

Patient Participation Group Meeting – University Medical Group

Thursday 27th of February 2025 – 6-7pm

Agenda

- 2025 – A single practice site – update
- Friends and family results
- Wellness/prevention programmes
- Healthwatch update
- Proposed restructure of the PPG

Actions from the last meeting held 15th August 2024

- Can Friends and Family feedback be shared with patients? – Friends and family test will be included as a standing item at PPG meetings going forward.
This is on the agenda for today – action complete
- Can the surgery number be displayed when calling patients – Management Team to review – Not at the moment. If patient phone does not accept unknown/withheld numbers, an alert can be added to the notes to remove the withheld. When it was removed previously, it caused a lot of extra work for reception, especially when they were called opportunistically by the practice, either by a clinician or by a member of reception/admin for administrative issues. Patients would then call back, nobody would know who called them and confusion and unnecessary work ensued. If the issue is urgent, the practice will either remove the withheld or message/email the patient to ensure we get hold of them – action complete for now. PW offered to make some enquiries about how the RBH manage the issue of calling patients outside of a booked appointment and feed back.
- Review disabled parking – Management Team to review
The practice are in discussions with the landlords (Reading University) to see if we can get another disabled parking space – ongoing.
- Ventilation in main reception area – Management Team to review.
This has been reviewed and put on hold for now. There is a certain amount of ventilation provided by the doors constantly opening – No further action planned at this time.

1. A Single practice site – update

Dr Johnston shared her presentation, the practice has received no complaints or negative feedback since the closure of the Whitley Villa site.

An additional phlebotomy room has been created for Donna, the Healthcare Assistant who moved from Whitley Villa. This is in the corridor off the waiting room in the duty corridor and an additional room has been created on the ground floor at the rear of the building so they can see more face to face patients. New room layout maps have been displayed in the practice to reflect the changes in rooms and to help patients to find where to go.

There has been no reduction in appointments, no further issues with lone working, staff travel between sites has been eliminated, cost saving in running an extra building.

High Quality Patient Care

2. Friends and Family results

- Average over the last year 92.82% rated practice as good/very good
- Average number of responses per month – 348
- 4-5 stars posted on-line reviews
- Negative feedback circulated to line manager for review and any action
- Negative feedback discussed at monthly GP meeting (minuted)

Most common negative themes for friends and family feedback:

- Inability to book GP appointments online or in advance
- Having to phone at 8am for a GP appointment, inconvenient for work or the school run
- GPs running late
- Not being able to see regular GP/GP of preference
- Practice DNA (did not attend) process

no change to common themes since last update in August 2024

The DNA policy was discussed again. The partners get a report on any individuals who have missed 3 appointments in the last 12 months to review for any mitigating circumstances. If there are none, the patient could be removed from the practice list. The practice does not undertake this lightly, patients are communicated with on this at every step of the way, all new patients are provided with the policy on registering and a senior member of the practice team will reach out by phone to patients missing appointments to ensure they know how the system works, do they need any help and that they know how important it is not to waste appointments. Question was asked what the impact was of missed appointments eg cost, time. Ultimately, an appointment not attended or attended too late is an appointment wasted and one that another patient who needed it could have had, that is the most important consideration. Every appointment counts. Question was asked what is the percentage of appointments DNAd – practice to get information on this. A robust DNA policy was implemented approximately 2 years ago. Compared with 2023, in 2024 the number of face to face DNA appointments DNAd reduced by 18.7% (433 in 2023 v 352 in 2024).

Quality improvement projects in 2025 – the practice is working towards Price in Practice accreditation and looking at training for patients who want to give their own B12 injections eg patients who have had bariatric surgery and are on lifelong B12, this would save appointments.

3. Wellness/prevention programmes

The practice has been part of a project looking at inequalities and a grant was made available for eligible patients to have an NHS check in the community. Funding was received by Reading Voluntary Action to run this in the community and the project is running until June 2025. The practice received a list of eligible patients and invites were sent to all of them with instructions on how to obtain their health check.

SL. Are you proactive in inviting patients for the over 40s health check as the practice might be missing something, people working too hard, part of the prevention agenda?

EJ. Over 40, blood pressure should be tested every 5 years. The practice has chosen not to make the NHS health checks a top priority. Patients already with a chronic condition such as diabetes, CKD, hypertension, are not eligible as they will already be picked up for these checks as part of the reviews for their condition. If a patient requests it, we will book it and there is a practice protocol in place for the completion of the health check and follow up, if required. Patients can access services as often as they like, we have prioritised smears etc. EJ to look at the cohort and come back with figures. Would have to look at whether it is a big unmet need.

4. Healthwatch update – Simon Shaw

Simon gave an overview of his role, he works across Berkshire West, Wokingham and Reading. Healthwatch is an independent body that listens to the patient voice and takes it back to the decision makers. Simon's full time role is to work with PPGs. Every PPG is different and works in different ways, he also supports new groups. Covid saw off quite a lot of PPG groups. It's good to get voices from everybody. There are 156 Healthwatch groups across the country so a lot of good practices can be shared. Most members of PPGs are patients or carers of patients. Would not expect someone to be a member who is not a patient or carer of a patient.

A discussion was had about young people and the PPG eg university students, could we get some to join the PPG. They could help educate students about the NHS and how to access services to fellow students, especially those from overseas who present at A&E because the hospital is where they go to in their home country. It might be that a 6th form student who is interested in going into healthcare could join, would also be good for the CV to get involved. SS advised PPGs can have a role in informing patients and supporting the practice. EJ commented that years ago we used to have student reps from the university join us but it was a high turnover. Blanket approach doesn't work, perhaps personal invitations would be more effective.

Suggested social/information evenings could be arranged to bring in more people.

5. Proposed restructure of the PPG – SL, PW, DC

Draft of the suggested TOR (terms of reference) - PW distributed paper copies to the attendees, advised not intending to talk about it in detail today. It's a framework to make things better for the practice and patients run by committed members of the community and to facilitate joined up conversations, learning from other practices, other PPGs and the community. Realise lots of pressure on the practice and NHS, the PPG is to add value, not to cause more work. It can be used to run patient surveys, help explain things to patients, reach areas that don't feel they have a say and create a group that reflects the demography of the practice. SL – Practice should take advantage of the views of patients, maybe this is the time to say what's going well and what needs improving eg vaping, lots of communication. A newsletter could help share this information and a prevention agenda. A patient led PPG would be helpful and it is time for us to take a more active part. PW would welcome any feedback and will continue to talk to the practice.

HW asked if there was a patient led PPG, wouldn't it be a very restrictive group? How would that group reach out to the wider patients?

PW – A number of ways eg surveys, getting options, a notice board in the practice or on the website.

HW – would you need people's details?

PW – Yes. DC – Would need the support of the surgery to make sure all agree and it is supported by the practice. We would need a fuller meeting at a later date and would need a representative of the practice in attendance, it is not a standalone.

PW – Have done work with the RBH and learned how to make processes smoother. Communication is most important. The NHS can be too technical, it needs to be kept simple and translatable. Plain English that is translatable.

EJ asked what percentage of PPGs in Reading are patient led. SS – about 50/50 but it's joint working, working together as opposed to them and us. EJ – Would prefer bottom up rather than top down, nobody in the past has wanted to commit. Some issues will not be appropriate to bring to the group. SS – TOR goes along with group rules as well eg chair has a maximum term, boundaries about what is discussed, general discussions, no personal issues.

DC – An active PPG who can pass back what they learn from the community. It would add value to an already excellent practice. It would involve commitment, chair, vice chair and secretary would have to be actively committed. The point of the meeting is to introduce the idea of a patient led PPG.

HW – Communications need to be authorised by the surgery before circulating to patients as it will be seen to be coming from the surgery.

EJ – There is a lot of experience in the room with RBH governor experience and management of board of governor experience. What are the next steps? There would need to be voting.

SL suggested an interim committee to get this off the ground and kickstart the group and then to have the voting in 3 months for the elected group.

SL/PW/DC – suggestion to reconvene in 4 weeks or so with suggested interim committee, FM and EJ and then set another meeting for the wider group. HW commented to consider there may be costs involved in an election.

SS advised next meeting should not be limited to certain members, should be open to all.

Actions

- TOR to be circulated to rest of PPG and another special meeting to be set up in around 4 weeks for feedback and further discussion – FM
- Data to be obtained for percentage of DNAs – Practice
- Data on cohort of patients eligible for NHS health check to be provided - Practice

Suggested date of next special meeting to discuss proposal for patient led PPG – Thursday 10th of April 6-7pm.