



Stockbridge Surgery PPG

Stockbridge Town Hall

Wednesday 10 July 18:30 – 20:00

Minutes

Present

Surgery: Dr Claire Walsh, Dr Nico Rosser, Ann Spooner (Practice Manager)
PPG: Andrew Brock, Martin Gossling, Beryl Prately, Peter Storey, Audrey Watts

Apologies

Sheila Fitzpatrick, Alison Deverell

(Anne Bailiff resigned post April's meeting and Martin Gillard resigned beginning of July)

1. Minutes of the PPG meeting of the 18th April: Agreed
2. Actions from previous PPG meeting

Proposed Dispensary

Details awaited regarding more detail of costing and funding as well as improve communications to overcome the concerns raised. However, planning has been approved. **Action:** Practice to provide detailed information of the new dispensary and update on the planning on the practice website.

Preferred GP Appointments

Practice to improve education and communication regarding preferred GP appointments and their waiting lists awaited **Action:** Practice to provide detailed information on the practice website.

Private Covid Vaccinations

Details awaited as to whether the Practice can offer private covid vaccinations in addition travel vaccinations **Action:** Claire to revisit with Partners and report back

NHS App implications

Practice yet to update their advice on services available that do not need a doctor – but how the doctor can be consulted. (This also links in to preferred GP appointments above and covered in main meeting).

Revolving Partner presence at PPG minutes

Not actioned (though Nicco Rosser attended this meeting)

PPG Membership & Auto resignation

Non attending member written to and removed off mailing lists and DropBox; PPG advised that normal tenure in the PPG is 3 years (also discussed in main meeting)

Drop Box

Practice Manager granted access, but still some legacy issues with access **Action:** Martin Gossling to help Practice (and any other who still need it) by providing the weblink.

Patient Support Groups.

Beryl to obtain more details for the Practice so that they might advise potential patients of additional support available that they might be interested in **Action:** Ongoing



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Communications

Practice still to provide details of their distribution lists so that PPG can see if there are any other comms opportunities **Action** Practice to provide distributions lists.

3. Main Agenda

Surgery Update

- a. Latest on the Dispensary and communications
Dispensary, slight lapse in service due to holidays but currently operating with 4 working days turnaround – but 5 working days (one calendar week) remains the target i.e. Monday-Friday (does not include Sat morning which is collection only).

The window for phone calls related to Dispensary etc. is up to 2hours. Conditions are set by 3rd party software, so it is hard to change much. The suggestion is that any specific terms be listed on the Practice website, so all such communications are in the same place. **Action:** Practice
Standardized texts are now in place for consistency.

- b. Progress on preferred GP appointments and their waiting lists
Going well with very few complaints, most wait lists under control can vary. The average waiting time is 2 weeks but less if you ask for any doctor and call in direct, but care is needed as to how this is presented.
(Nico to present on managing demand better at end of meeting), but other details to be on the Practice website **Action:** Practice to update Practice website with rationale and specific details)
Out of hours is still 111

- c. Changes they foresee in Primary Care because of the change of Government
None expected at this time.

- d. Use of online Booking & NHS App (and communications)
Details of services not requiring a doctor will be added to the website with rationale (and how it links back to doctors). In addition to the tv screen the practice will also look to simplify messaging on the practice notice boards so that the key points are readily and prominently available to all on there. **Action:** Practice to further update website with Services available and the rational as to why patients do not necessarily need to see the GP – but that they are consulted)

- e. introduction of common “touch and feel” of Practice communications
It was agreed that there should be “one source of truth” which should be the website, and all communications from the Practice should aim to have the same touch and feel - text messaging is already following a standard approach further to a recent internal project. **Action:** Practice to continue to



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standardise all communication templates

f. **Update on Covid vaccinations – especially adverse reactions to the last vaccination that have been reported**

Claire Walshe gave a comprehensive response to how side effects were looked at in detail with Covid on a global basis where the Global Vaccine Data Network study monitors results and effects. The findings state severe reactions are quite rare but do happen. These side effects are then investigated in detail. Outcome of some really rare conditions 0.87 to 1.8 per million patients in some cases, which still makes the vaccine incredible safe versus the risks of non-vaccination

Action: General surgery update to be circulated after the meeting;
Update on Covid adverse reactions to be added to the Practice website

g. **Nico presentation**

Nico is a new partner member of the Practice and gave a presentation on 'Concept of a modern General Practice Access Model' GPM NHSE initiative which is in essence total triage ahead of seeing a doctor with the aim of optimising contact channels, structured info gathering and care navigation process across all channels. The intended outcome is better allocation and building in capabilities in GP Teams

Most of the GPM is already supported by the Practice. However, Clinical triage is the hardest bit and Stockbridge is not moving to this because of a few issues. The proposed 'Total Triage' uses Accux to gather all of the information. An example of the on-line template was shown.

Accux appeals to better tech minded patients.

E-Console triage just needs a patient to confirm that the enquiry is not an emergency, and outcomes are now 30/30/30 in terms of what response will be allocated to each stage in terms of text, phone call or face to face response.

Face to face is preferred but is limited by resources and so the practice is not fully adopting the process so more can be seen face to face. Also, reception workload increases.

So, face 2 face is preferred at the practice as much as possible!

The stated goal of the practice is now:

'Equitable, timely, high quality and efficient care for patients delivered by a happy workforce using a triage model appropriate for Stockbridge.'

A plan was presented for the coming months including better training for reception and other key patient facing areas with unified protocols and processes. Making every appointment booking count and encouraging self-checking/referral

Continuity is also going to be improved, which is a key message.

But how best to update patients on just how to get access to extra services such



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as ear wax removal etc.

Key is being able to demonstrate that the local interpretation of the national guidelines to suit the local community makes sense and is not a drop in performance.

The PPG were fully supportive of the Practice's initiative with a focus on F2F appointments and recognition of the fact the demographic is rural with a heavier bias to more elderly patients with more complex issues which are much better handled F2F from both the patients' and doctors' perspective and best suited to give the most effective patient health outcomes.

Key batch messaging could be done via the text message on the NHS app for some key initiatives.

Actions Nico to make a copy of the presentation available to the PPG, Marti to see if we can get usage data from the NHS app and the Practice (in line with agenda items b and d above).

2. Publicising PPG Activity

It was agreed that PPG Minutes and forthcoming Agendas to be publicised on the Practice website (**Action:** Practice) and terms of reference need to be updated to change maximum tenure to 5 years and review membership (**Action:** Andrew and Claire)

3. Any Other Business

Waiting room 'channels' up to the front desk was noted as to some issues with some patients – especially those with a disability due to lack of space

Try to improve numbers of new PPG members

Next meeting potentially Thursday 17th Oct or 24th October.

Meeting closed 19:50