Kelvingrove Medical Centre

Patient Participation Group

Minutes

Meeting - Thursday 21st March 2024 13:00 – 14:00

Kelvingrove Medical Centre, 28 Hands Road, Heanor, Derbyshire, DE75 7HA

Attendees:

Secretary & Chair Gavin Peart (GP)

Megumi Ashida (MA) - Kelvingrove Data/IT Lead

Eric Cresswell (EC) Irene Cresswell (IC) Darren Evans (DE) Frances Hoult (FH)

Apologies: Doctor Ryogo Ashida (RA), Ann Jones (AJ), Paul Jones (PJ), Paul Mason (PM),

Christopher Perko (CP), Rachel Smith (RS), Emma Stone (ES), Diane Woolley

(DW), Neil Woolley (NW)

1 Meeting Chair & Practice Representative

GP advised the meeting that Christopher (CP) was unwell and could not attend the meeting so GP will chair the meeting in Christophers absence. The group wished Christopher a speedy recovery.

Emma (ES) is on a training day so is unable to attend the meeting so Meg (MA) is representing the Practice and will take back any actions for the Practice on Emma's behalf.

2 Understanding how the practice works

As planned, GP and EC dialled in to use the Practice's telephone system and have produced reports to provide feedback to the practice from the patients' perspective. GP has emailed the reports to the Practice and hard copies of the reports were handed out at the meeting. In addition, GP will email all members of the group with electronic copies of the reports.

EC asked whether patients progress through the telephone queueing system could be sped up by changing round the order of the "options selection process" and the "Dr Reid message" so that the message follows option selection rather than coming first. This would mean that the message is read out after patients have selected their preferred option and are now in the queue allowing the message to be listened to whilst the patient was in the "you are position "x" in the queue" part of the system. MA will check to see whether this could be done

With the exception of any comments on the reports from the Practice, and EC's suggestion above, this action is now complete.

3 Blood Testing Services

The group is concerned that the efforts being made by the Practice to increase the speed and efficiency of patient diagnosis and treatment can be undermined by the time taken to take blood, process the blood tests and provide the results back to the Practice.

The group is also concerned moving the blood testing service to an online booking service could negatively affect older patients as many do not have access to web-based services or are not experienced internet users. The PPG members were concerned that this potentially vulnerable group remains significantly disadvantaged by the move, by the blood testing service, to a web-based appointment service.

The PPG asked that the Practice forward their concerns regarding the delays and apparent limitations of the current service to the service providers (Derbyshire NHS).

The group asked that the Practice request a response from the Derbyshire NHS to explain the actions they are taking to ensure all patient groups have easy and efficient access to the service and how the current delays, which may have the potential to have impact on speed of diagnosis and treatment, are being addressed.

4 Reviewing the Practice Website

GP advised that he has made further progress on reviewing the Practice's website and will complete the sections of the Practice's website remaining and complete his feedback on those to the practice before the next PPG meeting.

GP asked whether the Practice used any website traffic reporting and analysis tools to analyse the amount of traffic the Kelvingrove website received to determine how the website is used, what sections are most/least popular etc. GP explained to those members of the group not familiar with web technology that, with the right tools, it is possible to track all of the activity taking place on the Kelvingrove website to better understand how the website is used and to work out how it can be improved to make it even more useful to those patients using it. MA will check with the company who provide and run the website for the Practice to see whether there are any opportunities to access and use the traffic reporting data.

5 Opportunities for the Practice to draw from Dr David Unwin's strategy to treat obesity / diabetes

GP confirmed that he intends to take up the role of a Public Health Collaboration Ambassador to be able to liaise with local GP practices to set up and run lifestyle support groups. GP to follow up with Practice's diabetes nurse, Holly Lancaster (HL) in respect of the potential for this at Kelvingrove.

6 Patient Feedback, Questions & Suggestions Hub

GP has set up the PPG's dedicated email account (kelvingroveppg@outlook.com) to allow patients to contact the PPG directly (through CP & GP as the PPG representatives) to raise any issues, ask questions or provide feedback.

Post Meeting Note: GP requests that anyone in the group needing to contact him by email please use his personal email address, rather than the PPG email address, as although the PPG email address is fully functional emailing his personal email address works much more efficiently as he receives these immediately rather than having to manually check in periodically for emails to the PPG email address.

7 PPG Meeting Attendance Levels & Membership

The group is to consider ways to increase membership of the PPG and attendance levels at the PPG meetings.

The posters asking for new PPG members have been placed in the Practice's waiting areas advising patients of the groups existence and giving the date and time of the next PPG meeting. The posters include a QR code allowing anyone interested in joining to scan the code and go straight to the

relevant PPG webpage on the Practice's website.

DE advised the group that upcoming placements in his new career role will be on Thursdays so he will, unfortunately, not be able to attend PPG meetings for the immediate future.

8 Annual Wellness Checks

In response to EC's query regarding the status of annual wellness MA advised the group that these had been stopped during covid but the Practice is currently reviewing how these will be re-started. MA will ask ES to update the group on the plans for these going forward.

EC confirmed that both himself and his wife now had wellness check appointments having made specific requests.

9 Repeat Prescriptions

PM advised that he had been having problems with the Swiftqueue repeat prescription services as the last three repeat prescriptions authorised by the Doctor did not include an important medicine which the Doctor confirmed was on the list of repeat prescriptions authorised by him and yet was not on the scrip appearing on the prescription services system. In each case PM's wife had to have the scrips amended to include the missing medication. ES to raise this with the Practice's Pharmacy Technician to identify why this discrepancy was arising and identify and resolve any system problems giving rise to the "missing" medicine.

FH advised the group that there still seemed to be problems in being able to collect all required medicines in one visit (even after the chemist had advised her to come and collect her prescriptions) requiring a separate visit to collect those medicines which had not been available on the first visit. This appeared to be a Pharmacy problem rather than a Practice related problem.

10 Patient Medicines Reviews

EC advised that he was due to have had medicines review just before Christmas 2023 with the Practice pharmacist and, although the review did not actually take place, he subsequently received an email confirming that the review was satisfactory and no changes were required. ES to check the situation with medicines reviews, using EC's experience, to identify whether the system was working correctly.

11 New Tasks

As a number of tasks have now been completed the group and Practice are to consider what other tasks can be looked at by the group.

12 Any Other Business

Date of the next meeting Thursday 18th April 2024 at 1pm

Location – Upper-level Waiting Room, Kelvingrove Medical Centre