

Attendees:

Glenn (chair), Helen, Vicki, Bernice, Sue

Item 1: Introduction, Apologies and Acceptance of last meeting notes (Glenn)

Glenn welcomed the PPG members back after the summer and noted apologies from Cat and Ken.

Item 2 & 3: Practice Statistics & General Update on Medical Centre Operation - Fig1 and Fig2 (Helen/Vicki) and follow-on discussion of the statistics (Glenn)

Practice Statistics and Triage System

Vicki reported that the online triage system is working well, leading to a significant decrease in phone calls as patients adopt the new system. The triage system also effectively guides people towards self-management and signposting. Leon is now assisting patients with the NHS app, taking over from Lauren. The team remains stable, and there are very few complaints, with patients understanding the service provided.

Appointment Demand and Volatility

The team discussed the extreme and unpredictable fluctuations in daily patient demand. It was noted that there is no simple, predictable pattern to demand, reflecting the fluctuating nature of demand.

Missed Appointments (DNAs)

The issue of patients missing appointments (DNAs) has been a weekly source of frustration. The practice's current approach is to send letters to regular offenders and make reminder calls for longer appointments, such as those with nurses, to reduce the loss of valuable clinical time.

High-Frequency Attenders and Proactive Care Project

A new project is being considered to manage patients who contact the service very frequently. Currently in its early stages, the project will employ risk stratification to identify high-risk patients.

Patient Survey Results

The practice reviewed the recent annual National MORI patient survey results, which were described as the best in recent times and well above national statistics in most areas. This positive outcome is partly attributed to the success of the new triage system.

The results were largely positive, with scores like 93%, 97%, and 100%. However, a significant portion of responses fell into the 'to some extent' category, particularly regarding patient involvement in their care, confidence and trust, and needs being met. This was identified as a key area for potential improvement. The survey also had a low completion rate of 44%, which was noted as a point of concern.

Conclusion

The triage system is considered a success. The discrepancy between the drop in phone calls and the rise in triage submissions is attributed to the system effectively guiding users to self-management and other resources. Patient demand is highly volatile and challenging to predict, making service provision difficult. The next quarter's data is expected to be more reflective of underlying trends.

Missed appointments remain a significant challenge. The practice manages this on an individual basis, but it continues to be a source of frustration and wasted resources.

A proactive care project is in its early stages to support high-risk and high-need patients. The goal is to reduce frequent attendance and emergency calls by providing planned, proactive care, with an aim to launch the project this year.

The patient survey results are excellent and reflect high patient satisfaction. A minor area for potential improvement was identified in converting 'to some extent' positive responses to 'definitely' positive responses.

The team identified a need to investigate why some patients only feel involved 'to some extent' and to consider the reasons behind the low survey completion rate.

Item 4: CQC Update (Helen)**CQC Inspection Preparation**

The practice is in the final stages of preparing for a CQC inspection, which they have been working on for a year, with their last inspection occurring 10 years ago in February.

Item 5: PPG Patient Survey Subgroup Update (Vicki/Sue)

The group discussed developing their own patient survey. They decided to theme the survey around 'accessibility,' aligning it with a practice quality improvement project. This includes physical access to the practice and the accessibility of information, noting that although the website is already ICB-screened for accessibility, other communications like letters need review. The plan is to revise the current draft to remove questions already covered in the MORI poll (such as views on reception) and to place a question about the PPG at the beginning.

The group agreed that adapting the patient survey would not only improve coherence with a key theme within the Practice — Accessibility — but also delve into some of the broader improvement questions raised in the MORI survey. A better understanding of the details would enable more targeted action and improved traceability to relevant issues raised.

The survey will be created as a Microsoft Form and distributed via text or email, with paper copies available at the flu clinic on October 18th. They also discussed ensuring the survey is available in 'Easy Read' format.

Conclusion

The PPG will create a new patient survey focused on accessibility. A revised draft will be circulated for approval, with the goal of launching it in October/November. The team will coordinate with Leon to manage the distribution and tracking of responses.

Item 6: Worcestershire Healthwatch Event attended and future meetings (Helen/Vicki/Glenn)

The team discussed their involvement with Healthwatch, noting that the government has decided to close the organisation due to funding being pulled. A previous event was found to be geared more towards PPG members than practice staff.

Conclusion

Glenn would seek to attend the next event and ask for a fellow PPG patient member to accompany him.

Item 7: Collaboration with another PPG

A member reported difficulties in collaborating with a neighbouring practice's PPG. Communication was a major issue, with unanswered emails, and the contact person eventually leaving their PPG.

Conclusion

The group concluded that they would wait until the changes had bedded down before trying to resume communication.

[Post meeting note: Pershore Medical Practice PPG have reached out to Abbottswood PPG and we are in the process of reestablishing communication.]

Item 8: Other Business**Flu Clinic Planning**

The practice has two upcoming flu clinics: a small one for children in a couple of weeks that is managed in-house, and a large one on October 18th. An additional clinic is scheduled for November 8th. The clinic on October 18th will run from 8:30 AM to 12:30 PM and 1:00 PM to 5:00 PM. The clinic on November 8th is confirmed for the morning from 8:30 AM to 12:30 PM, with the afternoon session pending confirmation.

Patient Survey Distribution Strategy

The group discussed the logistics of distributing patient surveys during the flu clinic on October 18th. To avoid delays, they decided to set up a dedicated table and ask patients to complete the survey on their way out.

COVID Vaccination Schedule

In addition to the Saturday clinics, COVID vaccinations are scheduled three days a week throughout October and are fully booked.

Promotion of Padvas Swim Group

A request was made to promote Padvas, a swimming group for individuals with disabilities that meets on Monday nights at the Swimming Leisure Centre. The group decided the best approach would be to forward the information to the social prescribing team, as they are best placed to handle social or wider patient benefits. Promotion will occur through literature, information boards downstairs, and social media.

Next Meeting Schedule

The group discussed moving to a bi-monthly meeting schedule. An October meeting was deemed difficult due to the flu clinics.

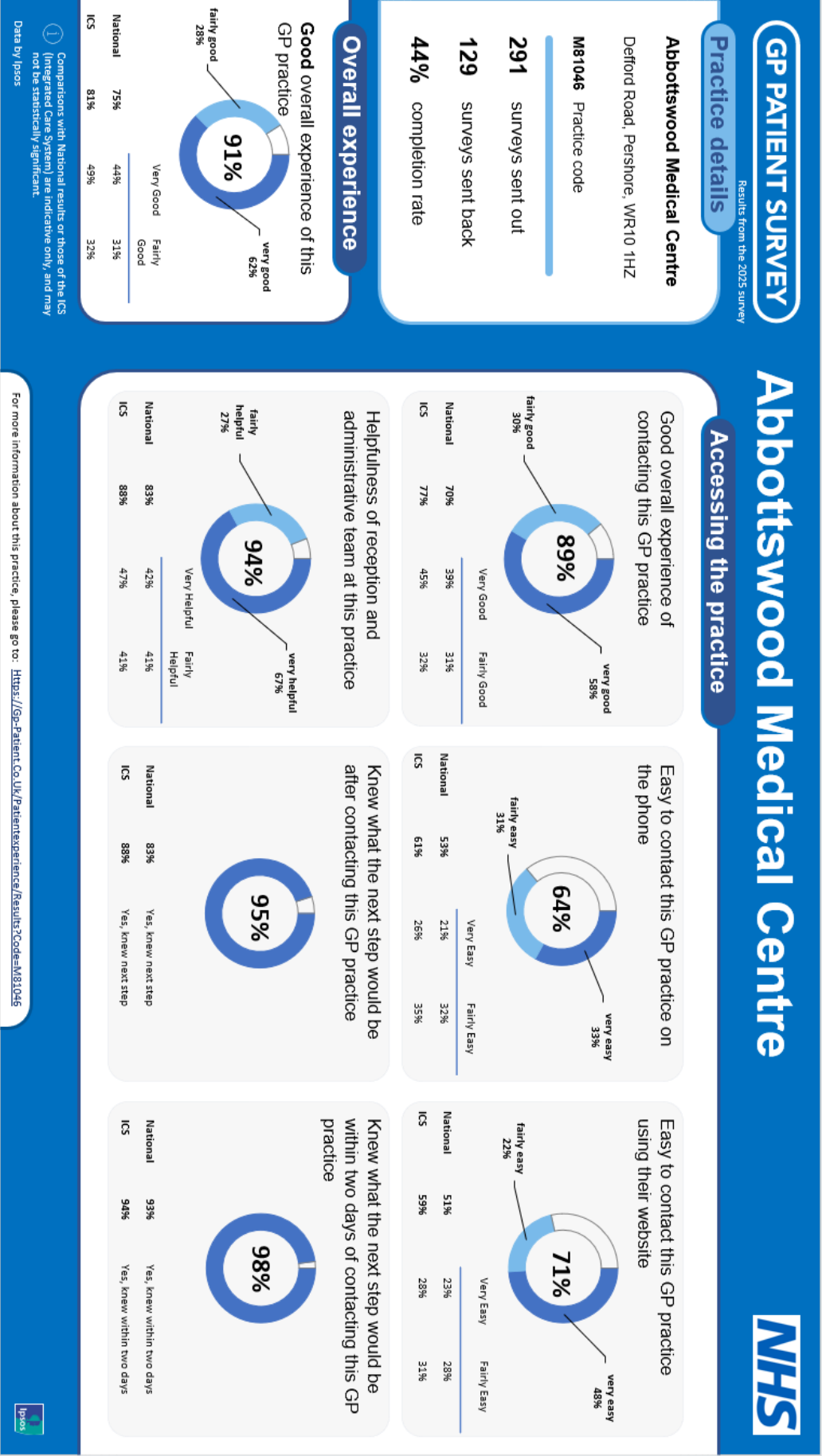
Item 9: Date of Next Meeting

It was agreed that the date of the next meeting would be provisionally Wednesday, November 12th, at the same time.

Close

Type of Appointment	January 2025	February 2025	March 2025	April 2025	May 2025	June 2025	July 2025	August 2025
Number of Inbound Calls	7,708	6,953	8,262	8,478	7,351	6,885	6,851	6,361
Number of triage requests received	3,084	2,889	3,202	2,992	2,881	2,990	3,265	2,883
GP face to face	1053	1040	1077	1019	926	1018	906	829
GP telephone	671	646	612	539	486	580	585	473
Home Visits	76	79	66	99	68	74	80	64
Nurse Appointments	1509	1392	1417	1392	1434	1336	1659	1324
Pharmacist Appointments	730	761	912	794	906	780	940	717
ANP & Paramedic Appointments	529	395	433	497	494	448	552	497
Missed Appointments	129	116	142	153	129	131	167	120
RSV Vaccine	39	39	43	21	12	10	31	26
Covid Vaccine	16	0	2	1509	0	0	0	0
Flu Vaccine	54	7	5	0	0	0	0	0

Fig 1. Practice Statistics (January to August 2025)



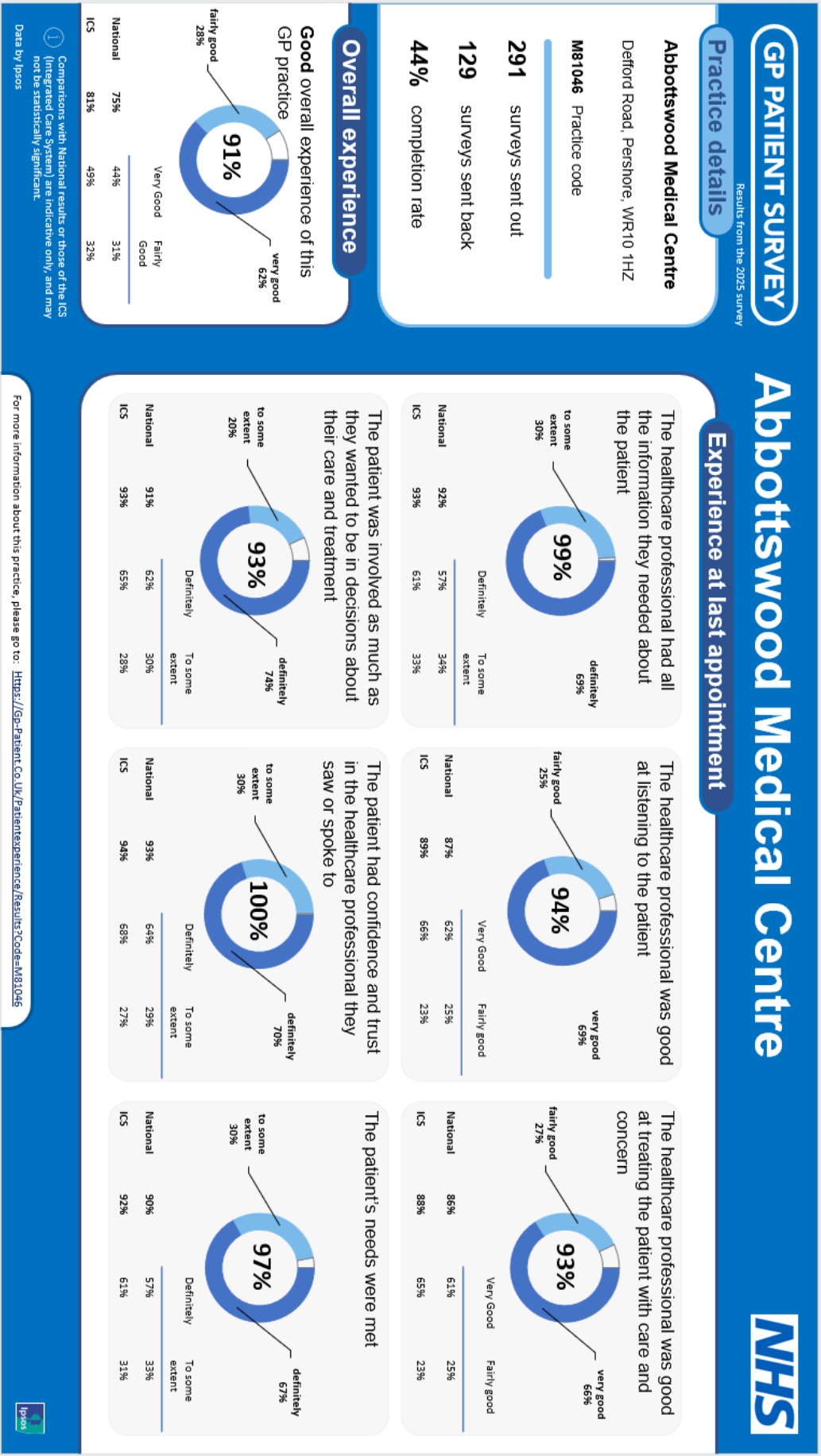


Fig 4. Annual MORI Survey 2025 for Abbottswood Medical Centre (part two)