

Victoria & Mapperley Patient Participation Group
Annual General Meeting Minutes
Meeting held on Zoom at 10:30am on 24.01.2023

Present: Cath Verhoeven (Chair), Debs Main (Secretary),
Anne Hardy, Bill Brown, James Pam, Roy Sells, Sally Eaton,
Martin Rudge, Gillian Roddis.

On Behalf of the Practice: Dr Mawji (Senior Partner) & Nazia Rehman (Practice Manager).

Apologies: Alan Wilson.

Agenda

1. **Ratification of Minutes:** the minutes of the AGM held on 13.12.2022 were ratified.
2. **Matters Arising:** Items to be covered in main body of the meeting.
3. **Questions on Annual Report:** *(see attached)*
The annual report was sent to members prior to the meeting and no questions were raised.
4. **Presentation and Adoption of the 2023 Objectives** *(see attached)*
Cath presented the objectives to the group and these were adopted with no further discussion.
5. **Elections of Chair and Secretary:** (Bill)
In the absence of any other nominations, Bill proposed that Cath Verhoeven (Chair) and Debs Main (secretary) continue in their roles as per changes in the PPG constitution to allow this.
Dr Mawji stated that the practice are very supportive of the work of the PPG and supports the continuation of Cath and Debs to continue in their roles to continue unfinished work.
The motion was seconded by all with thanks made to Cath and Debs for their continued efforts.

6. Practice Update & Discussion: Dr Mawji & Nazia Rehman

Dr Mawji gave an update as follows:

The practice continues to try to recover from the pandemic with some challenges.

Changes in staff over the last year:

- Practice Manager Simon resigned and replaced by Nazia. Nazia now in post for 5 months and works in a leadership team with Gill Crawford (deputy practice manager) and Paul Ridgwell to help drive things forward.
- Welcomed - Dr Beth Guy and Dr Madhura Targe as salaried GP's. Also Natalie Coe as practice nurse.
- Sister Barbara Kirk who in later years has worked as the practice note summariser retired after 60 years working at the practice.
- Dr Simon Bailey left for a role in public health

Dr Mawji asked **“Is the Practice Achieving what it would like to do and if not why?”** And presented the following for discussion.

- General Practice continues to experience unprecedented demand in a number of ways including genuine patient need and low level demand from patients who can't get help anywhere else because all services are over run. The recent Strep A outbreak resulted in huge demand from worried parents.
- Dr Mawji works closely with teams across primary and secondary care and the team at Nottingham University Hospitals to understand what the pressures are and NUH have reported that their A&E department have been overrun since October.
- The Practice have adjusted appointments to offer fully Face to Face appointments and have implemented a triage system to try to manage some of the low level acuity demand remotely as needed. Some long term condition appointments have been extended from 10 to 15 minutes to allow better assessment of needs. As always, all adjustments are a case of assessing how they go making changes where needed.
- Partners recognise that things should be better and would like to be doing more but this is the situation across all of General Practice. There simply isn't capacity to meet patient need and demand at the moment. All staff are working extremely long days and there are not enough GPs , nurses and other clinicians in the system to meet demand.
- Dr Mawji appealed the the PPG to help the practice understand where they can do things better, where possible, but to also help the practice communicate with patients so that they can understand the situation with demand v capacity.
- Dr Mawji referenced the Quality and Outcomes Framework (QOF) (a system designed to remunerate practices for providing good quality care to their patients, and to help fund work to further improve the quality of health care delivered). He mentioned that our Integrated Care Board (ICB) recognise locally the demand in Nottingham and Nottinghamshire is sufficiently high that targets will not be met on long-term condition management. <https://www.england.nhs.uk/publication/update-on-quality-outcomes-framework-changes-for-2022-23/>
- Also mentioned was the scheme, introduced in 2019, to support [Primary Care Networks \(PCNs\)](#). The Additional Roles Reimbursement Scheme (ARRS) provides funding for 26,000 additional roles across England to create bespoke multi-disciplinary teams. PCNs assess the needs of their local population and, working with community services, make support available for people where it is most needed. [Additional Roles Reimbursement Scheme \(ARRS\)](#) Dr Mawji added that the Nottingham City East PCN employ clinical pharmacists, physios and mental health practitioners to support the 7 practices in our PCN. Dr Mawji's hopeful that our practice will have a full time Pharmacist to support medicines management to free up GP time.
- Dr Mawji is leading a piece of work across the city called the “Thriving City General Practice Agenda” where the clinical directors of the 8 City PCNs are working to understand what can be done within the city to support General Practice to thrive.

Questions. Dr Mawji recognised that he had give a grim assessment of General Practice as it stands and is worried about what the future of General Practice looks like. However there is a lot of intensive work going on to try to mitigate the challenges faced. He welcomed questions from the meeting:

- **Q.** Is there anything the practice can do to control patient number ie close the list to new patients to allow a better ratio of staff to patients?
- **A.** No - it would be difficult to justify. Dr Mawji shared some data that demonstrated the number of patients to clinical sessions available. He explained our practice has around 2000 patients per GP - the BMA recommends there shouldn't be more than 1600 to 1700 patients per GP and all other practices across the city are working under similar duress. There isn't enough resource to employ more clinicians and there are not clinicians available to employ if the resource was there.
- **Q.** The PPG appreciate updates from the practice. Is there anything the PPG can do to support the practice? The PPG have asked numerous times in the past if there could be a standing agenda item at practice partners meetings which asks if there is anything discussed that might benefit from consulting the patient group and that would be fed back to the PPG by the practice manager.
- **A.** Dr Mawji and Nazia happy to support this but added that agendas are always packed. Dr Mawji committed to regular monthly catch-ups with Cath to talk through issues. **Action:** Dr Mawji asked Cath to remind him of catch-ups when needed.
- **Q.** The practice could better engage with patients electronically. The practice website needs updating along with the practice Facebook page. Informing patients by text could be better utilised. Debs was disappointed that the recent newsletter has not yet been distributed via the website, text or Facebook.
- **A.** The practice have commissioned a web developer to work on the web-site but this was stalled by changes in practice manager. Work has started again 2 weeks ago and there should be something to share with the PPG in the next 10 days. Dr Mawji want the PPG to work with the practice to the appearance of content and to draw attention to areas of the site that need to be refreshed or corrected. **Action:** Dr Mawji asked Nazia to ensure the newsletter is distributed. **Action:** Nazia will liaise with Alan on website development.
- **Q.** Repeat prescription arrangements changed recently and the PPG felt that they could have helped make patients aware if this had been communicated.
- **A.** Different pharmacies have various methods of managing repeat prescriptions and the practice isn't always aware of changes in their methods. Dr Mawji advocates all patients to use the NHS app as the simplest way of ordering prescriptions (*this is regularly mentioned in the practice newsletter*).
- **Q.** Helping patients to be more confident in using technology ie the NHS app.
- **A.** Dr Mawji suggested that 'Patient Champions' could be developed in collaboration with the PPG to help support patients to use things like the NHS app. **Action:** Nazia to give Cath details of patent champions to invite to them to an action group meeting to see how we can progress this. Action group to discuss.

- **Q.** There have been few opportunities during the pandemic but also in the last year for the PPG to network and engage with other groups in the [Primary Care Network \(PCN\)](#) and the [Integrated Care Board](#) (ICB) Is Dr Mawji aware of any opportunities for patient involvement?
- **A.** Dr Mawji recognised patient engagement is part of the ICBs role - often it's reactive to complaints. He felt our PPG is more active than most. **Action:** Cath to remind Dr Mawji to look into what local led ICB resources there are to support the function of the PPGs.
- **Q.** Could Nurse Practitioners support the practice in sharing the load of GPs?
- **A.** Dr Mawji said there are not enough clinical staff, in any capacity, anywhere, to do anything. As an example the ICB was allocated £800,000 in December to put on acute respiratory infection hubs across the ICB but the money can't be spent fully because staff are not available.
- **Q.** Some patients have recently reported having very long waits on the phone - up to hour at various times of the day. Others said they appreciate the improvement to the system made in the last year.
- **A.** Nazia reported that staff shortages were likely the cause for delays. Dr Mawji said there are now more admin and reception hours at the practice but the workload is extreme and difficult to manage despite huge efforts made by all staff.
- **Q.** Information screen at 858 - noted by one member of the PPG that the screen wasn't switched on on a few occasions - is there a problem with it?
- **A.** Nazia said the screen is linked to a computer on the front desk at 858 and if no-one is on that particular computer when staff are sitting at the back of the reception the information screen won't operate. Staff have been asked to ensure that it is on. **Action:** Nazia will investigate.

Dr Mawji closed by saying he takes the PPG feedback seriously and appreciates the PPGs role as a critical friend that alerts him to where the practice could do better and who supports the practice in finding solutions to problems, while at the same time understanding the enormous pressure and duress primary care is under but they are trying their very best to deliver a good service.

The PPG recognise the pressures the practice is under and appreciate the hard work of all staff. Great appreciation given by Cath on behalf of the PPG to Dr Mawji and Nazia for their valuable time and continued commitment to engaging with the PPG. All members very much valued the information shared at the meeting.

Practice Manager Update: After Dr Mawji left the meeting Nazia added:

- There will be a self check-in screen installed at VHC.
- A replacement receptionist will start in the next few weeks to replace someone who left in September.
- Dr Karen Jenkins is off on leave and is currently being replaced with locum cover.
- Additional PCN staff supporting the practice include Pharmacist starting in February, a Health & Well-being Coach starting soon as well as the Social Prescriber and First Contact Physio. Nazia suggested the PPG could help inform patients of these resources. The PPG expressed the importance of clarity of the roles and how

patients can access them. **Action:** Nazia waiting for further information from PCN, when she has this she will let patients know by text message, on the website and Facebook (Nazia mentioned that she doesn't have access to the Facebook page and thinks its Dr Gayden and Dr Nightingale who do this).

- Concern expressed by PPG that all of these additional roles would require appointments to be made by phone putting additional pressure on the system and it would be better if they could be made via the NHS app. Nazia said that she didn't think that on-line appointments were available on the NHS app currently and is working on resolving this but said it's difficult with EMIS system as most other practices are on another system with better functionality.
- Website: Nazia said that she hasn't been able to get onto website to make any changes and has been reliant on Dr Gayden who is very busy. Nazia hopes that by mid February the 'bare bones' of the new site will be activated.
- Nazia attends fortnightly PCN meetings - Cath asked if Nazia could help her connect with the PPG chairs within our PCN. **Action:** Nazia to get information to Cath
- PPG were asked to perform a 'secret shopper' evaluation of the telephone system but have had no further information from Nazia - Nazia said that the situation has been challenging with staff sickness and difficulties with recruitment, and staff training needs. She wants to evaluate staff changes before continuing with the secret shopper exercise.

7. Dates of 2023 Meetings.

March 14th at 11am, June 13th 7pm,
September 12th 11am, December 12th (AGM) at 7pm.

8. **AOB:** Nazia mentioned at the beginning of the meeting that one person had turned up at reception in person for the PPG meeting but the staff did not get a name.
9. **Close of Meeting:** Cath closed the meeting with thanks to all for their contributions.

Victoria and Mapperley PPG Annual Report Jan 2023

We have continued to meet monthly as an Action Group. As a full PPG we have met four times in the 2022; Dr Nightingale attended these meetings along with the Practice Manager.

We said goodbye to Simon Jones in July, our practice manager since 2020. It was with much regret that Simon made the decision to leave V & M. On making his decision Simon stated "I cannot emphasise how difficult this decision has been and cannot thank you enough for being a wonderful and supportive patient group. You are an amazing chair for the PPG and have always offered me lots of support, providing feedback in an objective and reasoned way that makes for a great relationship between the practice and its patients". Simon was a very big supporter of the PPG and was an inspiration for our continuing success. I'm sure I speak for all PPG members in saying we recognise and thank Simon for his contribution over the last few years.

In September 2022 we welcomed our new practice manager, Nazia Rehman. We recognise times are tough in the primary care sector, but as the PPG is an important part of the practice, we look forward to exploring how to reengage successfully and agree priorities with the practice.

We set ourselves five Objectives for 2021/22 and I will now update you on the progress made against each of these.

1. Recruitment of patients to the PPG

Objective:

In partnership with Practice GP's and Nursing staff we will seek to recruit additional members particularly from a wider age range and ethnicity.

The effectiveness of this Objective will be judged by a review of our membership at the next AGM.

We have been proactive in this area but with no success.

2. Attendance at relevant network meetings.

Objective:

The PPG representative to attend network meetings to identify best practice that can influence our PPG and the Victoria and Mapperley Practice.

The measurement of the effectiveness of this objective will be through reports to PPG meetings.

The reorganisation of health care into Primary Care Networks (PCNs) involves our PPG structure. Victoria and Mapperley Practice is now part of PCN 6, Nottingham City East whose director is Dr Hussain Gandhi. Our practice manager attends regular meetings of the PCN. The action group has discussed the Primary Care Networks and how we can contribute to our local network. Our chair has contacted the PPGs within our PCN with little success, however, we remain confident we will be able to develop our participation in this area during 2023.

There are limited opportunities to engage with CCG. Cath has attempted to engage with the PPGs within our PCN with no success.

3. Produce a practice newsletter.

Objective:

The PPG will endeavour to extend the reach of the Practice Newsletter from its current waiting room, Practice website access, text messaging and email distribution. This will be measured by evidence that newsletters are produced and circulated.

Thanks to our editor Deborah Main, the PPG, in conjunction with the practice has produced a March 2022 edition of the newsletter. Topics have ranged from updates about services and health to PPG business and the level of professionalism in this publication was high. This newsletter was successfully distributed via practice waiting rooms, website, text messaging and email. We have just recently produced our Winter Newsletter in collaboration with the practice.

4. Patient Experience.

Objective:

1. In conjunction with the practice understand what percentage of appointments are currently being conducted by a) telephone, b) video link and c) face to face.
Review changes and patient satisfaction at the end of the year.
2. With the practice ensure optimum use and frequency of text messages to help improve patient communication.
Review patient satisfaction at the end of the year.
3. Encourage patients to access information from the NHS app and the improved website when it is re-launched.
Check usage hits currently and after the re-launch.
4. Work with Connected Notts and the Practice management to advance the integration of the NHS app into the practice's web resources and explore the introduction of additional functionality around care plans, test results etc.
5. Support the practice to ensure that vulnerable, hard to reach patients are not disadvantaged through improved use of digital technology.
Review patient feedback at the end of the year.

Little progress has been made here. We engaged an internet survey to assess the telephone satisfaction, however, there were insufficient responses to provide any valuable feedback. We are in the process of planning a "secret shopper" task to measure the success of recent inhouse training carried out by the practice manager.

5. Practice Website Review.

The practice would value the support of the PPG in ensuring that information on the practice website is accurate and up to date.

Objective:

Work with the practice management to put in place web resources that are up to date and fully meet patient needs.

On an annual basis carry out a systematic review of existing web content and feedback results to practice management.

We are awaiting the relaunch of the website. The PPG has been proactive in pursuing this objective with no notable success.

I would finally like to thank all of you; our PPG members for your valuable contributions, Action group for your devoted input and continued support to me and Dr Nightingale and Simon/Nazia for giving up their time particularly at the end of a hard day's work to attend our meetings.

Cath Verhoeven - PPG Chair

Jan 2023

Victoria & Mapperley Patient Participation Group

Objectives 2023

1. Recruitment of patients to the PPG

The PPG has 97 members out of a total practice patient population of 10,000.

The demographic of the current membership does not reflect that of the practice population in relation to age and ethnicity.

Objective:

In partnership with Practice GP's and Nursing staff we will seek to recruit additional members particularly from a wider age range and ethnicity.

The effectiveness of this Objective will be judged by a review of our membership at the next AGM.

2. Attendance at relevant network meetings.

Effective networking can inform best PPG practice.

Objective:

The PPG will endeavour to engage our Primary Care Network (PCN) lead to facilitate a meeting of PPGs within our PCN.

The measurement of the effectiveness of this objective will be through reports to PPG meetings.

3. Produce a practice newsletter.

Objective:

In partnership with the Practice the PPG has taken responsibility for the production of the Practice Newsletter. This joint venture relies on articles written by staff and patients. The Newsletter will be edited by the PPG secretary.

The Practice Newsletter will be distributed in waiting rooms, on the Practice website, text messaging and email distribution.

This will be measured by evidence that newsletters are produced and circulated.

Victoria & Mapperley Patient Participation Group

Objectives 2023 cont..

4. Patient Experience.

We wish to support the practice to further develop its patient centred care.

Objective:

1. In conjunction with the practice, we will monitor the appointment booking system.
Review patient satisfaction at the end of the year.
2. With the practice ensure optimum use and frequency of text messages to help improve patient communication.
Review patient satisfaction at the end of the year.
3. Encourage patients to access information from the NHS app and the improved website when it is re-launched.
Check usage hits currently and after the re-launch.
4. Support the practice to ensure that vulnerable, hard to reach patients are not disadvantaged through use of digital technology.
Review patient feedback at the end of the year.

5. Practice Website Review.

Work with the practice management to put in place web resources that are up to date and meet patient needs.

Objective:

On an annual basis carry out a systematic review of existing web content and feedback results to practice management.