Kelvingrove Medical Centre

Patient Participation Group

Minutes

Meeting - Thursday 24th April 2025 13:00 – 14:00

Kelvingrove Medical Centre, 28 Hands Road, Heanor, Derbyshire, DE75 7HA

Attendees:

Chair: Secretary: Christopher Perko (CP) – (Doctor Retired) Gavin Peart (GP) (Absent) Emma Stone (ESt) - Kelvingrove Patient Services Lead Peter Boxall (PB) David Crawley (DavC) Diane Crawley (DiaC) Eric Cresswell (EC) Phillip Stone (PS) Richard Lodge (RL), *Megumi Ashida*

Apologies:

Gavin Peart. (GP)

Irene Cresswell (IC), Lin Debenham (LD), Nik Dubaic (ND), Darren Evans (DE), Frances Hoult (FH), Ann Jones (AJ), Paul Jones (PJ), Paul Mason (PM), Freda Price (FP), Alan Purdy (AP), Grace Purdy (GPu), Emma Simmons (ESi), Stephanie Cresswell (SC), Simon Wood (SW), Diane Woolley (DW), Neil Woolley (NW), PM Wright (PW)

1 Blood Testing Services

GP and CP have contacted the Phlebotomy Service Manager at University Hospitals of Derby and Burton NHS Foundation Trust to arrange a meeting to discuss the groups concerns and await her response to agree a date.

A meeting has been re-scheduled with Phlebotomy for Wednesday 30 April

- CP & GP to agree a meeting date and put forward the groups concerns.
- GP to put forward his suggestion (to have a dedicated touch screen in the practice reception to allow patients to book an appointment online) at the meeting.

2 Telephone System Update

- ESt to update the group when the update of the telephone system has been actioned as part of the Practice improvement process (including whether the update will include the previous feedback from the group regarding the telephone system (including EC's suggestion regarding changing the sequence of phone options).
- The system update is still on-going

3 Public Health Collaboration Strategy To Use Diet & Lifestyle To Address Obesity / Diabetes

 GP has yet to undergo training for the role but, on completion of his training, will present to the group to explain the detail of what he will be doing going forward in providing lifestyle support groups

Still on-going.

4 PPG Meeting Attendance Levels & Membership

This action is currently pending and will be taken up on completion of the patient questionnaire task using the information gleaned from the responses to the questionnaire.

The questionnaire is currently under review,

5 PPG Actions & Progress to Date

GP has completed and issued the summary of the work and tasks carried out to date, along with the outcomes, to measure progress and demonstrate that the PPG was able to contribute to the functioning of the Practice and this to be added to the PPG section of the Practice's website.

• ESt to arrange for the PPG web page to incorporate the summary (also, updating of the date for the next PPG meeting and adding of the minutes of the latest PPG meeting)

IC asked for feedback from the Practice on the work carried out to date by the PPG.

• ESt to respond and update the group.

6 Repeat Prescription Problems Caused by Automated Systems Not Taking Account Of Holidays

DC raised an issue that the NHS app and repeat prescription service did not take account of holidays when setting dates for allowing time-restricted repeat prescriptions to be authorised and processed. This meant that when repeat prescription due dates were set by the systems the impact of holidays, especially Xmas, disrupted the availability of critical medications and the imposed restrictions could not be overcome within the ordering system. Also, for patients going on holiday, the restrictions inherent in the system prevents patients from ordering medications in advance without first having to make an order for other medications which are not actually needed.

- ESt to raise this with Megumi Ashida to identify what action can be taken to raise the problem for resolution with the providers of the repeat prescription service.
- Still on-going

7 TV Screens Used To Call In Waiting Patients

A question was raised as to why the TV screens in patient reception no longer flashed up a message to call in the next patient and advise them which room to go to in order to see the doctor.

• ESt reported the screen are now in use.

8 Questionnaire to Kelvingrove Patients

Following feedback from the group, at the last meeting, on the "rough-cut" version of the questionnaire GP issued an update incorporating the comments and in the agreed format for final review and comment. PPG members completed questionnaires in the meeting as part of the process to finalise details and iron out any areas where questions need to be clarified or "tweaked".

• GP to incorporate the final comments and issue the completed questionnaire at the next meeting.

The details of methodology to distribute and process the questionnaires was agreed by the group as noted below:

- The maximum realistic number of questionnaires are to be distributed as expected return percentage is likely to be low
- Questionnaires to be anonymous.
- $\circ~$ GP can provide envelopes with preprinted labels for patients to return completed questionnaires.

Electronic Questionnaires:

- \circ $\;$ Use of Google forms to be investigated to allow online and electronic questionnaires
 - GP to speak with Megumi Ashida regarding this.
- The Questionnaire to be incorporated into the Kelvingrove website with a high level "request to complete" on the home page.
 - GP to speak with Megumi Ashida regarding this.
- Use of Adobe Acrobat forms to be checked out to see if that is an option to be used for online or emailed questionnaires.
 - GP to speak with Megumi Ashida regarding this.

GP has carried out some investigations and reports the following.

- Google forms looks like a very good option for online and electronic questionnaires and will allow all responses to be processed electronically and incorporated into a final report with all of the data received from paper-based responses.
- Using Google form should allow the Questionnaire to be incorporated into the Kelvingrove website and also emailed out to patients to complete
- Use of Adobe Acrobat forms does not look like an efficient option for online or emailed questionnaires not recommended.
- I will follow up with Meg to develop the online questionnaire further ready for the roll-out.

Paper Questionnaires:

- o Paper questionnaires to be printed by the Practice
- o Questionnaires to be made available in the Kelvingrove patient reception areas
- o Receptionists to encourage patients to complete the questionnaires
- Messages to appear on receptions "signing-in" screen and TV's in the patient reception areas to encourage patients to complete the questionnaires
- Posters to be put up in the patient reception areas to encourage patients to complete the questionnaires
- Clipboards & pens to be made available in the patient reception areas to make completion of the questionnaires as easy as possible.
- $\circ~$ Table to be made available in the patient reception areas with questionnaires laid out ready for completion.

- If possible, add a message to the phone system to ask patients calling in to complete the questionnaire
- $\circ\,$ "Ballot box" style boxes to be available in both waiting areas to receive completed questionnaires (anonymously)
- Patients attending appointments to be given a copy of the questionnaire by the doctor, nurse or other staff member and be asked to complete the questionnaire before leaving the medical centre, stressing to the patients that:
 - The questionnaire is in relation to their whole experience over time with Kelvingrove and not just that day's appointment.
 - The Practice is asking patients for their help to improve the service they provide.
 - The questionnaire is totally anonymous.
 - ESt to check with the Practice to ensure that all of the above are acceptable and that the resources needed will be available

Seeking Responses From Patients Away From Kelvingrove:

 $\circ~$ PPG members to ask friends, family or neighbours who are Kelvingrove patients to complete the questionnaire.

• Action by all group members

• PPG members who attend local clubs, churches, Heanor wellbeing centre or other such venues, where they are known to other attendees, to ask people who are Kelvingrove patients to complete the questionnaire.

• Action by all group members

- Approach William Gregg leisure centre to see if they could help to get members who are Kelvingrove patients to complete questionnaires – could be very helpful in respect of younger patients or parents of patients whose children are in classes.
 - GP to contact the leisure centre to ask for their assistance
- Approach care homes supported by Kelvingrove to ask staff, who interact with Kelvingrove on behalf of residents, and residents (if possible) to complete questionnaires.
 - ESt to ask the Kelvingrove staff members who visit the care homes to speak with the care home management and ask for their assistance
- Ask "dormant" PPG members to complete the questionnaire.
 - GP to contact "dormant" group members and ask them to complete questionnaires
 - Questionnaires completed away from Kelvingrove "anonymity boxes" to be sealed in envelopes by the patients completing them, to maintain anonymity
 - GP to put forward a proposal at the next meeting

Data Protection:

• ESt to check with the Practice data protection officer to make sure there are no issues arising from how the questionnaire is to be carried out and the data processed.

Processing of results:

• GP to speak with Megumi Ashida regarding this.

9 Review Of Posters To Be Used In Amber Valley Practices:

Feedback from the members of the PPG in relation to the content and messaging in the posters had been collated by GP and issued to Dr Reid. Action complete.

10 New Tasks For The PPG

The group agreed that setting new tasks would be based on the results of the questionnaire with any other items the group or Practice wishes to add.

11 Government Healthcare Strategy – "Neighbourhood Healthcare"

CP advised the group that a new Government Health initiative "Neighbourhood Healthcare" was being rolled out and he had some serious concerns at the possible impact on healthcare and GP Practices.

CP's concerns were that:

- No additional funding was being provided which would result in existing funds being spread more thinly over even more healthcare providers/services
- $\circ~$ GP Practices were being undermined by the allocation of funding and resources to other areas
- Funds being allocated to other healthcare specialties reduces the funding for Doctors exacerbating the problem of newly qualified Doctors being unable to find employment
- Increasing the number of separate healthcare specialty services will increase the "silo" effect of a system based on separate uncoordinated services.
- Provision of services will not be on the basis of patients address or actual location but on the perceived health issue they are experiencing

ESt advised that aspects of the initiative were already in place with, for example, all Heanor GP Practices working together and all Ripley GP Practices likewise.

• GP to include links in the minutes of the meeting to webpages giving details of this initiative to allow the group to review the proposals

- NHS England
 "Neighbourhood health guidelines 2025/26"
 <u>https://www.england.nhs.uk/long-read/neighbourhood-health-guidelines-2025-26/</u>
- NHS Confederation
 "The case for neighbourhood health and care"
 <u>https://www.nhsconfed.org/publications/case-neighbourhood-health-and-care-0</u>

o The Kings Fund

"The government wants a 'neighbourhood health service'. The first step is to agree what that means"

https://www.kingsfund.org.uk/insight-and-analysis/blogs/neighbourhood-health-serviceagree-what-that-means

- ESt to ask the Practice for their views on this new initiative and any potential impact on Kelvingrove and the provision of local healthcare services.
 - The above is still ongoing.

Date of the next meeting: Thursday 22nd May 2025 at 1pm

Location – Upper-level Waiting Room, Kelvingrove Medical Centre