



Trent View medical Practice

Patient Participation Group meeting

4pm Tuesday 7th March 2023
Skippingdale surgery

Notes of meeting

1. Apologies for absence:
Tricia Murphy (PPG)
Sue McAuley (PPG) [SM]
Michelle Slimm (TVMP) [MS]
Sara Mann (TVMP)
- In attendance:
Barrie Pollard [BS]
Christine Slack [CS]
David Wall - Chair [DW]
Dawn Austwick [DA]
Mel Stokes [MSt]
Sean Fletcher [SF]
Sue Colakovic [SC]
2. Welcome and introductions:
Dawn Austwick and Tricia Murphy (apologies from Tricia) were welcomed as new PPG members. The TVMP PPG now consists of 12 members.
3. Minutes of the last meeting (09/01/2023)
Agreed as a true and correct record.
4. Matters arising / actions not listed elsewhere on the agenda
 - a. From item 5 discussing business structure and team leaders, see attached business organogram
The meeting discussed the organogram which had been circulated with the agenda (copy attached). The PPG were grateful for the diagram as provided but generally considered it fell short of what was expected/would be helpful. Comments included that the diagram wasn't clear enough (readability, etc), did not make clear the organisational structure, did not show how resources were shared, did not provide FTE numbers per role, did not link to role profiles, did not show establishment FTE and/or headcount compare to in-post FTE and/or headcount (i.e. unfilled vacancies), did not show/link to PCN roles and/or links to 'external' partner roles/resources, did not seem to offer any sort of parity of importance between admin/management and the medical professionals.
*The PPG ask if a revised more helpful/informative organogram could be provided – **Action MS.** The PPG would be happy to assist.*

5. PPG confidentiality agreement (for approval)

The TVMP PPG confidentiality agreement was formally adopted. DW will arrange for signed declaration forms from each member to be lodged with the TVMP Business Manager. The agreement will be referenced in the ToR (see item 12).

Action DW

6. Draft complaints form

The group discussed the existing TVMP Complaints Procedure (tri-fold leaflet), the existing single side A4 complaint form, the existing single side 'authorisation' form, and the new draft complaints pro-forma drafted by SM. Copies attached.

The group has the benefit that a number of members have significant professional business experience in complaint policy, procedure, and complaint handling across a variety of health and business related professions, including but not only at the highest level in an NHS Trust.

The group recognised clear benefit in combining two separate forms into a single structured pro-forma. It felt there was a balance to be had between the ease of completion of checkboxes and complaint categorisations and the risk of poorly structured and/or a push towards complaint, when an awareness of other options may be available/more appropriate.

The group had concerns about the existing 'Procedure' (tri-fold leaflet) and, in general, felt it was lacking in detail and process in terms of policy with limited options and procedure. It was generally felt that a new policy should be drafted that more closely follows and aligns with the national guidelines and requirements.

Recognising the benefit of combining two separate forms into a single pro-forma, the group then went on to discuss the options of bringing all 'patient facing' complaint information into a single source (e.g. into a single pdf on the website, and a single document available in the surgeries) i.e. pro-forma, plus guidance, plus options, next steps, etc. all in one.

SC was able to share a template pack of complaint material – something she had worked on in her professional role (copies attached):

- 1. A comprehensive template policy and procedure*
- 2. A template 'your right to complain' booklet – containing all information, forms, etc.*
- 3. A template 'your opinion counts' poster/leaflet*

The group felt making progress on producing a clearer, more comprehensive, more helpful 'complaints, concerns, comments and compliments' (i.e. the 4 Cs) policy/guidance – including links to

necessary staff training to make it work and embedding learning lessons from complaints – should be a top priority for TVMP.

Going forward, the PPG would welcome details on the type and frequency of complaints and other feedback, and would very much welcome the opportunity to support the business as it adopts and implements lessons learnt, ‘you said – we did’ etc.

The group would welcome an urgent update on TVMP plans in relation to Complaints, complaint handling, staff training, and lessons learnt –

Action MS. *The PPG would be happy to assist.*

7. Practice / Dispensary staffing update

In the absence of MS, no update available.

The group took the opportunity to discuss ‘intelligence’ from the community and some personal experiences. Although there were some positive messages, the overall picture regarding repeat prescriptions, the dispensary service (including prescriptions being dispensed/packaged at Riverside), getting prescriptions to local pharmacy (including whether or not full use of the EPS is happening), seriously negative comments to patients and others by TVMP staff, dispensary staff, and pharmacy staff (in particular Weldricks, Crowle) was extremely depressing and worrying.

The PPG also discussed other matters that seem difficult/impossible at TVMP but yet seem to happen routinely at other practices, e.g. issuing for 8 or 12 weeks supply (rather than 4 weeks), an easy and effective way to have misaligned issue dates for different items aligned to a single date for all items, 48 hour turnaround (patients are being told 7 to 10 days and longer).

*The PPG ask if clarity could be given on 1. current arrangements/turnaround-times & options (e.g. delivery service). 2. Short/medium term plans to fix the service, 3. Future plans and intended service levels – **Action MS.** The PPG would be happy to assist.*

8. KPI performance figures

The PPG appreciate the DNA/Total appointment performance figures provided and would welcome such figures in a time-series layout ahead of future PPG meetings. It would perhaps be helpful if the layout was condensed onto a simple tabular single sheet (minimum/no colour) – including practice totals - rather than five pages of a PowerPoint presentation. Interesting to note that DNAs are approximately 2% of the total appointments.

*The data did not make clear if the total appointments included DNAs. Please could you advise. **Action MS***

The group also looked at the total January 2023 appointment data as published on the NHS website ‘general practice appointment data’

(GPAD). The January 2023 appointment GPAD figure (provided by TVMP) shows a total of 7,159. The chart you kindly provided indicated a total of 6,947. I attach a copy of the GPAD total, broken down by category. Please could you advise which is correct and why the discrepancy? **Action MS.**

The attached GPAD data by category also seems to illustrate a serious data classification mismatch between how appointments are categorised at Riverside and how appointments are categorised at TVMP e.g. only 14 'Unplanned Clinical Activity' at TVMP but 1,489 at Riverside, and 2,441 'Clinical Triage' at TVMP but only 49 at Riverside. Please could you advise if this mismatch is something you would expect to be corrected going forwards? **Action MS.**

And finally, in looking at the GPAD data the group couldn't help but notice (Table 5) that just 23% of TVMP appointments were with a GP, compared to Riverside at 53% (North Lincolnshire average 43%).

In October 2022, TVMP was 31% and Riverside 44% (North Lincolnshire average 39%).

The group would be very interested in your views in respect of, what appears to be, a significant shortfall in GP appointments available for TVMP patients as compared to Riverside. The published figures for FTE GPs in post (Jan 2023) shows 2.7 GPs at TVMP and 13.0 at Riverside. **Action MS**

The PPG look forward to looking at the GPAS SITREP data as and when the detail is provided. **Action MS**

9. TVMP policy on use of Text messages (e.g. appointment reminders)

In the absence of MS, no update available. This is an outstanding action from previous PPG meetings. The group look forward to seeing the practice's policy and intent on this important matter – **Action MS.** The PPG would be happy to assist.

The group also notice that DNA figures appear to be creeping higher. Good use of text reminders (and use of text reply to cancel?) could be of considerable help in preventing any further rise and may well show a significant improvement.

10. TVMP website

On behalf of MS, DW was able to confirm that significant work has been going on behind the scenes. The PPG are welcome to use the log-in ID and password issues some weeks ago to view the current beta version. All comments and feedback are welcome and should, in the first instance, be directed to DW.

DW will keep the PPG updated on progress – **Action DW**

11. Urgent Care system:

a. Feedback

- b. Performance update
- c. Future plans

*In the absence of MS, no update available – **Action MS.** Links in with item 12 below.*

12. New VOIP phone system

*In the absence of MS, no update available – **Action MS.***

DW advised that he'd had a message from MS on 06/03/2023 indicating that the phone diverts to Brigg and activation of the 'care navigator hub' may go-live on 08/03/2023. As soon as DW gets additional information he will share with the PPG. Some members of the PPG (as patients) had received calls from Brigg in the last 48 hours making them think that the 'care navigator hub' was already live.

The PPG expressed concern regarding the apparent lack of communication with patients about changes, not only phones, but changes in general.

13. Annual review of ToR / Constitution

*The proposed amendments to the ToR / Constitution were agreed and accepted as v2.0. The new version (v2.0) is effective from 07/03/2023 and a copy will be circulated to each PPG member and posted on the PPG page of the TVMP website. **Action DW.***

14. Feedback from members who attend external meetings relevant to the work of the PPG

DW reported that no date had yet been agreed for the North Lincolnshire PPG Chairs forum. The group had not met since 14 June 2022. Nothing further to report.

15. AOB

CS noted that the dangerous utility services cover outside the entrance to Crowle surgery had now been repaired and the tree in the Crowle car park removed. It appeared that further work in relation to the brickwork around where the tree had had been removed was still outstanding.

16. Date/time of next meeting – 4pm 02/05/2023 at Keadby