### PPG Meeting

### April 2nd 2025

**Alwoodley Medical Centre**

**Present (Patients):** Dr Stewart Manning (Dr SM), Richard Killington (RK), Shelley Ross (SR), Marilyn Ableson (MA), Bea Glass (BG), Philip Turnpenny (PT), Barbara Robinson (BR), Colin Sykes (CS), Louise Scott (LE), Kate Pritchard (KP).

**Present (AMC):** Dr Raj Sathiyaseelan (Dr RS), Dr Jorge Alegria Valencia (Dr JAV), Angela Williams (Patient Services Supervisor) (AW), Dr Maliha Khan (Dr MK).

**Visitors:** Madeleine Wood (ML), Moor Allerton Library

**Minutes compiled by:** SR

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**1.Apologies**

Sue Smith, Alex Sharpe.

**2**.**Minutes of the Previous Meeting**

The minutes of the January 15th meeting were approved.

**3.Matters Arising**

**Digital Support Sessions at Moor Allerton Library**

**Action**

* A decision will be taken about whether to continue with these.

MW said she had spoken to NHS England Digital who run the NHS App and advised that Moor Allerton Library was planning to hold more teaching sessions focusing on the NHS App and PATCHs. The first of these is due to be held in June. She added that a session was due to be held at the Ziff Centre.

**Reading Well Scheme**

**Action:**

* MW and MA to review the books in the bookcase.
* MW to speak to the library about hosting health and well-being talks.

MA explained that there were only a few books on display in the bookcase currently due to the fact that 10 had been stolen during the last six weeks. She said the library’s computer system would not allow further borrowing until previously borrowed books had been returned. This meant that the PPG library card was restricted to half the number it was originally allowed. She advised that a basket containing leaflets had also been stolen.

Dr SM said a sign should be put up stating that the service will be stopped unless the books are returned. If this did not work, then the scheme will be closed.

It was agreed that MA and MW would meet to discuss the way forward.

**Action:** MA and MW to meet.

**Self-Help Groups/Speakers**

BG said that many people have a fear of tests such as mammograms and colonoscopies for example. In her view, it is more beneficial to speak to people who have had experience of these screening tests rather than reading a leaflet. She said that her child had diabetes and having the opportunity to attend a talk from someone who had gone through a similar experience would have been beneficial. Dr RS said it was the fear of the unknown.

MA explained a talk from a carer’s perspective would also be useful for those looking after relatives and friends who have various conditions. Dr RS asked if MA would be happy to speak to other patients who were looking after people with cancer on a one to one. She said she would. Dr RS said he would email the details to SR who would then forward them onto MA.

Dr SM said he would be happy to give his Cancer Smart talk. MW said the sessions could be held at the library.

It was agreed that the session could be publicised at the library and the surgery. Dr SM said he would be happy to post information about them on his social media.

Dr SM said his Cancer Smart talk would be the first session. Following this, it was agreed that a sub-group would be set up.

**Action:**

* **Dr SM to liaise with MW to discuss a date to hold his talk. He will also send a podcast he was involved with to her.**

**PPG Facebook Page**

It was agreed that a Facebook page will be set up. It will not be open for comments but will be used to publicise information about the surgery, clinics, health awareness and PPG news.

**Change of PATCHs Message**

This has been amended. The message now reads:

Alwoodley Medical Centre is currently unavailable for health problems on PATCHs. They will next be available **tomorrow at 08:00**.

**Health problems:**

PATCHS is closed as the surgery has now reached its safe capacity. Sometimes if too many patients are accessing PATCHs at the same time, the system may show as at capacity temporarily until these requests have been filtered through, so it may be necessary to try again. However PATCHS will re-open at 8am the next working day if we have reached capacity. If you are unable to wait for the next available working day due to an urgent medical problem, are a housebound patient or Palliative care patient, please call the surgery on 0113 393 0119.

**Please do not send clinical PATCHS requests via non-clinical/Admin as these may not be seen or dealt with.**

SR said she would review the message.

**Action:**

SR to review the new message.

**4.Latest News and Information from the AMC team**

Dr RS advised that Practice Manager Luke Gawthrop-Pleasant was no longer working at the surgery. He added that a new business manager would be starting in 6 weeks.

The PPG were advised at the meeting that Dr Lewis had retired in January 2025. SR said the PPG should have been advised about this prior to her departure. Dr RS said a notice had been put in the surgery and patients who had been seeing Dr Lewis had been informed during the previous 6 months prior to her retirement.

**5.The Government’s Plans for the NHS**

**The GP Contract**

Dr RS described the new contract as “unhelpful.” He said that from October, PATCHs would be open all day for requests to be sent through. However, he was concerned that the volume would make it difficult to ascertain which requests were urgent.

Due to the large number of items to be discussed, it was agreed to postpone the following items until the next meeting:

Bringing back the Family Doctor

Offering Online Booking of Appointments

The impact of the Budget

**6.Call Back Service**

SR said the call back service seemed to be unreliable – sometimes it was working, other times it was not.

AW said she was unable to explain the reasons for this but that it was beyond the Practice’s control. The issues have been raised with the suppliers and hopefully a resolution will be found.

**7.Appointments**

**Follow Up Appointments:**

SR explained that she had had a series of blood tests which had all been normal. Even though they had been normal, she had wanted to discuss them as her problem was still persisting.

When she had telephoned the surgery to make a follow up appointment on two separate occasions, she had been asked if the doctor had requested this. She felt this was inappropriate and patients should not have to justify why they need to see a doctor.

Dr JAV said it was up to the patient and doctor to decide what will be the follow up and should be discussed at the initial appointment. He said the Patient Services team were unable to make appointments as all requests had to be triaged by a doctor. Therefore, it was necessary to make all appointments using PATCHs via the NHS App or online. There were exceptions for those that were unable to do this and they should contact the surgery by phone.

**Wound Dressing Change:**

SR advised that a patient had contacted her and advised that following an operation, she had been advised by the hospital that she would need a daily dressing change at her GP surgery. When speaking to AMC, she had been advised there were no appointments with a nurse to do this and she would need to go to Harrogate.

Both Dr RS and Dr JAV said they did not understand why the patient had been signposted to Harrogate. They explained that the nurses were available to change dressings on a daily basis. They added that this should not have happened and suggested that the patient should contact the Practice to discuss further. SR said she would let the patient know.

**8.Blood Tests**

Dr RS there were still issues with blood tests with the lab still losing samples and patients having to undergo duplicate tests. However, he was of the opinion that the situation had stabilised. The issues have been taking place for the past 14 weeks.

**9.Patient Questions**

A patient had contacted SR to ask the following:

* if the days on which GPs worked could be added to the website. Dr RS said he was happy for this to go ahead.

**Action:** SR to contact VA/AK.

* if all the patients registered with the Practice lived within the Practice boundary. Dr RS confirmed that all patients lived within the boundary of the surgery with very few exceptions.
* If the disabled parking bays were monitored. Dr RS advised they were not but notices had been placed throughout reception advising patients not to park in these bays unless they had a Blue Badge.

**10.GP Survey Compare Practice Results**

The NHS had recently released results from the GP Patient Survey. A total of 350 surveys had been sent out to AMC patients of which 138 had been returned. The completion rate of the surveys was 39%.

The following scores were recorded:

**Accessing the Practice**:

Good overall experience of contacting AMC was 45%. The national average was 67%.

Easy to contact AMC on the phone was 28%. The national average was 50%.

Easy to contact AMC via the website was 42%. The national average was 48%.

Helpfulness of reception and administrative team was 67%. The national average was 83%.

Knowing what the next step would be after contacting AMC was 67%. The national average was 83%.

Knowing what the next step would be within two days of contacting AMC was 96%. The national average was 93%.

**Experience at Last Appointment:**

The healthcare professional had all the information they needed about the patients was 89%. The national average was 92%.

The healthcare professional was good at listening to the patient was 82%. The national average was 87%.

The healthcare professional was good at treating the patient with care and concern was 79%. The national average was 85%.

The patient was involved as much as they wanted to be in decisions about there care and treatment was 88%. The national average was 91%.

The patient had confidence and trust in the healthcare professional they saw or spoke to was 93%. The national average was 92%.

The patient’s needs were met was 88%. The national average was 90%.

**Overall Experience:**

Good overall experience was 63%. The national average was 74%.

**Compare Practices:**

When comparing GP practice services, the following scores were recorded.

|  |  |  |  |
| --- | --- | --- | --- |
|  | AMC | Meanwood Health Centre | The Street Lane Practice |
| % of patients who find it easy to get through to this GP Practice by phone | 28% | 52% | 35% |
| % of patients who find it easy to contact this GP practice using their website | 42% | 54% | 47% |
| % of patients who find it easy to contact this GP practice using the NHS app | 29% | 44% | 37% |
| % of patients who find the reception and administrative team at this GP practice helpful | 67% | 92% | 87% |
| % of patients who usually get to see or speak to their preferred healthcare professional when they would like to  | 21% | 38% | 29% |

It was pointed out that while scores for accessing the practice were quite low, the scores for the experience at the last appointment were high. However, in comparison to Meanwood Health Centre and The Street Lane Practice, AMC scored lower.

Dr RS said the doctor patient ratio at AMC was higher than the national average. The on-call GP dealt with 80 patients per day whilst each GP saw 36 patients per day. GPs were advised to see 25 patients per day.

**10.Staff Recognition Scheme**

At the March 2024 meeting, it had been agreed that a staff recognition scheme would be introduced to reward staff delivering great patient care which would encourage others to do the same. It had been felt at the time that some staff did not speak appropriately to patients and were unhelpful. The aim of the scheme would be to incentivise admin staff to be more professional and empathic when speaking to patients as well as improve patient care.

SR advised that the PPG had not been given an update about this and it was established that the scheme had not been implemented. Dr RS said all staff received care navigation training when they joined the Practice which was ongoing.

KP said she had witnessed staff at reception who had not spoken appropriately to patients. Dr SM said he disagreed with this and advised that when sitting in the waiting room, he had witnessed patients being rude to the reception team. BG advised that staff needed to be reminded that patients would be anxious and worried when contacting the Practice and staff needed to be empathic.

BR asked whether calls were continually monitored and checks made on how staff were speaking to patients. Dr RS said calls were monitored to a degree but not constantly.

LS said that a staff recognition scheme would be beneficial and at her work place, had proved very successful. A discussion ensued and it was agreed that a scheme would be introduced. LS agreed to help the Practice with this.

**Action:**

* LS to meet with Vicky Amos and AW and report back at the next meeting.

**12.AOB**

SR advised that Brenda Metcalfe had stepped down as a member of the core group due to other commitments. KP had been invited to take her place and had accepted.

BR advised that she was in the process of improving the signage and information on the PPG noticeboard.

**13.Next Meeting**

Wednesday June 11th 2025.