



Marine Lake & Estuary Medical Practice

The Concourse, Grange Road, West Kirby,
Wirral CH48 4HZ
Telephone: 0151 625 9171

Patient Participation Group

Minutes - PPG Meeting - Monday 6th March 2023 – 5.30pm

Present

PPG MEMBERS

Charlotte Shaw (Chairperson)
Iain MacDonald
Catherine Waller
Rev. Prof. David Chester
Lynn Collins
Ann Jones
Jan Williams
Barbara Smart

PRACTICE REPRESENTATIVES

Charlie Taylor-Jones (Practice Business Manager)
Nadia Rose (Practice Operations Manager)
Dr Aldwinckle (Guest GP)

Apologies

Leslie Isaacs
Nichola Whitaker
Elaine Jameson
Kate Maitland

Matters arising from previous meeting:

Recap given on the formation of the new PPG, the first meeting in January and matters arising from meeting.

Some points revisited for the benefit of new members.

Updates to the website to address some technical issues and promoting the Patient Participation Group.

Update given around membership - Welcome to new members and Introduction from new members and current PPG.

Nadia Rose introduced herself to the group and gave a background to her role at the practice as Operations Manager and Human Resources.

Some discussion around facilities in the new development and practice move to improve the reception, waiting area and telephone system – Please see agenda item Q&A below regarding Marine Lake Health & Wellbeing Centre.

Apologies were given re Guest Speaker from Age Concern and this will be followed up and a new invite sent to attend another meeting.

Meeting Minutes:

The group discussed and asked questions regarding the general structure of the practice, the funding available in the Practice and the NHS Contract – with the particular interest in the ability, with PPG influence, of increasing or improving services at the practice.

There is a budget set by the NHS and performance related enhancements are part of the financial remuneration, the Practice is a business and as such needs to in a profitable position to continue offering a service.

The NHS Budget has increased by 2.5% for the next financial year. Which is a challenge with the current cost of living crisis and inflation.

The practice has been through difficult times retaining staff, especially dealing with covid pressures and post-covid business as usual. This coupled with minimum pay rates and attracting staff has meant some recruitment constraints.

A member asked about services at the practice and what can patients self-refer to?

Self-referral is limited. The practice will take this question back to the practice to discuss as currently self-referral is generally available once you are already a patient within a service, e.g., Physio and require ongoing support or treatment.

Members had the opportunity to submit questions for the Practice representatives for answers and discussion at the PPG Meeting

Q&A with Charlie and Dr Aldwinckle

1. Does the Practice have a Mission Statement or Vision & Values Statement?

Yes – These will be circulated separately to the group and look to add to the website and notice boards for all patients.

PPG Members – please see attachment to these meeting minutes.

2. Are we currently accepting new patients?

Yes. More move away than register. Last year 19,430 patients and currently 19,426 patients registered at the practice.

3. What is difference between physicians associate and an advanced practitioner nurse in the practice?

Physician Associates (PAs) are medically trained, healthcare professionals, who work under supervision alongside doctors and other members of the practice team to provide a range of patient care. They have done a 2-year medical degree and have areas of expertise.

Advanced Nurse Practitioners (ANP) are nurses who have undertaken a master's level in clinical practice. ANPs have authority in patient diagnosis and are trusted to independently assess, diagnose, manage, and care for patients with complex clinical issues.

These types of nurses can work within emergency, primary and acute settings, and have a higher level of education and experience than most other nurses.

What can an ANP do?

The role of a ANP differs greatly in comparison to a general nurse.

Responsibilities of an Advanced Nurse Practitioner can include:

- Diagnosing health conditions
- Conducting check-ups
- Researching patient conditions
- Referring patients to specialists
- Maintaining records of patient medical history
- Prescribing and administering medication

4. What does the role of Social Prescriber do and does surgery have its own one?

How do patients access the Social Prescriber and what exactly do they prescribe?

Social Prescribers provide immediate non-clinical support and connect people to community groups and agencies with the aim of improving their health and wellbeing. Improving your lifestyle or taking control of a practical problem can be very challenging and people often feel daunted at the prospect of change and don't always know where to start.

Social prescribing link workers help give you the confidence, encouragement and support you need to make and sustain changes that will help you to feel better in yourself.

Appointments with a Social Prescriber need to be referred by clinicians or triage.

5. What outcomes do you want from the PPG Group?

What aspects of the Practice's work do you seek us to contribute to?

Engagement with the practice to help improve understanding and education of Primary Care and how the practice works and why. Help improve the uptake of annual reviews by patients and help with communication. Raise awareness of how things work. In the short term, help guide patients around the new build as it will be spread over two floors. Help communicate that the new build is now open. Potentially hold fundraisers and coffee mornings for the practice in the future.



6. Why the recent update to checking in software in the practice?

Check in via the screens near reception, time is now wasted by having to fill in details on smoking habits and alcohol use. It is very frustrating having to do this on every e-consult request, despite logging in with NHS number, and now, standing in the waiting area!

Is this not on our medical notes?

The information the screens asks is because we get paid to have that information in your record. Unfortunately, it doesn't know if this information is readily available in your record or that information is no longer required.

It saves us spending resources on text messages, phone calls and letters to patients asking for this information. The best way for us to check your details and vital information is correct is to ask when you visit the surgery. We need to have up to date information both for care support and to be paid.

We are having to automate more and more as vital funding for having staff at the practice is getting less and less, but the demand for healthcare is increasing. Not everybody uses eConsults, so the most efficient way currently is at the point of patients booking in for appointments.

7. What are we doing to communicate to patients about the move to the new development? And how can the PPG help?

The ICB are putting a Comms plan in place. We have no confirmed date yet. However, the plan is that on a Friday we will close and then on Monday morning be at the new building. As soon as we have a moving date, we will start informing patients. Signs will be put up on this building directing them to the new one. A text message or letter will go out to all patients nearer the time. Further detail was discussed within the Agenda – see minutes under New Development and Practice Move.

8. Do we have a Defibrillator and BP Machine in the new building?

Yes – we have them here as well for patient use.

9. How many deaf and blind patients do the practice have?

We have about 40-50 patients registered as blind and another 40 -50 with impaired vision on our system. I have not been able to establish accurate figures for deaf people.

We receive no additional funding for the care of deaf and blind people. The NHS England does not class them as a Long-Term Condition that requires regular monitoring.

Do we have practice staff trained to support these patients?

No, we don't.

EG Sign Language? We can ask the ICB to provide staff and translation if required.

There was further discussion on the need to have services and information accessible for all. This maybe one area of focus for the PPG going forward.

10. Regarding funding and the Practice being a private company; Suspect that a lot of the services the practice would like e.g. starting up an Andy's Man's Club or a service for teenagers/young people that are community funded.

How does the Practice ensure that we, as a community now that we have a building soon, gets a fairer bit of the funding pie and/or ensures some community services are based here?

Marine Lake & Estuary Practice is a Partnership and not a private company. We hold a contract to provide NHS services with ICB (Integrated Care Board) and NHS England. Community Services are run by the Community Trust who contract with the ICB, who are the commissioners of services.

We are contracted to provide GP services. The ICB's commission funds community services. The new building is owned by the Community Trust and not the GPs or the Practice, We are tenants. Most funding is dictated by NHSE. We can only apply for GP funding which is dictated by the ICBs and NHS England. Community services such as Andy Man's and youth services are, We believe, run through Wirral Council and different funding opportunities. The new building will have a 0-19 service and a Cardiology service, run by the Community Trust, which are new.

- 11. How do we check in with our more vulnerable patients or follow up on requests? E.g. Vulnerable cognitive issues received a text message asking them to do 3 distinct actions with some suggestions but no clear information on how to proceed or feed this back (BP, blood test, urine sample). In the past they may have received text message invitations for Covid vaccinations which required an internet link to respond but they don't have the internet.**

Patients will have annual reviews which they are called in for if they have a long-term condition. If we request information, it is usually by text, then letter and phone calls for those without mobiles. Due to cost efficiencies, our main method is by text. If we do not hear from patients, we do not always have the resources to follow up with phone calls and letters.

We recently sent out 1500 text messages for an up-to-date Blood Pressure reading. Only 102 people responded. Unfortunately, we don't have the resources to stratify who is vulnerable and there is no clear definition of who is vulnerable and who isn't.

- 12. Why is the eConsult running into issues and not working at times? And who manages and deals with Tele Triage?**

eConsults is our online tool for gathering as much medical information as possible to enable the GPs to then triage patient's clinical needs effectively. GPs lead the triage process and are helped by admin.

There are sometimes issues with communication of eConsult actions and this we are looking at resolving. Any issues with the actual software we report to the software supplier, and they look to resolve them with the agreed SLA (Service Level Agreement). Occasionally on training days, which happen quarterly, we will turn eConsults off to allow dedicated development time for staff.

As with any system, it is not perfect, it is a software program run by staff and errors do happen.

We try to learn from those errors and ensure they don't happen again. Issues with the software itself is passed onto the software provider.

We are currently working on how we communicate with patients when we receive eConsults and they are triaged out to other departments to give more specific timeframes for a response to the query.

For example, eConsults that go to our Patient Correspondence Team for private letters, medical reports, copies of patient notes and routine referral queries can take up to 4 weeks depending on what the request is.

Medicines Management requests can be up to 72hrs for repeat medication requests, up to 7 days for urgent hospital requests for medication (contractual timeframe with secondary care) and up to 2 weeks for non-urgent hospital requests. If patients need medication reviews before being prescribed medication this could take up to a week or two.

13. WK Women's Institute asked for their issues a group of women 40+ years old they wanted to know:

- **Common problem is that some e-consults not or never answered requiring us to hang on the phone to sort it out! Are there any circumstances when eConsults are not answered and do you monitor how many.**
- **Many of members are carers for elderly relatives with memory problems- is it possible that staff could tell the carers as well when you are going out of visit - it's a pain but surely it's better than not getting an answer at the door when the patient has forgotten you are coming?**

Please refer to the previous answer regarding eConsults. We will be looking at how we communicate the actions of eConsults so that patients are better informed of time periods they can expect their request to be resolved.

Any administration request is usually passed to the relevant department to complete and take relevant action. We hope to change our messaging to inform people for example that a request for a letter might take 10 days to complete, a prescription request can take up 3 or 4 days, a sicknote might take 4 days.

We will ask staff to contact carers where possible.

We haven't tracked the issues mentioned however we are now looking at that.

Do we have any Friends and Family Survey results to share with the group?

February

89% would recommend as very good or good

7% neither good nor poor

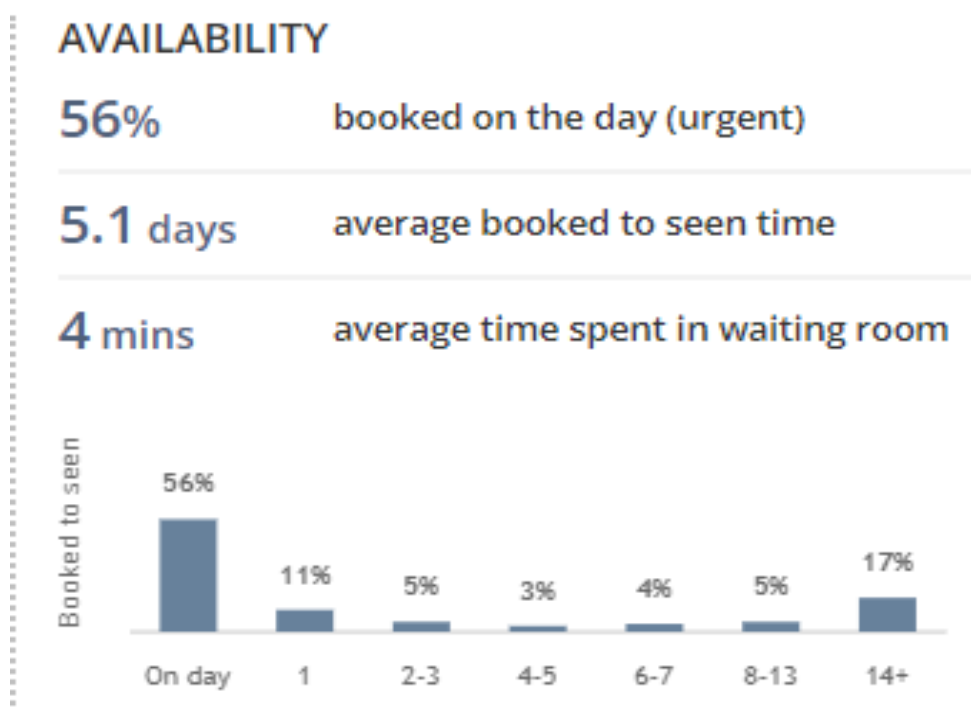
1% fair

2% poor




Practice Data for February:

- 2423 eConsults submitted.
 - 6124 Telephone calls.
 - 5226 GP appointments, 165 DNA* – 3%, Ave wait 5 days.
 - 2098 Nursing appointments, 128 DNA* – 9%, Ave wait 10 days.
 - 1492 Phlebotomy appointments, 93 – 6%, Ave wait 10 days.
- Age group 65 and above utilise over 50% of our appointment capacity.

*DNA – Did Not Attend



Age grouping for Practice Population:

 Children and Young People 0-17yr	Infants & Neonates (0-12 mth)	11	16% 3,170
	Toddlers (1-3 yr)	388	
	Children (4-10 yr)	1,241	
	Adolescents (11-17 yr)	1,530	
 Working Age Adults 18-64yr	Young adults (18-44 yr)	5,185	55% 10,586
	Middle aged (45-64 yr)	5,401	
 Older People 65+yr	65-79	3,696	29% 5,625
	80-89	1,466	
	90+	463	

Ages are estimated using the year-of-birth

PPG Newsletter

The group were asked to consider content for the PPG Newsletter and email Lottie with any 'hot topics' or features they would like to include to help improve communication between the practice and its patients and support education of health and wellbeing in the community.

New Development and Practice Move

There are ongoing meetings between the developers, Community Trust and the Practice regarding the new building and moving the surgery to their new home. Dates are still being finalised, but plans are currently working towards the middle to end of May.

The practice has a project plan in place and the move will take place over a weekend and they envisage little disruption to patient appointments.

The PPG asked; 'What can we do to help with the move?'

It was discussed that members will be on hand on opening day, signposting patients and visitors, both at the current doctors in the Concourse and our new home in the Marine Lake Medical and Wellbeing Centre.

The new Doctors area is based on the upper floors with Patients and Visitors being required to use the lift as access facilities and services.

The group also discussed that it may be an idea to have a specific focus group and patient comms in place to help support with the move. The PPG will work with the practice management team to take this forward and support the move.

Next meeting : -

Proposed Dates – TBC via separate Meeting Invites

Practice PPG Meeting – **Monday 17th April 5pm – 6.30pm – TBC**

Virtual PPG Meeting – **Monday 3rd April 2pm-3pm – Via Teams or Zoom - TBC**

Please refer to the practice website for upcoming PPG meetings and events

[Patient Participation Group « Marine Lake Medical Practice](http://marinelakemedicalwirral.nhs.uk)
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Meeting Actions - PPG 6th March 2023 - 5.30pm – 7pm

Action / Objective		Who will deliver this	What and by When
Patient Participation	To promote the PPG to younger patients for member signup	Current PPG Members	<p>ONGOING</p> <p>Members to further consider how to attract younger patients to the PPG – Discussion Point and update at the next meeting.</p> <p>Monday 17th April 2023</p>
New Development and Practice Move	Identify key PPG Members to form a focus group for the practice move to the new building	Practice Team and PPG Members	<p>Interested PPG members to email Lottie to put names forward for the focus group and support the move.</p> <p>Date TBC for focus group and next steps</p>
Practice Information	Mission Statement and Statement of Purpose	Charlie (Manager) and Lottie (Chair)	<p>COMPLETED</p> <p>Charlie to provide the PPG Chair with a copy of the Mission Statement to share with the PPG members.</p> <p>Charlie to add to the website for all patients - TBC</p>

<p>Services and Clinics</p>	<p>Identify the services or clinics that patients can self- refer to</p>	<p>Practice Management Team</p>	<p>Discussion in meeting regarding ongoing treatment and self-referral process to services or clinics – Dr Aldwinckle was interested in raising this further at the Practice Management Meeting to discuss further</p> <p>Update next PPG Meeting</p>
<p>Communication</p>	<p>Producing a Patient Newsletter</p>	<p>PPG Comms Team (Team needs to be identified)</p> <p>Interested members wanting to work on the newsletter with the Chair</p>	<p>OUTSTANDING</p> <p>Produce a Patient Newsletter to share information from the PPG and Health Practice –</p> <p>NEW ACTIONS</p> <p>PPG Members to share ideas for content and comms to Lottie via email to marinelakeppg22@gmail.com</p> <p>Deadline by Tues 28th March</p> <p>Design/Provisional Content to be circulated by Chair to other PPG Members for feedback</p>

Q&A	Questions for the Practice ahead of next meeting	PPG Members and Patients	Submit 7 days prior to PPG Meeting to allow time for Guest Speakers and Dr / Practice Team to prepare responses. DATE TBC
Other Actions from PPG outside of Meeting			
Events	Events advertised that PPG Members can attend	Lottie (Chair)	<p>COMPLETED</p> <p>Chair has Emailed PPG – 17/3/23 – See Email for details</p> <p>Upcoming Events:</p> <p>Healthier West Wirral PCN – Drop-in Session – Mon 20th March 4-6pm</p> <p>Health Watch Wirral Healthwatch Bridge forum for PPG members. This is an opportunity to attend an online information session to help PPG members share information.</p>

PPG – T&C's	Terms of Reference and PPG Confidentiality Agreement	Charlie (Manager) and Lottie (Chair)	<p>Terms of Reference to be sent to ALL PPG Members Copies will be available for Members to sign at the April PPG</p> <p>DATE TBC</p> <p>Lottie (Chair) to sign Confidentiality agreement with Charlie – Urgent</p> <p>All members to sign the Confidentiality Agreement independently at the next PPG Meeting in April</p>
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MINTUES & ACTIONS SIGNED OFF BY:

Charlie Taylor-Jones (Practice Business Manager)

Lottie Shaw (PPG Chairperson)

DATE 24th March 2023

If there are any queries regarding the minutes or questions from the PPG actions, please email Lottie (Chairperson) at marinelakeppg22@gmail.com