

Reach Healthcare Patients Participation Group (PPG)  
 Minutes of the meeting held  
 5.30pm, Wednesday 23<sup>rd</sup> October 2024  
 Bluebell Suite, Lordswood Healthy Living Centre, Sultan Road ME5 8TJ

Present

Alan – patient  
 Bernie – patient  
 Carol – patient  
 Chris – patient  
 Daf – patient  
 Gill – patient  
 Jeanette – patient  
 Keith – patient  
 Lesley – patient/Secretary  
 Lin – patient  
 Marion R – patient

Neil – patient  
 Peter – patient  
 Phil – patient  
 Philip – patient  
 Sandy – patient  
 Sue Sc – patient/Chair  
 Sue Sm – patient  
 Thomas – patient  
 Tina – patient  
 Dr. Carpenter – GP Partner (audio online attendance)  
 Sallyann F. – Comms/It Lead  
 Carlo – Project Man.

1. Welcome

The Chair welcomed everyone. The patient members met in September, but this was the first post-merge Reach Healthcare PPG. The Chair reminded all, whilst members will reflect issues from their own location/surgery, we are sharing the same systems, and the PPG must reflect all patients. Members were also reminded that unless they consider their concerns/questions would likely impact other patients, personal health issues are for direct communication with the practice and not for the PPG. This was agreed.

2. Apologies for absence

Donna, Hannah, Helen, John, Lorraine S, Lucia, Marion A, Mary, Maxine, Melissa, Paul, Susan C. and Trevor. From the practice, Dr. Lall, April and Sarah

3. Notes of meetings, distributed and on websites

4. Actions still relevant from old practices pre-merge.

Ex-MMG

Clarity needed giving breakdown of appointment types, phone, doctor, practitioner, prescription, physio, etc. Statistical and graphical information by day, week, month would enable patients to understand more. See 6a below.

Delays in receiving medications. GP had suggested a diagram/process on website to help patients to understand potential delays. To be actioned after merger to ensure unity and patient clarity.

**Action** still required. - Management

Ex-Reach

Is there system ability to send emails en masse to patients for those with email but no other device? The practice responded, not currently as there are restrictions to some local systems but technology might change.

Look at allowing codes for regular blood tests in advance.

There seemed to be differing experiences, but codes expire after three months, beyond the control of the GPs.

Look into consistent response re variable repeat prescriptions.

Practice responded it is not straightforward although understandable frustration. Some “variable prescriptions” are high-risk medications therefore requiring GP involvement to manage that risk.

Training for PPG in Equality, Diversity and Inclusion - Still to be **Actioned**

5. Elections of PPG Chair and Secretary for forthcoming year.

Chair. Lin gave results for those who had contacted following email/form sent 1<sup>st</sup> October. All nominations received were for current Chair, Sue. A few members indicated they did not recall the email so there was a show of hands. Unanimous agreement. Sue was happy to stand for a further year but commented there are now many skills and interests and there will other members to come forward.

Secretary. Lin gave results for those who contacted following email/form sent 1<sup>st</sup> October. All nominations received were for Lesley. A few members indicated they did not recall the email so there was a show of hands. Unanimous agreement. Lesley was happy to stand for a further year.

6. Updates from Practice

a. New/improved services across practice, post-merger

The practice handed out printed copies of summary reports/statistics of demand on services on e.g. Anima, appointments summary, appointments used, not used and the demand on telephone. All showing the heavy daily demand on the practice. Members were reminded by the Chair that that information was for PPG members only and is not for wider distribution. Members agreed to this.

The practice has no new services but is planning and managing resources across all locations.

The practice had indicated pre-merge that appointments for patients would be kept local or given choice.

b. Clinicians and staff across locations

Members were informed that Dr. Shum retired after 35 years of service. He had been part time recently. New GPs; Dr. Jackson 2 days a week, Dr. Femi 3 days a week, Dr. Sheikh, Fridays at Railside and Dr. Sarah increasing hours. Therefore, across the locations - between 90 to 120 additional GP appointments per week. Also, a new physio joining the practice.

Some professionals from the additional roles with Primary Care Network (PCN) funding (see agenda 8) have also joined the new PCN after withdrawing from their previous PCN. A paramedic carries out home visits for those with chronic conditions and delivers flu vaccine

c. Resolution of IT issues post-merger?

Yes, there had been problems for some patients for two weeks following systems merge, (frustrating for both patients and the practice) but now resolved.

d. Prescription delays post-merger

Resolved. The turn-around time has decreased now it has settled down. There was a discussion around what different pharmacies provide in the way of repeat prescriptions (some will not remind, some being more helpful than others. Members have different experiences of pharmacies. The Practice’s prescribing team has links with local pharmacists with some good relationships. Members were reminded that if patients are not happy with the level of service specific pharmacies provide, they have the choice to use another pharmacy.

a. One telephone number update

From 30<sup>th</sup> October, all patients of Reach Healthcare will have one number to call. Their records will be accessed by receptionists who have their location and other details. The old MMG telephone number will be phased out slowly, and patients who might not realise, will be auto diverted to the main number. Concern was raised that this number may be phased out before all patients know about it. Communications for this, online, on the voicemail and in the surgeries will need to be managed by the practice.

b. Update on Canterbury Street surgery

This Gillingham surgery is nearly fit to partly re-open. There were health and safety concerns to be dealt with first. Hopefully two rooms could be functioning soon. The practice was requesting the help of the ICB (Kent & Medway Integrated Care Board). The practice will update at next meeting (if not before).

**ACTION**

c. Complaints and Compliments

Since the merger, concerns/complaints have decreased. Even social media had gone quiet. In part this was due to keeping a few appointments for urgent issues that come in at the last minute (inc. for children, elderly). Also, there will be more appointments from the Hub (Enhanced Access appointments out of hours) via the new PCN. (Agenda item 8)

A member complimented the practice. A patient known to her, in urgent need, accessed Anima, had an appointment in two hours, referred directly to hospital, had scans and received results of scans for further treatment. All within three days.

Members told also there should be a bit less concern of access, as the practice will be part of the Winter Access Fund (as winter related illnesses rise) which will consist of GP locums being used in delivering additional appointments.

7. Anima Online Consultation

- a. Statistics for patients using Anima
- b. Current opening times/access
- c. Access during day for routine appointments

The practice gave out summaries of the demand on Anima. There was discussion about the real frustrations still of patients that if they are not 'accepted at 8am' they get a blunt message saying it will not open until (for another 24 hours almost). The practice said that the triage clinician sees no waiting submissions just before 8am and suddenly at 8.01 can see approx 100 patients already waiting. Many more get through after that, but that is how quickly it fills up. Anima does not cut out; the triage Doctor must close it when it is not clinically safe to take any more. A member asked if it was possible to find out how many have not got through; response was, not unless the patient then calls on the phone and tells them. A member suggested an explanatory online 'helpdesk' to give options – 111, self-care, Pharmacy First issues, on the message page which would be better than the blunt message of closed. Members were concerned that many patients just do not have the luxury of waiting for dead on 8am and asked for other solutions to be considered.

The practice said it was looking into possible changes from the developers, one of which is to enable Anima to stagger appointments, but there is no resolution yet. An update will be given at the next meeting.

**ACTION.** It was accepted the challenge to the practice was that demand has increased year on year. The additional appointments, new GP additional hours, will hopefully give more flexibility. The practice said that on the less demanding days, when the early appointments had been used and triaged, if there was

more capacity it does open again in the day. Unfortunately for patients they would not know this as there cannot be an advertised time. Members asked if more triage clinicians would help the situation, again it was about demand on the entire practice, however many GPs triaged. The practice again indicated that the in-house Hub (via the new PCN) would allow for some additional appointments when it is up and running just for this practice.

d. Anima Admin box opening times

Many patients are still frustrated with the Admin box closing, despite the practice indicating this would not happen. Patients have been told to 'use Anima' next day when it is not open for "admin box" issues. The practice said that unfortunately, some patients abuse it, reporting their medical problems, wanting appointments. The practice cannot ignore those for safety reasons and therefore to prevent this happening for the admin team, the Admin box has to close early. This is an ongoing problem for patients. Members asked for updates on this.

e. How to publicise to 'off-line' (often elderly) patients, their procedure

Patients without internet have been vocal (particularly in Gillingham areas) to PPG members being told they feel left behind and unsure why they cannot access appointments, especially when informed that Anima is closed. Members felt those people (and other vulnerable patients with no online access) should not be denied as they may be isolated. It was agreed that much better communication is key to those patients. When they phone, they go through a form (short version of Anima) on the telephone. Dr. Carpenter will speak to receptionists to ensure that those with no internet who may be vulnerable are not just told 'no'. **ACTION**

8. Medway Valley Primary Care Network (PCN)

The functions of Primary Care Networks (PCNs) were briefly introduced for new members. PCNs are an additional layer of funding, and services/roles in primary care. Across England, groups of local GP practices with between them 30,000 to 50,000 patients, become PCNs and are subject to a separate NHS contract where they can access funding, including Care Homes, specific Medical Reviews, Improved Cancer service, Enhanced Access to appointments (The Hub, out of hours) and also to employ between them additional roles e.g. pharmacist, pharmacist technicians, paramedics, first stop physios, Mental health worker, social prescribers, Advanced Nurse Practitioners and other specific roles - for adults and for children - depending on local patient need.

Now that Reach Healthcare has increased in size, it is large enough to be a one-practice PCN (Medway Valley PCN). It is the exact fit with the GP practice and services can be bought in for the needs of Reach Healthcare patients only. The PPG agreed it was a positive move. There was a query as to whether patients could be informed of this change by way of a mail shot. This would be too expensive, and it should be seamless anyway as patients will access the services by being referred by the practice clinicians. To be a standing agenda item

9. PPG's Practical Support to Practice

a. Assistance to patients with the NHS App.

The practice is hoping to arrange drop-in session (s) for those patients who have not yet had the confidence to register the NHS app. It would be helpful if PPG members could assist in this. The Chair will communicate with members to register interest. **ACTION**

#### b. Vaccination Clinics ongoing

So far, the assistance by PPG to the vaccination clinics has been successful. The volunteers already utilised, reported they had been kept very busy at the large clinics. The practice was appreciative of the help given by the PPG. Patients had also expressed appreciation. There are clinics still to come this season. It was suggested that next season, the PPG could be there assisting also with patient information outside of the vaccine remit.

#### c. Patient Information Leaflet following Outage

The Chair told the group that following an invitation to the practice's Protected Learning Time (PLT) in August, a dozen PPG members attended. One of the discussion issues for staff was improving and updating procedures in the event of another IT Outage recently suffered with Microsoft across the world. One PPG member, Alan, created the first draft of a potential patient information leaflet on Outage, should it happen again. Members were asked if they felt this was a good idea to work with the practice and co-produce a leaflet. Unanimous agreement. The Chair will communicate with members to register interest then speak with the practice. **ACTION**

#### d. Website changes

Changes to the Practice website(s) have not yet been accomplished. PPG members requested that interested members of the group assist with this from the patient perspective, and particularly the patient involvement pages which are well out of date. The practice will update the Chair, with any firm commitment. This will be on the next PPG Agenda.

#### e. Future Health and Wellbeing patients' sessions

Reducing the development of conditions/diseases and easing the pressure on primary care, has been discussed in the past, and prevention is now to be an important aspect of the NHS' Future Plan. PPG members who have an interest in this are willing to assist the practice in health and wellbeing sessions for patients, should the practice wish to hold these. Members would like to know if the practice is interested in taking this forward. The Chair will communicate with the practice. **ACTION**

### 10 Patients Newsletter

The practice had decided the Newsletter will continue in the format in which a sub-group of PPG members meet with the practice to decide Newsletter content from the patient perspective. As this is a new PPG group, the Chair will communicate with all members to register interest then agree dates going forward. **ACTION**

### 11 Future PPG Meetings

Members who cannot travel will be able to access meetings online using Ms Teams (which is comparable to Zoom but is a Microsoft platform) which the practice will host. Members do not need an app to join but if they prefer can just click on an invitation email and use their browser to launch. It is hoped this will commence at the next meeting. Members were reminded of confidentiality and would be expected to sit in a room on their own if attending online. Members agreed to this.

## 12 Any Other Business

An IT sub-group have been tasked with finding the best options for PPG members to communicate with each other online outside of meetings other than email. Bearing in mind the group does not have a business licence, they are looking into simple options, drafting a guidance sheet and will be canvassing members for their levels of knowledge and access. The sub-group will also assist members who wish it, being aware that members have different skills and use of devices.

Following a telephone appointment where a patient disagreed with the GP on the way forward, and the GP ending the call too quickly, the patient disputes the “opinion” of the GP on the NHS app record summary. How can patients avoid the next health professional seeing disputed negative comments on records? The practice said that under GDPR, patients can request for the record to be amended.

Following on from the above, the practice was asked how long before a record appeared on the NHS app. It is immediate, unless the GP had not “saved” the record in a timely way.

Could the practice provide a brief overview of Do Not Attend compared to total appointments over a recent period, with breakdown by practitioner and clinic? Additionally, could they share any insights into why DNAs occur—whether from patient feedback or their own perspective? Is this an area the PPG could assist the practice? The practice said that one area of concern, particularly in parts of Gillingham, some patients DNA for children’s vaccines, and for smear tests. It was agreed this was likely to be an issue of communication and education for some groups. The practice indicated it was an ongoing concern they were monitoring. There was no response as to whether the PPG could assist.

Member asked now that Admin box is usually closed, how can patients access blood etc forms. The practice said that if the decision for needing the form was already made by a clinical professional, receptionists can access that information on the records and assist.

The meeting was closed. Provisional date for diaries for next meeting  
**5.30pm. Wednesday 22<sup>nd</sup> January 2025**  
 unless otherwise informed.

### ACTIONS:

Diagram/process to be added to website after merger re medication progress, why potential delays.	Management
Training for PPG in Equality, Diversity and Inclusion	Management
Update on Canterbury Street surgery	Management
Update on Admin Box opening times	Management
Update reception regarding patients with no access to internet	Dr Carpenter to update receptionists
NHS app and assistance to patients to sign up and use	Chair – register interest and liaise with practice
Outage - Patient Information Leaflet	Chair – register interest and liaise with practice
Future Health and Wellbeing sessions	Chair – register interest and liaise with practice
Patients’ Newsletter	Chair – register interest and liaise with practice
PPG Communication Methods	Alan, Keith, Lucia and Phil

### Standing Agenda Items:

Medway Valley Primary Care Network  
Anima