

**Glossop and Hadfield**

**Patient Participation Group**

**Formal Meeting Minutes**

**Tuesday 13th February 2024 1.00pm**

**Conference Room, Glossop**

**1.Present**: JA (Chair) VM, PP, HB, AS, MF, GJ, GA, IE, BT, SS

From the Surgery: LF, LB, VT,

**Apologies:** LA, BL, MW, Dr LDu, CM, CE

As the main item on the Agenda is to discuss the surgery’s arrangements to implement a Total Triage system and Emma Delaney (Digital Health lead at The Bureau) ED, was present to support the surgery and the PPG, it was decided to take the item first.

**6 ii) Triage Questions/Observations/ concerns:**

**i) Information to patients about the proposed triage system:**

LB and LF said that this would include Facebook, texts, leaflets and recorded phone messages to advise where information was available. Patients without email or text facilities would be written to. Posters will be in the surgeries, ditto leaflets with “how to” information. Consideration was given to the insertion of an article in the local newspaper. It was noted that most patients do have email. LF said that the actual form is already on the website and online triage is already in place for UTIs and sick notes.

ED stressed that the explanation to patients at the outset is important, particularly in terms of the increased efficiency which results in a better service. It is also important to be clear that the telephone option will always remain for those patients for whom online triage will not work. ED said that the Bureau Digital staff will do home visits to those unable to access support elsewhere.

LF said that on the previous day, there were 26 non-attended appointments on what appeared on paper a very busy day; the number of these is variable but they do cause delay to patients who need an appointment and it is hoped that the Triage system will give patients more ownership over their appointments and thus fewer will be missed.

**ii) Timings of Online Triage:**

Requests will be dealt with on the day up until 4pm; anything after that which is non-urgent will go to the next day. Patients will be informed of the decisions the same day, urgent appointments will be actioned for that day, others will be signposted either internally (other Manor House practitioners) or externally (other services). If it is internal, the patient will be booked into a slot; if it is external, the surgery will either refer and advise the patient or advise on self-referral. LB said that if an urgent appointment is required, the patient will be sent a link with which they can self-book and choose their own suitable appointment. There is an option on the triage form to choose a specific clinician, but self-book will offer whoever is available. VT said that it is planned that there will be set texts for communication. There will not be “on-call” GPs as currently, as all clinicians will have both urgent and routine slots, from which patients can choose for either speed or continuity.

There will be no on-line appointments available - the triage system basically takes the place of the current system for GPs and Paramedics. Health Care Assistant or Nurse appointments will still be available for online booking as currently.

**iii) Implementation Plans:**

There will be a Triage Hub based at Hadfield with two GPs, a nurse and two admin assistants.

Repeat Appointments: can either be actioned by a GP at the time of the initial appointment (GP will need to enter this into the notes) or patients can go to reception with the information from the GP prior to leaving the surgery.

**iv)Processes**:

i) Urgent/Routine:

VT: all appointment requests will go to either clinical or admin for triage. The GP will send a text to the patient with a link for them to book an appointment. The triage form will request the patient to confirm there is no emergency requirement (999, 111 or A & E). Urgencies will be screened first.

ii)Bandwidth/possible failure of IT system: VT is looking into the surgery having its own server to protect against this. The move to laptops will mean that, even if the system goes down, patients can still be seen as wifi will pick up the surgery’s internal system.

iii)If English is not a patient’s first language, members of the Hub will make phone contact. The surgery number (860860) will show on the patient’s phone to inform them who is calling.

iv)Digitally Excluded Patients: there is clear awareness that not all are digitally competent or have the resources. ED will help train the reception team to support those patients. For the first 2 weeks, Bureau staff will be available within the practice 2 hours per day; part of the training will be to book patients into digital workshops. LF said that if patients cannot use self-booking following an initial triage, they can telephone reception. The Hub can also telephone a non-digital patient.

iv)HB queried the lower age range for using Triage: VT said it would be from 13; the GP would need to decide whether parental consent is required as is currently the case.

v)The Role of Carers: there is space on the form for this to be acknowledged, along with space for the Hub to note any need to telephone rather than text. PP commented that there is a facility to set up proxy digital access for a carer, including if that person is not registered with the practice.

vi)Howard Street will only move to Triage when the merger is fully completed.

LF and VT commented that the benefits will be getting patients to the right clinician at the right time and particularly to reduce lengthy waiting times for appointments. Discussions with other practices that have adopted this system say it does improve access for patients. ED commented that it is particularly good for those who cannot spend lengthy times on the phone during their working hours.

After the discussion concluded the meeting resumed the published agenda.

**2. Minutes of 12.12.23**

**3. Minutes Approved**: Proposed: IE

Seconded: GJ

**4. Matters Arising:**

i) Information on alternative provision suggested to be on the TV sets in the waiting rooms: the posters will form a rolling slideshow. JA to assist LF to look at this.

ii) Hadfield Noticeboard: is now fixed.

iii) NAPP Certificate: is now displayed.

iv) Bureau Display: HB and PP have organised this. PP is looking at Hadfield to see if there is sufficient room to do the same there.

v) Dr Jha’s Presentation: thanks to her for this.

vi) Howard Street: What further procedures need completing before the official merger?

VT spoke to this: the business plan has to be in place; patient engagement and community services have to be consulted; the two surgeries (Manor House and Howard Street) currently have two different types of medical contract which cannot be merged. Manor House has a Primary Medical Contract (PMS) whereas Howard Street has a General Medical Contract (GMS). The NHS wants to phase out the PMS, thus this has to proceed prior to an official merger.

Keeping Patients Informed: VT said that the Derbyshire Integrated Care Board (DICB) has a team to assist with this. The PPG will be informed initially as that is a requirement.

**5. Update from PPG:**

i) Membership Forms: VM said that some have not yet been returned.

The recruitment drive for new members generated a considerable quantity of paperwork and it was agreed that all that did not relate to those who have joined, will be shredded.

A list of the names of present PPG Members is not for publication and will be circulated to all members.

ii) Patient Leaflet: following discussion, it was agreed to send this to the Patient Delivery Group who will consider wider distribution.

**6. Update from the Surgery:**

i) Website: VT reported that a new website has been started and is on-line. There will be amendments and additions as necessary. The PPG will have a section as previously.

iii) Staff: There are two new Receptionists to replace leavers. There are no new GPs at present. This will be reassessed depending on the results of the triaging. The trainee GPs remain as at present.

**7 The Glossop Delivery Group:**

Nothing to report. The group is now called “Joined up Care Glossopdale”

**8 Derbyshire Patient Participation Group:**

Nothing to report.

**9 Any other Business**

It was suggested that a map showing the location of Hadfield Surgery would be a useful addition to the website.

The surgery was asked if it would evaluate the effectiveness of the Total Triage system. VT confirmed that the surgery would.

Dates of next meetings:

12th March 2024 – Working Group Meeting 6.15 pm Glossop Surgery

26th March 2024 – Agenda Setting (Informal) Group Meeting 6.15 pm Glossop Surgery