## PPG Meeting 1<sup>st</sup> March 2023 Alwoodley Medical Centre (AMC)

Present (Patients):	Dr Stewart Manning (Dr SM), Louise Escott (LE), Colin Sykes (CS), Philip Turnpenny (PT), Dick Killington (DK), Alex Sharp (AS)
Present On Teams (Patients):	Shelley Ross
Present (Practice):	Sue Appleyard (SA), Dr Jorge Valencia (Dr JV)
Present On Teams (Practice):	Jayne Tait (JT)

Compiled by:

LE

ltem	Notes	Action
1	Apologies	
	Dr Raj, Brenda Metcalfe, Dr Sutcliffe	
2	Minutes Of Previous Meeting	
	The minutes of the 7 <sup>th</sup> December 2022 meeting were approved.	
3	Action Point Updates	
	There was no update on how patients are being notified about signing up for news about the practice.	
	SA advised that work was starting on updating the AMC website and making it more patient friendly. This would involve a change in the language used and online patient triage being replaced by a system called 'Patches'. All medical practices will be using 'Patches'. This will allow patients to sign up to receive the latest updates by giving them the option to create their own account and see messages in a more secure manner by using the link provided. Test results would <u>not</u> be sent using this system. Patients will still continue to receive a text, e-mail or telephone message to ring the practice for their results.	
	Patients are to be encouraged to use the NHS App.	
4	Communication	
	Dr SM stated that it would be good to be notified in advance about	
	who was attending the PPG meeting from the practice. He stated	
	that communication needed to be two way. He mentioned an e-	

	mail sent to JT where he had not received a response. JT commented that she did not think that the e-mail required a response and this should be a conversation held outside of the meeting. JT and SA confirmed that they normally responded to all e-mails received.	
5	PPG Ancillary Group Meeting Action Points Dr SM stated that he had put a note on Facebook asking for new members to join the AMC PPG with the aim to try to be more proactive and to fully represent all communities within the practice. Separate meetings have been held and problems identified. Dr SM advised that patients were happy with the Drs that they saw. However, the issues were more about patients trying to book appointments. Some older people find it hard to use IT to book appointments and telephoning at 08.00 for an appointment could be a problem for parents taking children to school. Dr SM stated that these problems were common across all practices not unique to AMC. The main concern is how to engage with patients and manage their expectations. Dr JV commented that he agreed that communication should be two way.	
6	Practice Changes Updates On The Website Dr SM stated in the next few years there was going to be more emphasis placed on PPGs and that if changes were planned for the AMC, it would be good to know in advance. If there were practice changes, the website should be updated. If the PPG were made aware of changes in advance, it may be possible to prevent some of the adverse comments being made by patients on FB. Dr SM stated that it would be helpful if he could have a meeting with SA once a month to discuss the problems. He confirmed that he was appalled by some of the comments on FB and that the PPG would like to form a better relationship with the practice to benefit all.	
7	Telephone Call Backs & Online Patient TriageDr SM asked if it was possible to give patients a time frame for callbacks? This would be helpful, especially to those that work. Dr JVstated that it was impossible to do this due to the large volume ofcall backs. There were too many calls, a limited number of doctorsand a limited number of appointments. Dr JV advised that theywould not refuse an appointment to a child under 16, a palliativecare patient, someone who was housebound or an extremelyunwell patient. SR commented that this needed communicating topatients.	
8	Feedback To Patients JT asked Dr SM how he was going to feedback the answers to the questions raised by patients? Was there an easier way than	Dr SM

	answering each person individually? LE suggested a questions and answers section on the AMC website but this would only be helpful to those who used IT. SR stated that not everyone was using IT and that maybe text messages could be used, information displayed on the big screens in the waiting room as well as the website. JT stated that AMC had no control over the bigger picture and patient behaviour, but could the PPG help to educate patients? Dr JV stated that patients needed to understand how the system worked to manage their expectations better. SA stated that it was not just the Drs that needed treating with more respect it was all the staff employed at the AMC. DK stated that he would like to compliment the practice on how he had recently been treated. SR suggested old fashioned mail drops may reach out to more people to help to manage patient expectations. AS thought that this was a good idea. CS asked how many patients were over 70 at the practice? JT stated that 10% of the patients at the practice were aged between 65 - 74 and $6%$ were between $75 - 84$ . LE suggested that we target local community centres where people in this age range might attend to assist in educating patients. CS suggested that information could be provided at MAE Care. LE stated that an article could be placed in the newsletter that is sent by local councillors to all in Alwoodley. LE stated that it might be possible for patients to share their positive experiences of using AMC with everyone to stave off some of the criticism and influence others by not being so negative. Dr SM stated that he would collate all ideas.	
9	Questionnaires SA stated that she would like to use the PPG to distribute questionnaires to the patients at the AMC. Dr SM asked what they were going to be used for? SA said that it would provide a snapshot of the problems facing patients. JT asked why did patients feel the need to queue outside the surgery from as early as 07.00 to book an appointment? AS suggested that we could possibly adapt the questionnaire to address this question.	
10	Monthly Meeting With Sue Appleyard Dr SM asked if SA would be able to spare half an hour per month to discuss the problems facing the patients and asked if this was acceptable with JT and Dr JV. It was agreed that this could happen.	Dr SM
11	PPG Facebook Page	
	The creation of a PPG Facebook page was discussed as a means of communicating better with patients. SR stated she would willingly manage this. JT thought it might be a forum for patients to post negative comments. There was no agreement as to whether this was a good idea.	

12	<b>Books On Prescription Funding</b> There is still £2,200.00 allocated to the PPG. It was decided not to go ahead with the purchase of books. Dr SM asked what the money was going to be spent on. Suggestions to be brought to the next meeting.	All
13	Any Other Business JT informed the PPG that Dr Martin Sutcliffe would be leaving the Partnership as he had accepted a position with the Yorkshire Ambulance Service.	
14	Date Of Next Meeting Wednesday 14 <sup>th</sup> June 2023.	