



SHP PPG Committee Meeting

Thursday 22nd June 2023

6:30pm – 7.45pm

Monkspath Medical Centre

PRESENT:

Sandra Matthews (SM) Chair: LR - Vice Chair; LW; GM; HA; GC; SK; PC; Anne Devrell (AD) Secretary

ONLINE: n/a

APOLOGIES

AS; DA; GA; MM

In attendance: Steve New (CEO)

Acronyms:

CO = Communications Officer

NAPP = National Association for Patient Participation

1. Welcome and Approval of minutes 18.5.23

These were accepted as a true record and approved. Apologies were noted as above. There are 235 members on the PPG database currently. The actions from the May meeting were discussed and updates as outlined below.

1.1 ACTION LOG from 18.5.23

ITEM	ACTION	RESPONSIBILITY	OUTCOME
1.4	Reinstatement of online access – current position and timescales	SM	ongoing
	Arrange Digital workgroup meeting	LR	LR awaiting date from CO
	Explore possible agenda for future speakers (as per 18.5.23 minutes)	AD	ongoing
	Suggest Digital transformation lead speaks at a committee/wider	AD	ongoing



	PPG meeting in the near future		
	Active Health groups within SHP	AD	ongoing
6.	Circulate PPG Awareness week rota	AD	Completed 21.5.23 CLOSED
7.	Agenda items for June committee meeting to SM	All	by 15 July

2. SHP quarterly update – Steve New CEO

SN gave a brief presentation that covered

- telephone call and wait times (as requested by committee),
- shared the new NHS report ‘Delivery Plan recovering access to primary care - May 2023’ and
- demonstrated the impact of new appointment cancellation channels as requested by PPG.

Headlines from the presentation as follows:

2.1 SN shared the new NHS report published in May 2023 and reassured the committee that SHP fully embrace the Plan and will deliver its recommendations. SN highlighted P14 where SHP’s experiences around their promotion of the NHS App and repeat prescriptions are specifically and favourably mentioned. To date, he informed the meeting that 31 000 of 56 000 SHP patients use the app to order their repeat prescriptions.

2.2 The delivery plan highlights the importance of pharmacies and pharmaceuticals. He updated that the ‘Community Pharmacy Scheme’ (SHP are part of a local scheme) which was now ‘Pharmacy First’. Patients are and will continue to be signposted to these services in line with a move by NHSE for pharmacists to prescribe certain approved medication. Training in prescribing is now gathering pace for a range of healthcare professionals, including pharmacists and other allied health professionals (AHP).

2.3 Seven ‘conditions’ of the Delivery Plan will soon be published. Primary care will need to deliver these. The conditions include the prescribing of some antibiotics by non - GP healthcare staff.

2.4 The Delivery Plan also maps out the roll out of Care Navigation. SHP PPG members will know that this approach has already been delivered by SHP (a pilot for NHSE). Those Primary Care Networks not yet using this approach to ensure patients are seen by the ‘most appropriate healthcare professional’ will be required to take this approach on in the coming months.

2.5 SN will keep the committee up to date with the development of the Delivery Plan in six months’ time.

2.6 SHP have also developed their own internal Operating Plan. This relates to the organisation and mobilisation of their workforce to ensure successful delivery of the



new NHSE expectations for Primary Care. Key within this is GP clinical capacity; the role of the Digital Transformation lead and the partnership with the local Integrated Care System (ICS – we are BSol). The latter is being engaged with regularly. Since 5 June 2023 new teams have been organised within a new staffing and response system.

GC asked which pharmacies SHP patients would be directed to. SN responded that 'Pharmacy First' relates to high street pharmacists. SHP have their own team of in-house clinical pharmacists and technicians. The latter deal with medication after hospitalisation.

SK asked what a 'structured medication review' was. SN replied that it was a review of patient medication by a SHP pharmacist rather than by a GP.

2.6 SN next dealt with a patient query forwarded by the PPG.

Q. If people have access to the NHS app why do SHP ask for passport verification before allowing people access to their data? Stringent Identity verification processes are undertaken before an individual can access the app. Extra work for SHP and the patient for no benefit.

A. SHP follows the guidance from NHS England and the Royal College of General Practitioners (RCGP) regarding access to medical records. We need to consider situations such as domestic violence, safeguarding, adopted patients and other situations where access to medical records could cause harm to the patient. When we are asked to provide online access to medical records we ask for additional ID and there is a consent form to fill in to ensure we adhere to data protection. The additional verification ID is to further ensure the person requesting access is the patient.

SN explained that, by the end of 2023 patients should have the codes that enable access to the full scope of records on the NHS app but that, given the backlog nationally and locally for carrying the above safety and security checks, access would be from the time of access and not retrospective. Any other course of action would just delay access for many patients even further. However, patients still have the right to access their full records but this would need to be done formally and through SHP.

2.7 SN then moved on to the GPAD data and telephone data. He emphasised that GPAD data was 'experimental' and that figures around DNA (did not attend – an area the committee had previously asked how they could support greater take up of appointments). The computer system that generates the data has flaws in determining the nature and scope of appointments. However, SN demonstrated that the increased options for cancellation via text and phone option at SHP have made a significant improvement in patients being able to cancel and inform the surgeries in good time, thus freeing up appointments for other patients. SN provided a recent example; DNAs for the last 90 day period = 1003 appointments potentially lost but, 723 were cancelled using the new telephone option and by text when the appointment was communicated in this way. The additional appointments were 'saved'. 46 000 text messages were sent in the same period.



SHP are further looking at using the appointment model used for Covid vaccinations in making appointments, where patients were offered slots and could choose what time was best for them and the location.

SOURCE NHSE:

Each appointment costs an average of £30, putting the total cost to the NHS at more than £216million pounds on top of the disruption for staff and fellow patients that would pay for:

- *The annual salary of 2,325 full time GPs*
- *224, 640 cataract operations*
- *58,320 hip replacement operations*
- *216,000 drug treatment courses for Alzheimer's*
- *The annual salary of 8, 424 full time community nurses*

SM passed on the request she had received from some PPG members asking for the split of appointments between GP's and other healthcare staff.

Currently the GPAD data shows patients seeing GPs and the rest of the figure seeing 'other' staff but no further details. SN restated that SHP do not monitor this and there is no directive to do so from NHSE. What SHP are planning to do periodically, is to monitor 'inappropriate appointments'. This was illustrated by two committee members; one had an appointment made with a GP and, given the nature of the appointment, it was clear to her that this wasn't necessary; another illustration was when a patient asked to see a particular healthcare professional but the CN booked a GP appointment as they believed this was the most appropriate 'match' after checking patient records. SN added that this 'match' is improving.

2.8 Inbound answered calls (not when dealing with long term conditions)- improving and closer to the trend line in place.

Average answer times - in line with accepted levels and hovering around the trend line.

The committee thanked SN for his input and signalled their support for and confidence in what SHP were doing for patients.

3. PPG Awareness Week

SM gave a brief outline of the activity at Monkspath and Shirley Medical Centre. Twenty-three new joiners were 'captured' altogether and AD contacted them all to confirm consent. As of 22nd June, there are 235 members in the wider PPG. The committee would like to carry out this activity again, especially with patients taking up extended access appointments at Monkspath as they are a wider demographic and necessary for a better PPG profile. SM and AD thanked members who had supported on these occasions.

4. SHP Board update 1 June 2023; Comms update (CO)

- Thanks to SHP for new banners promoting PPG





- Shared our actions for PPG awareness week 2023 at sites (2 sites). 18 forms filled at the time; three new joiners via SHP website; AD responded to all to check out accuracy of emails and sought confirmation that they still wanted to join. Once confirmation received, they were added to database and welcomed (plus ToR and calendar). 235 members as of 22 June 2023
- Monkspath used as opportunity to access working and younger patients rather than high footfall.
- Appreciating the invitation for the Frailty project as initiated by Dr N Patel and meeting on 2.6.23
- Reminder about the Call and Recall opportunity to meet the team and learn about the service
- Asked about the Governance development for research for patients at SHP
- SM raised the issue of DNAs and how the PPG could help. Better to celebrate the use of new options including texts.
- Dr Patel cited again the situation when doctors visit nursing and care homes and see up to 80 patients... this is recorded by NHSE as one appointment not the number of patients.

Dr B Patel (Chairing) suggested that we contact the SHP Service Delivery Manager who holds all clinic diaries with a view to PPG attending to promote the group when multiple f2f clinics are in operation.

Dr B Patel informed us that Dr N Patel has been invited by NHSE to speak at a national conference about the partnerships experiences in improving access ... achievements and challenges. He reminded that promoting the NHS app for repeat prescriptions (for example) takes the pressure off phone lines.

Dr B Patel was also keen to know how our Awareness week was going and the impact on membership. 234 in total as of 17.6.23

In addition:

AD attended NAPP webinar 'Community Conversations' **Module 1 – Discover**

Session 1 'How to shake up your PPG and other things you can do instead!'

Essentially,

- recognising that it's very difficult to represent a whole community
- a committee cannot represent all patients
- Be aware who regular meetings suit and those it doesn't suit
- There are a variety of ways of delivering a PPG ie other models to build on what we already have
- No requirement for an ICS to have a PPG; best model is at PCN level
- Real need to build relationships between PC and patients



- Media 'driving a wedge' with PC
- Knowing our community strengths and what's important and achievable
- Making space for those who are marginalised
- Improving services; awareness of funding gaps... not just 'feeding back'
- Need to know the 'what' before the 'how' ie community input and a shared vision
- What could/would we achieve by involving local people in developing Primary Care?

Much of this resonated with the committee and further thoughts would be considered.

ACTION: 20 June – AD created an account with NHS Future to participate in the Community Conversations workplace. Additional committee members SM and LR stated that they would like to attend future meetings and AD will provide further information as she receives it.

5. Workgroup /Projects

SM reminded the committee that more volunteers were required to be ready to carry out activities already identified ie. Digital group; communications group (to kick start PPG areas at SHP sites – starting with one, initially) and volunteers to support Dr Webb and the carers' event currently being scoped out with Solihull carers' group.

6. Promoting PPG at sites

After discussion, it was agreed that one site would be chosen (in agreement through the CO) where volunteer committee would develop a PPG area to encourage sign up and awareness of our monthly Bulletin. Volunteers to be identified asap and a plan worked up.

SM shared posters originally drawn up by GC to enhance patients' knowledge of the PPG at sites. SM had amended the two original posters (with input via email from other members) into one. Committee made a couple of minor amendments and agreed that the final version of the poster should be scaled up to A2 for display.

ACTION: Committee to form an action group to carry out the above and establish across the SHP footprint with monthly visits to refresh etc.

ACTION: SM to adjust poster in line with committee input and send to SHP for printing.

7. PPG Plan 2023

AD had circulated this pre-meeting and added in additional actions/updates after the May meetings. There were no additions from committee on the night.

8. Items to be included on next committee meeting agenda

For information and by 6th July 2023 to SM.

9. Close of Meeting – 7.45pm

Next committee meeting:

13th July 2023 Monkspath Surgery 6.30pm – 7.45pm and online access



20th July Wider PPG meeting: Monkspath Surgery 6.00pm – 7.30pm and online access

ACTION LOG

ITEM	ACTION	RESPONSIBILITY	OUTCOME
1.1	Reinstatement of online access – current position and timescales	SM	ongoing
	Arrange Digital workgroup meeting	LR	Bulletins uploaded
	a) Explore possible agenda for future speakers inc. Digital Transformation lead b) establish what health groups are active within SHP	AD	Ongoing
6.	Establish site groups for PPG promotion	All	HA/SM/AD
	Adjust and send to print agreed PPG posters	SM	Revised number for printing

SIGNED: ...*Sandra Matthews*..... (Chair)

DATE:13th July, 2023.....