our provider once again, who have advised they can install an update to see if this rectifies the problems. This will take place on 7th October 2024. HC asked P1 and P2 to report back following the update, if they feel the screen has got better or worse.

P1/P2 are concerned that if patients have sight or hearing difficulties the issue with the call-in screen would cause them some problems. HC reassured P1 and P2 that all patients' notes are flagged with any accessibility needs. The call-in screen offers a verbal call in for patients with a sight impairment and the details are also shown on the screen for patients with a hearing impairment. HC did advise however the clinicians would collect the patient from the waiting room themselves should they have an accessibility need.

3. Facebook

HC discussed creating a closed Facebook PPG group to encourage engagement of the PPG. P1 and P2 think this is a good idea, but unfortunately do not use Facebook themselves so wouldn't be able to be part of the group. HC advised anything that is posted to the group, she would copy to them via email. P1 and P2 said they would think about setting up a Facebook for this reason only. P1 and P2 will let HC know if they do decide to join so she can invite them to the new closed PPG group. HC has

not yet set this up however will be doing so and encouraging members to join in the next few weeks to try and increase our PPG.

P3 expressed how they would like to know if the admin for the page and the rest of group members would be able to access and view their own Facebook details that is shared only with my friends and family. HC advised that if P3 was to join the group, other people who are members of the group would be able to see P3's profile photo and any comments they make to the page but unless you are 'friends' they wouldn't be able to see any of your posts etc. HC advised that there is no need to be involved in the group if patients would prefer not to. HC is setting up the group as another avenue to access patient's feedback.

4. Staff Changes

HC advised Nurse Helen Spink is currently undertaking her Advanced Care Practitioner training so she will be offering acute illness consultations. HC also advised Laura Allison is now qualified Nurse Associate and is able to offer long term condition management.

P2 asked what AS role is in the practice, HC advised he is our clinical pharmacist and deals with medication reviews. P2 asked whether AS is able to amend medication without GP permission. HC advised our Clinical Pharmacist has a debrief with a GP Partner at the end of each clinic. Also, AS is currently completing his prescribing course. P2 happy with this.

5. GP Patient Survey

P1 and P2 congratulated the staff on a very positive GP patient survey result. HC advised we are very happy with the results.

6. ICE

P2 queried how the ICE system works. HC advised that any test taken within Sheffield, blood test, ultrasound scan, x-ray etc. could be viewed within Sheffield through the ICE system. Discussion around how this works in terms of consultants requesting bloods etc. P1 and P2 understand the process.

7. Flu Party

HC advised that all children aged 2-3 are eligible for a nasal flu vaccination, to make this less daunting for the children we are running a nasal flu clinic and doing a 'Flu Party'. The first one is to take place Saturday 5th October. We will be setting up the waiting area with children's tables, crayons, colouring books and putting some music on in the background. Once the child has received their nasal flu vaccine, they will be given a sticker/chocolate. We are hoping this will make for a much more pleasant experience for the children. P1 and P2 thought this was a good idea.