

## Minutes of the Meeting of the Willow Group PPG

### Held at Brune on 13<sup>th</sup> July 2022

#### **Present:**

Emma O'Brien, Operations Manager for the Willow Group, Maureen Bell (Chair), Marilyn Mullen (Vice-Chair), Avril Carlton (Secretary), Dr Harlow, Brenda Hadfield, Martha Gathercole (Patient and Public Engagement Southern Health), Brian Sherman,

**Apologies:** Emma Smith, Annette Potter, Trevor Elliott, Carole Hallt,

1) **Southern Health Public Governor** – Suzanne Pepper, gave an informative overview of the Governing Body, and its role in holding the SH Non-executive Directors to account. She welcomed contact from anyone with concerns about SH provision, especially those of a general nature.

#### 2) **Action Points**

a) **Southampton Pathways** – Kate Oliver joined via Teams, to update the meeting about the process for discharge of patients with 'other' postcodes, including PO, from Southampton Hospital. Currently, a case study is being carried out using BH's scenario: i.e. who was contacted, why did the process fail, etc.

There is a further meeting of those involved on 3<sup>rd</sup> August, training will be given to Discharge Teams and over the following 3 months an audit of random cases will be carried out. KO is confident that by the end of the year, all issues will have been overcome.

BH has details of another case and will try to gain permission to pass the details onto KO for a further case study. **Action: BH**

b) **Friends of Willow Facebook Group:** Following a link provided on the public Willow Group Facebook page, membership has increased to 101. However, there were some negative comments online and concern was raised about the reference to PPG in the article. It was felt that the two 'areas' should be kept separate and that more needed to be done, with broader communications, to explain the rationale behind the community projects.

c) **Web Communications Group:** The recent meeting was very positive and a list of action points were agreed. Emma will be monitoring their implementation. Next meeting 13<sup>th</sup> September. **Action: EO'B**

- d) **Gosport Patients' Experience:** DrH has made enquiries but has not yet had a response. Deferred to the next meeting. **Action: DrH**
- e) **Student Questionnaire:** Bay House, Bridgemaury and Brune Park have all be asked to participate but only Bay House students have engaged. E'OB was concerned that, though the sample is small, a large proportion of those responding did not feel that they 'understood the outcome of their appointment'.  
MG may be able to assist in encouraging local participation?  
DrH suggested that it might be possible to message the relevant cohort of patients directly during the school holidays, to invite them to participate.  
**Action: EO'B**
- f) **Acronym List:** EO'B now has the list. DrH suggested that, once agreed, it could be added to the Website and updated as appropriate. **Action: EO'B**

### 3) Willow Updates

- a) **Appointments for Physios:** Emma kindly circulated the link prior to the meeting and although the main text mentions GP referrals, there is a self-referral form. It is not clear yet how the public will become aware of this opportunity, but it initially is possible for a Klinik response to suggest a patient makes a self-referral.
- b) **Enhanced Access Survey:** Details were included in the PCN Meeting Notes circulated prior to the meeting. The changes will begin in October, and initially it has been agreed that the extra hours can be used to provide flu and COVID vaccinations which will be needed at that time.

**General:** New software will enable statistics to be more readily accessed, e.g. the number of appointments given, the percentage of face to face, did not shows, etc. which could be made public in future. There was a general discussion regarding the changing nature of needs and expectations, comparisons with other surgeries and the importance of keeping people informed of processes, rationales, etc. based on the July statistics.

NB EO'B had previously circulated the July statistics as follows:

#### Phone/Klinik Statistics

We received 8023 Klinik contacts in June (approx 2005 per week). This is approx 350 more contacts per week than April. We received 9652 telephone contacts in April (approx 2400

per week), This is approx 250 more telephone contacts per week than April. We are suffering again with staff sickness, with regards to covid absence, with 4 clinicians currently testing positive. Yesterday we lost 80 hours of care navigator time. with 4 CNs sick and 4 on annual leave. This has impacted on our appointment wait time, with Same Day need still being dealt with on the day. However, Priority GP appointments are now at 3 weeks, and GP routine appointments are approx 5 to 6 weeks.

## **Recruitment**

**New Appointment:** Dr Jimi Fadahun - Full-time GP from South Africa to hopefully join us by October 2022

**Upcoming Interviews being held for:** Care Navigators and a Medical Secretary

**Adverts are currently out for:** GPs, Nurses band 6, Advance Nurse Practitioner and a Pharmacist

## **Governance**

We are holding our Quarter 4 21/22 Governance presentation on Wednesday afternoon (covering the period 1<sup>st</sup> April 2022 to 30<sup>th</sup> June 2022). Our data showed that we received 1 formal **complaint** (not upheld), our **concerns** increased 111 to 119, and **compliments** increasing by a massive 995, now standing at 1172!

The themes of concerns received , were Communication, Unhappy with Care, Appointments, and Behaviour and Attitude.

Top theme this quarter for concerns is Communication with 22 concerns received (reduced by 3 on last quarter). Again, a large proportion of these surrounded patient expectation with regards to upcoming appointments, i.e. telephone appointment booked and not face to face, appointments being with a clinician that the patient was not expecting i.e. pharmacist rather than a GP. The Care Navigator leads continue to work with their team with regards to clear text messaging/communication. The CN team has had a higher turnover of staff in the last quarter following internal promotions.

We received 19 concerns where patients were Unhappy with their Care (reduced by 40 last quarter). These have been discussed with the individual clinicians where patients have been unhappy with the outcome of their appointment/examination. However, there is an element of patient expectation within these.

We received 15 concerns regarding appointments (this is a new theme for this quarter). We are now seeing a higher percentage of face to face appointments and have also employed more locum GPs and ANPs.

13 concerns regarding behaviours and attitude of staff members (increase by 3). We are awaiting our in-house bespoke challenging conversation/conflict resolution training.

Our Friends and Family rating is at a very respectable 92%. (increase of 2%) NHS England average is 90%.

#### **4) Patient Experience:**

- a) MB asked about future appointments for people receiving regular B12 injections. EO'B confirmed that these should be made at each visit and will check that staff were aware that some patients were on a different schedule to the majority. **EO'B**
- b) BH asked whether progress had been made regarding the allocation of letters from QA. DrH explained that the system was still complicated, especially where part time staff or locums were involved. However, the intention is that a 'team model' can be introduced over the coming months, whereby correspondence can be more efficiently handled.

#### **5) Feedback from other meetings**

- a) **Primary Care Network** – MB's report circulated prior to the meeting.
- b) **Community Garden** – Progress is still slow, There have been individual offers of help and there is potential for charity funding once more detail is available. MM suggested a 'manager' was needed to drive the project but there is no funding for a post.
- c) **Population Health Management** – A pilot is being conducted whereby 10 of the 30-40 year olds with high blood pressure have been contacted Next meeting is 21<sup>st</sup> July.
- d) **Locality Meeting** – MM's report circulated. Redmoor Health is now working with the Willow Group regarding their social media presence.

- e) **Any Other Business** – It was agreed that MB would proceed with an application to join the National Association of PPGs.
  
- 6) **Date of Next Meeting:**  
**Wednesday 14<sup>th</sup> September – Brune Medical Centre - 10:00-11:30.**

NB Final PPG meeting for 2022 is 16<sup>th</sup> November.