

Woodstock Medical Practice  
 Patient Participation Group Meeting  
 Wednesday 31 August 2022  
 Via MStTeams

PPG Members Present:

[REDACTED]

[REDACTED]

[REDACTED]

Apologies:

[REDACTED]

Actions List

What	By When	Who
Minutes from last meeting to be adjusted to confirm agreement for Gillian Ventura to be invited to our next face to face meeting	By 30 September	[REDACTED]
Ask [REDACTED] if he wants to continue as a PPG member or if he wishes to step down	Confirmation to the group via Chair/co-Chair by	[REDACTED]
Review the PPG terms of reference	By next meeting	All
Invite [REDACTED] to the next meeting (F2F)	By 14 October	[REDACTED]
Book a space for the next meeting (F2F)	By 14 October	[REDACTED] to check what is best location
[REDACTED] to update calendar invite to all participants with the venue	By 14 October	[REDACTED]

█ to confirm how the appointment system now works and if patients can call throughout the day and ensure the auto response does not deter this	By the next meeting	█
PPG mailbox – █ to confirm with █ who has access to this and how we can share any info / comments and feedback coming into this	By the next meeting	█
█ outlined she can aim to bring to the next meeting a summary of themes of issues and complaints for the surgery	By the next meeting	█
Meeting invites for next PPG meetings this year to be put in diary ASAP - 26 October and 7 <sup>th</sup> December	By 14 <sup>th</sup> October	█

### 1. Apologies

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█

### 2. Notes from the last meeting

- █ asked that the minutes from the last meeting are amended to confirm agreement in the last meeting for █ to attend our next face to face meeting to support us in coming together as a group.
- █ commented that she supports PPGs across Scotland and can come in as a neutral party to help us consider how we operate in the most effective way and cohesively take forward the PPG agenda.
- With above amendment, minutes of previous meeting held on 6 May were approved.

### 3. Call for Agenda Items

- █ opened the discussion up to the group on items and questions carried forward from the last meeting
  - Phonline
    - █ asked about the upgrade to the telephone appointment and surgery contact system, and why at a previous housing association meeting with the surgery it was confirmed the system would be upgraded and funding was turned down.
    - The practice replied what was mentioned was that it was felt that the telephone system was fit for purpose and there was no

requirement for updating the issue was related to volume of calls. [REDACTED] advised that there seemed to be some confusion. GP IT re-provisioning had been discussed at The Lanark's Tenants Association. This is in relation to the practice management system (electronic patient records) called Vision [REDACTED] advised that between now and next summer all practices should be transitioned on to the newer IT system. Additionally, there has been discussion regarding DACS (Digital Asynchronous Consulting System), a SG initiative, which is behind schedule, being rolled out across Scotland – allowing patients with digital technology, could access practices to make enquiries about their health for routine care not urgent care. Invitation to apply for additional funding had been circulated last September/October to allow practices to apply if upgrade to telephony system was required. There are difficulties in getting access to the practice on the telephone, however this was more to do with the volume of calls than the capability of the telephony system. This volume of calls and practices ability to answer them was a recurring problem across practices in NHS Lanarkshire.

- [REDACTED] confirmed she was not aware of any surgery plans to upgrade the telephone line. She confirmed it may have been discussions that took place before she joined, and she would seek to find out more.
  - [REDACTED] further commented that the phone system was adequate for the purposes it serves and did not need to be upgraded
  - A further discussion took place on the queue for the phonenumber being reduced from 50 to 25 to ensure patients did not need to wait on the phone for an extended period before they made it to the front of the queue. Whilst this means some patients would get the busy tone and need to call back, once they were in the queue the average wait time has reduced to around 5 minutes before their call reaches the front of the queue.
  - More discussion took place on the need for patients to call between 8-10am otherwise they cannot get an appointment and that no forward appointments could be made.
  - [REDACTED] confirmed patients can call any time of the day however acknowledged that after the initial morning rush for same day appointments it may be unlikely patients can get an appointment on the same day. It was explained thought that appointments are held back for urgent requirements and patients should call throughout the day if they need an appointment with an appropriate medical practitioner urgently.
  - [REDACTED] also commented and outlined that all GP systems were under review and a new Digital System – DACs – would allow patients to make enquiries about routine health issues but not to deal with urgent on the day care.
- i. [REDACTED] agreed to take an action away to check the phonenumber did not prevent people calling any time of the day for an appointment due to the recorded message stating you can only call for appointment between 8-10am that was previously used.
- More medical staff to Lanark

- i. [REDACTED] confirmed the recommended number of appointments were around 75-85 per 1000 patients, and that the practice was providing more appointments than this due to the additional capacity provided by the current model and further he supported that patients can call any time of the day to arrange an appointment with a medical practitioner.
    - ii. [REDACTED] also commented that more appointments were being delivered via telephone triage where a medical practitioner would call the patient back in the first instance rather than all face to face. This approach worked well and where face to face appointment needed, the patient would be brought in.
    - iii. [REDACTED] also talked about the challenges of recruiting GPs into Lanark and how the GP surgery were looking to attract more GPs to operate from Lanark
      - Additional advanced nurse practitioners operating out of Lanark
      - Plans are being developed to enable a MDT to be established Lanark. There would also be a focus on training for both clinical and admin teams, and learning from the development of the EK hub would be shared.
      - The Hub at East Kilbride allows remote support format least 2 clinicians on a daily basis to provide access to Lanark patients, freeing up more GP availability to deal with the more complex or urgent needs.
      - It has been a struggle to recruit new GPs to the surgery and they are less likely to want to be partners or salaried GPs opting to work as locums, not work full time or be limited to operating form the one location. More roles were available for remote working through private providers and these offer more choice to GPs today, and they are looking for more flexible contracts. The ability to use the hub model will help address.
      - Recruitment has been undertaken, with new ANPs taking up post over the next few months. A new full-time paramedic has also been recruited and is now in post.
      - [REDACTED] asked about how we can attract more GPs and Neil also asked how the PPG can support this.
  - New community recruits to the PPG
    - i. Suggestion that we again review if we can get younger members on the PPG to represent the younger patients of Lanark, add to the community social media pages/Love Lanark page
    - ii. Suggested we review if we can do this through the Grammar and in relation to students completing their Duke of Edinburgh Awards/Senior Guides
    - iii. Agree at the next meeting who needs to take this action forward and POC from the Grammar to connect with.
4. [REDACTED] confirmed she attached the PPG terms of reference to the meeting invite and asked if all members can review as a reminder of roles and the PPG framework.

5. [REDACTED] - surgery update

- i. Surgery reopening the doors 5<sup>th</sup> September – 8am open access
- ii. Same triage service - front desk or phone for an appointment, telephone triage system in first instance using care navigation to best point of care.
- iii. Self-check in available when patients come to surgery for an appointment they have booked, to reduce the number of patients waiting at front desk.
- iv. Urgent prescriptions and samples can be dropped off at the front desk
- v. If patients want to use the online prescription reorder system, they can get details from the front desk or by calling the surgery.
- vi. Still one-way system into and out of the practice.
- vii. New admin staff been recruited and will be in training at reception
- viii. Communication will be available in print and on-line

6. Complaints

- i. [REDACTED] asked if the surgery have a record of complaints and themes that can be reviewed and shared with the group to help consider areas for the group to help address, review and track?
- ii. [REDACTED] confirmed the Care Opinion may have some useful information
- iii. It was outlined that secondary care (hospital settings) only has access to Care Opinion and this is not a forum that GP can utilise. Patients can provide feedback via NHS Lanarkshire's Patients Affair team.
- iv. [REDACTED] outlined she can aim to bring to the next meeting a summary of themes of issues and complaints.
- v. Agreement also to further advertise the comments and suggestions box in the surgery to allow patients to provide feedback positive and constructive
- vi. [REDACTED] also asked who has access to the mailbox created for patients to email the PPG members. [REDACTED] commented she would take an action to find out.
- vii. [REDACTED] outlined that the health boards are required to track complaints and review themes, he also shared Primary Care Quarter 1 Key Themes for complaints, which demonstrated the most common reason for complaints was access.

7. Press articles and survey results

- i. [REDACTED] outlines that the discussions had in the meeting to date were helpful to position where improvements were needed and this stage no need to go back through the survey results.

8. Calendar of Meetings

- ii. Agreement to send meetings calendar invites in advance and also post this on the PPG website on the surgery website

9. Communications

- Access to PPG minutes – people without Facebook/access to the practice website were not receiving copies of the latest minutes.

- i. After the meeting in May, the practice reached out to the patient group to work out a time for the Chairman to go up to the practice and help prepare this. No response was received.
  - ii. When the practice reaches out to someone it should be sent to all patient members. The members can decide who will contact the practice as some of the members are retired and were willing to go up and help with the display
  - iii. Leaflets would be picked up and would be available at practice, pharmacist next door and Tolbooth.
  - iv. Suggestion that we should arrange with the practice to put some in High Street Lloyds and Boots too.
- Window at surgery
    - i. █████ suggested we ensure the minutes of the meeting are available at the window of the surgery for anyone that cannot access them online and that any updates and support needed for this to be extended out the PPG members
    - ii. All agreed this was a good idea

#### 10. AOCB

- █████ asked the PPG to consider development of an action plan with all the work being undertaken, Irene suggested that the rolling action list could help inform this action plan.
- █████ advised he has a vast amount of information from previous involvement with RCGP, discussion was undertaken about how this was best shared and used to ensure PPG members were able to be kept up to date – suggestion about a PPG teams page to keep this information and all PPG minutes and agenda and any other documents as a repository/library. To be discussed by PPG members.

#### 11. Date of next meetings – as above in Calendar of meetings summary

Close