



Kingston Health Patient Participation Group (PPG)

Meeting Minutes

Chair: Tracey Barker (TB)

Minute Taker: Jenni Dobson (JAD)

Attendees Confirmed:

TJ

JD

KM

GM

TG

Tracey introduced herself with experience detailed. JAD introduced. Members introduced to each other.

1. Terms of reference

Asked all members to read, sign and return at the end of the meeting.

All terms received back

2. PCN Introduction

JAD introduced PCNs and explained how networks work. Explained services PCN provide including extended access, job roles such as Social Prescriber and Paramedic and discussed easing GP workloads.

TG – most practices didn't look forward to being in a PCN so I can understand why some practices have taken longer to come together. Do you feel it is benefitting to patients?

TB – Yes

TB explained the other PCNs in Hull and how HASP was formed. JAD explained list size of approx. 25000 and that we're more a collective of family GPs. Member agreed that's more what patients want.

3. Practice Update

TB wanted to let patients know what we've done so far.

Dr Ahmed has been off ill since June, explained that he is still unwell and it is unlikely that he will return before the end of the year.

TB mentioned since coming to the practice, she has recruited a lot of staff. HCA Hayley and Practice Nurse Tracey, both full time across both sites.



More reception staff have been recruited. There was a high staff turnover since before TB joined and the practice has previously struggled to recruit. Now we have a full team across both sites which should see a difference in telephones being answered etc.

Introduced data quality role which focuses on annual reviews, flu clinics therefore have been rolled out much earlier this year due to this. Saturday clinics for flus are really successful so far. Housebound patients have started too with combinations of covid and flu being given.

TB explained that she's trying to get the practice back on track with what the practice should be delivering and it has been positive.

We've started doing active campaigns in the practice. Not everyone has social media but we're trying different ways to engage with our patients and share ideas and what works well. Campaigns so far have been really positive, which include World Mental Health day promoting local mental health advocates.

4. Friends and Family Results

September and October results given to members. TB explained that it is very difficult to engage with negative comments as they're anonymous. The practice is actively encouraging people to be open about issues they're facing.

5. Patient Feedback

Data Quality (Natalie) has collated all of the positive responses from recent Friends and Family and shared with the staff. It's important to let staff know that they are doing a good job. They have a very tough job to do and we wanted to share some positivity to them.

TB has issued PPG members with feedback from the last two Friends and Family including negative comments. TB discussed that negativity can't be changed over night but the practice is taking small steps to turn them into the positives. Some practices don't use the friends and family surveys but we feel it is important. TB explained this is why we have now introduced PPG again for this reason.

Member explained their previous role in data analysis in the NHS and agreed it's difficult to gather the information from survey results. They shared that they felt staff were showing good practice while they were here waiting.

6. Any Other Business

TJ explained issues they have faced with consent to speak on behalf of her family member. She explained that attitudes of staff can be an issue, but did reiterate that this was prior to TB coming to the practice.

TG explained that patients want someone who is listening and asked how many patients the PCN were losing. JAD agreed this was something we can look into if PCN feels it necessary.

TJ explained older people don't always have a voice so would like to be a part of the group to help make some changes on their behalf.

KM discussed an incident he saw in this surgery this morning where a foreign patient was asking for help with mental health but the receptionist was struggling to understand him due to



a language barrier. He was then told once she understood what he was asking for that he would need to call at 8am for an appointment – it's very difficult to do this as appointment are often gone and with English not being some people's first language.

JAD further explained to members about the roles of PCN staff. JAD then mentioned that we are trying as a PCN to engage with patients as much as possible with text messages, newsletters and events being held. We're also concentrating on deprived areas and social inequalities.

TB mentioned that communication is the biggest challenge with the older generation. We are trying everything we can to contact patients, but post is expensive for every patient. Member suggested that using family networks to target them may be helpful. TB agreed with this. She then discussed the feedback box downstairs for ideas, feedback texts sent to patients after their appointment. The practice has also Introduced "You said we did" and we will try and implement it.

JAD mentioned BP machine downstairs and how this will help with patients taking charge of their own health.

JD asked re veteran accredited surgery – is very much on TB to do list. TB will contact JD directly to discuss events we plan to involve veterans in.

TJ mentioned issues with appointments. Specifically, that text reminders for appointments booked don't say F2F or telephone. TG happy with this process but wasn't informed that they were referred on. KM mentioned video calls and said that they felt properly seen to.

TB explained Push Doctor and that we can book patients into them. Has proven very successful.

7. Acronym Glossary

HCA – Healthcare Assistant

PCN – Primary Care Network

PPG – Patient Participation Group

CCG – Clinical Commissioning Group. This is now known as Integrated Care Board (ICB)