

Hill Surgery PPG Meeting: 22nd April 2024

Attendees: David Standen (DS) Chair

PPG Members: Andrée Stevens (AS), Tom & Jan Kelly (TK & JK), Anne Bird (AB), Angela Stewart (AS), Sharon Jackson (SJ), Peter Wallace (PW), Nick Andrews (NA) and Maxine Green (MG)

Hill Surgery: Dr Milan Radia (MR), Julie Holloway (JH), Shane Morrison-McCabe (SM)

Guests: Caroline Gough (CG) Call Care Ltd, Hill Surgery Action Group (HSAG), represented by Paul Roger (PR & Legal), Karen Perser (Disabled Healthcare) & Anita Waters (Treasurer) – Paul, Karen and Anita are patients of Hill Surgery.

Meeting Started: 17:00

1. **Welcome:** The chair opened the meeting officially at 17:05 when most of the members had joined. In the welcome the chair reiterated that the meeting is being recorded and before it will allow you to unmute and speak, you must accept and click the OK button.
2. **Congratulations:** The chair congratulated TK & JK on becoming grandparents for the first time. Their grandson was born on Saturday 20th of April and both mother & baby are well. The PPG also congratulated Tom and Jan.
3. MR Introduced Share Morrison-McCabe (SM), who is compiling documents for the CPC. MR said that he wanted her to become more involved and see what's going on in the PPG meetings. The chair welcomed SM to the meeting.
4. **Apologies:** The chair noted and accepted apologies from Debby Anderson. No other apologies were received.
5. **Minutes of the previous meeting:** The chair explained that he had used the transcript to create the minutes of the last meeting, which had become an onerous mission. The chair proposed that, as we have a recording and a transcript that the meeting minutes be reduced to significant notes and action point only. This motion was passed.

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7. **Matters Arising:**

8. The chair held over the election of officers until after the next item.

9. **Constitution:** MG gave a detailed presentation to the PPG, accompanied by slides which were sent out before the meeting. The PPG listened to the presentation and asked questions when MG had concluded.

10. MG explained the setup of a steering group, formed of David Standen (Chair), Tom Kelly (PPG), Nick Andrews (Chair HSAG) and Maxine Green (HSAG).

11. The steering group was formed to look at the constitution of the PPG and the thrust of the work that the PPG will do. The steering group may meet in between full PPG meetings to prepare documents for presentation at the full board.

12. It was accepted that there are a couple of typos in the constitution documents, which will be corrected.

13. MR commented that it was an excellent presentation and gave his best endeavour to commit to working constructively with the PPG and that the surgery will try to send representation to meetings wherever possible. MR indicated the importance of the PPG activities. MR commented that the undertaking sounds like a lot of work for some people when considering that this is completely non-funded and voluntary. MR thanked those involved for their efforts. Doctor Radia agreed to sign the document in good faith.

14. The constitution was proposed by the chair and seconded by MR, which was carried by the PPG.

15. Tom Kelly was proposed and seconded as Vice Chair.

16. The position of secretary remains vacant, and a volunteer was sought. In the absence of this, the chair agreed that the role could be shared around the PPG on a rota basis.

17. CG gave a presentation on call volumes, which was shared on screen.

Week commencing	Calls
04/03/2024	2623
11/03/2024	2849
18/03/2024	2817
25/03/2024	2452

18. Call volumes remain stable.

19. The average call duration in February was approximately 6 minutes. This has fluctuated between 5 minutes 25 seconds and 6 minutes 10 seconds over March.

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20. The average answer time from February was 24 minutes 20 seconds. It fell to as low as 14 minutes 39 seconds in March but went up again to 16 minutes and 2 seconds at the end of March. CG explained that this is a massive reduction in waiting times.
21. CG mentioned statistics from the post-call satisfaction survey, which rates from 1-10. The ratings represent, “How satisfied are you are that your call is resolved?” 8/10 “How would you rate the call handler?”, 8-9/10 and “How would you rate the time taken to answer your call?”, 7/10.
22. CG explained the “Voice of the Patient” scores, that anything over 30-40% is good performance, which now rates 68%.
23. NA asked for clarification on call times and waiting times, which was given.
24. MG asked about the drivers governing the improvement.
25. CG explained that we have 8 agents until 16:30 then 2 until 18:00
26. MR told the meeting that additional training has been provided in March/April and has worked extensively to try and deal with the call in the first hit.
27. MG asked about the satisfaction survey and asked how many calls get the survey.
28. CG agreed to carry this item forward. **AP – CG to provide this information.**
29. AS asked for clarification on call-backs, and whether the call-back was part of the statistics. MR answered that the call-backs did not contribute to this number.
30. AS asked for clarification over why information is given to the call handler, but then the doctor asks for this information again when calling.
31. MR commented that the initial call is for triaging purposes only. This is added to the notes and then the Doctor adds to this when the call is made.
32. AS explained that she had been waiting all day for the call-back to be received.
33. MG asked CG for the average number of contacts each patient makes.
34. MR referred to a slide, at the end of the pack, indicating unique callers. MR highlighted callers that made over 20 calls per month and one who had made 64 calls in the month.
35. MR drew attention to how the Call Care system has been programmed to recognise the numbers of vulnerable groups, such as care homes, learning disabled, palliative care etc so that they are pushed up the queue automatically and that the record would flag for the call handler that the vulnerable cohorts would be prioritised.
36. MR offered to find the list of vulnerable groups. **AP – MR to provide list at next meeting.**
37. The group gave thanks for CG’s presentation before she left the call.

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38. MR gave some updates. Paperwork has been sent to the CQC by SM. Application made to CQC with all protocols in place.
39. MR mentioned QOF (Quality Outcomes Framework). Funding is based on QOF results. This is nationally mandated to ensure that the quality of care is good. At Beaconsfield the score was usually 99 or 100 percent. So far, the Hill Surgery has hit just over 90% which ranks it among the top 70% of surgeries in the country. MR said that huge efforts have been made and hopes to improve on the score.
40. MG asked for clarification of the metrics and KPI's involved.
41. MR gave an example stating that the Hill Surgery has 100 diabetics. How many have had a blood test, 1 point, how many have had a COPD test, 1 point, how many have had a blood pressure test, 1 point, what was the cholesterol reading etc.
42. MG congratulated the surgery on this work.
43. AB highlighted issues with changing prescriptions at Laycocks Pharmacy.
44. MR explained that medicine management is problematic and that the issue could be looked at offline. MR agreed that it was a good idea to explain the whole process of medicine and pharmacy management and agreed to do this at a future meeting. **AP – MR to demonstrate the process of medication provision.**
45. MG queried whether the surgery would be re-audited after submissions made to the CQC. MR was uncertain as to when this would happen and that this was in the hands of the CQC, and likely to take time.
46. SM explained that the practice has been using the CQC's best examples as a model for the Hill Surgery practice in terms of the safety domain, effectiveness and well led domains.
47. AS raised a query that MR deemed inappropriate for the PPG meeting and agreed that someone from the surgery would call her.
48. Chairs note (not from meeting). **Members are reminded that the Doctors who attend the PPG meeting are busy people, and their time is valuable. The PPG forum is not designed for raising personal issues with the practice staff and member should refrain from doing so.**
49. The HSAG questions from the agenda were raised: Is there funding set aside for the PPG – No. The surgery commits to provide time and used to pay for the zoom calls but receives no specific funding to run a PPG.

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50. The PPG application form has been reinstated and I have received applications from two new members. I will contact them in due course to arrange introductions etc. **AP – Chair to contact new members.**
51. We would like to run a face-to-face meeting at some point and wanted to know if there is space at any of the surgeries to accommodate this. MR agreed to investigate this and report back. **AP MR & JH to report back.**
52. Notice boards are available for the PPG at each of the surgeries.
53. Metrics to be looked at in a future call.
54. AS raised the point about lessons on engage consult. DS offered to assist AS with this on a personal level but agreed that we could arrange an open event to demonstrate to larger audiences. JH commented that there are already some video guides online.
55. MR raised several new videos, that he will share with the PPG first, which explain the various roles in the surgery. JH to send links to DS for sharing, so that we get some opinions from the PPG before putting them up on the website.
56. MR said that we had time to comment and said that he will be uploading them on the 7th of May.
57. MR commented on friends and family figures. Out of 659 responses we got over 80% good or very good, with 13% which said poor or very poor. MR said that this was in line with other practices, but he would like to see fewer in the low categories.
58. MG asked that if new sections are added to the website, that JH sends a link to the chair, so that members can view it, rather than keep searching for new items. MR agreed. JH commented that new logo is on site and PPG pages are being updated. **AP – JH to send links to chair for dissemination.**
59. MR mentioned complaints and said that he will bring an analysis of these to a future meeting. Analysis shows that the surgery averaged 40-44 complaints per month for October, November, and December. This has now fallen to 20 per month. There is more work to do on this. The chair agreed that this is an improvement.
60. MR wanted to make it known that staff are deeply distress by some negative social media commentary about the surgery and had shown various upsetting posts to the practice partners. SM asked if there are protocols in place for the PPG.
61. The chair commented that this is within our constitution and said that we have control over some of the posts on next door, but unfortunately not all of them. People often complain on other platforms. The PPG is aware of this, and we support the surgery

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and note the upset caused by other comments. We will rebut the comments and drive constructive criticism.

62. JH raised a point that the surgery would be closed for one day so that the new protocols can be understood and bedded in at the practice.
63. **Date of next meeting** 24th May 2024 at 17:00. It may be in person, but most likely online.
64. **The chair closed the meeting at 18:30**