PRG MEETING MINUTES

Date: 12th June 2024

Present*:* Roger Kelso, Roger Watts, Sylvia Hindley, Bridget Kettle, Di Wogden, Lynn Sanders, Ed Matthews, Sarah Bickley, Trudi Munn

1. Mystery shopper.

Plan to extend for the month of June. Feedback was good. Things to consider: Receptionist's speed of speech, medical jargon, using easily understandable language when explaining procedures, explanation of what a physio does in clinic. Supervisor in reception can send a quick screen message to the front desk receptionist to perhaps suggest using a different word etc.

The Daisy Line telephony review with the providers, point to Brannam being an exemplary practice regarding the call stats. For the first 3 weeks of May, 10,000 incoming calls were received, with 1/9 to the prescription line. Waiting times approx. 108 seconds (as Di pointed out, better than the 215 mins on hold to an insurance co.) The system shows how many calls are queuing which helps the team to plan the number of operators at pinch times of the day such as 8-8.30am, now having 5 operators answering the calls.
PRG feedback with the new system – good to know where your position is in the queue (1/4 of calls do not wait), no one had used the call back facility, but feedback is very positive from patients who do use this.
There is an issue with Jurassic Fibre in that the ring back facility doesn't work.

2. FFT Feedback
Noted that some patient comments were more extensive this month (overall 700+ replies this month). Sarah said that themes are looked at, and addressed, similarly if praise is given to individual staff, then the comments are highlighted to them – good feedback.

The less than positive responses are addressed but not able to be in touch with the patient as the system is anonymous. However, themes are taken up and further training to staff or social media posts addressing some negative comments via education/information for understanding practice processes (e.g., patients can self-certify sickness for 7 days, and GPs only provide sicknotes after this period, unless on long-term sick)

For easy access to GP services, a new initiative/clinic is planned for I.T. help to be available to patients so enabling them to download apps and look at online services with 2 of our receptionists. They will be able to explain how to request prescriptions, or to address a medical admin query and to book appointments.

3. Constitution/voting for positions

Sarah will circulate the PRG Charter via email to members, and any suggested updates would be appreciated to reflect on the purpose of the PRG. To be continued! Lynn asked if the group is externally monitored. The CQC can at anytime do an audit trail whereby evidence would be supplied to them. Regular AGM.

Robert Kelso voted in to continue as the Brannam PRG Chairperson.
Ed Matthews happy to be the GP representative of the PRG.
Sarah Bickley also happy to be the Co-ordinator of the PRG.

4. Joint PPG Meeting

Brannam representation at the joint meeting was from Lynn, Robert, Roger and Sarah. Sarah said it was a good presentation.

Roger asked about reopening registrations at Brannam's. Ed explained that we are not allowed to remain closed, plus it is helpful to maintain a steady number of patients, or we would lose funding to provide the already stretched services. Closing the list for 3 months did help to put the brakes on the increased demand for registrations. The focus is to provide a good standard of care across the GP Practice services from sympathetic/listening first point of contact to clinical excellence.

Ed highlighted the demographic differences/expectations of a GP surgery based in London – has 1 full time GP, paramedics, and nurses with 20,000 patients situated next to the London School of Economics. The patient's average age is 18-30, affluent and often opting for private care, no care home patients and only 1 patient diagnosed with dementia. Mental health issues predominate the care required.

Barnstaple clearly has a very different demographic. Compare NDDH with Manchester Royal Infirmary – Pilton Hilton is very apt! Structure needs to be different dependent on patient needs geographically. Historically, Topsham GP practice receives more funding per head than North Devon practices – why?

Roger asked how Brannam makes adjustments for non-nationals in the practice. We use the Language Line to help with translation in clinics and often a family member or a friend attends appointments with their relative to help interpret.

PCN Funding – the pot of money for this is to provide paramedics, physiotherapists, pharmacists, mental health workers but not for GPs or nurses. Currently, the PCN are advertising for another First Contact Physiotherapist to share the work with Jim Darling our current FCP, after sadly losing Charlie Wilkins.

Roger raised the possibility of GPs striking for better conditions etc. Ed said that GPs had not planned do this – currently GPs are auditing the work that secondary care ask GPs to carry out where the hospitals should be doing the work themselves e.g., asking GPs to refer to other departments/hospitals rather than doing the referral themselves, prescriptions, follow up bloods etc.

5. Dementia Support Worker

We are looking to raise support between the PCN GP practices to fund our Dementia Support Worker (£15,000 - approximately 50%of salary) for a 12-month contract (hopefully extend thereafter). Brannam had a cake and plant sale recently that raised £180. We kindly had a £500 donation from the Rotary Club. We will again have collection points during the seasonal flu clinics to raise money for the DSW.

Any other ideas to raise funds, please pass on!

New GPs to the practice are Dr Theon Rogers, Dr Natasha Wood, and Dr Victor Chukwuyem.
Dr Victoria Sebbage is now sharing Dr Melanie Deacon's patient list and we welcome back Dr Amy Parkinson after her maternity leave.

6. PRG Open Evening – 26th of June from 6-7pm

A text message was sent to patients of which we had 170 people across the ages, expressing an interest in the possibility of joining the PRG.
Another invite to come to the Open Evening to be sent with an RSVP reply – will cap the numbers if necessary.
Good practice would be to have around 12-15 regular attenders at PRG meetings.
Meeting structure will be along these lines:

- Explanation of the purpose/requirements of the PRG
- Introduce the current members.
- Aims, feedback from suggestions.
- Not a place for airing one's personal agenda, but to reflect the demographic needs.

Query - could GPs suggest likely participation of patients to join the group? Yes, could suggest over recommendation.

Action – Sarah will email current non-attending PRG members to suggest attendance or if not, then to leave the group.
Working parents are tricky to interest in joining due to busy lifestyles. Could consider forming reference/focus groups to target specific issues.

NEXT MEETING: WEDNESDAY 11TH OF SEPTEMBER 2024