



Cranfield and Marston Patient Participation Group

Attached to Marston Forest Health Care

Meeting held 7th October 2022

Meeting Purpose: PPG catch-up and feedback after open meeting.

Attendees: Representing the Surgery: Lisa Marotta (Surgery Manager) & Chloe Raymond (Deputy Surgery Manager also (taking the minutes)) and for the PPG: Bill Garner (PPG Chair), Jilly Bozdogan (PPG Deputy Chair) & Pamela Francis.

Meeting Location: Marston Surgery

PPG Meeting Minutes - 7th October 2022

Bill Garner highlighted that the PPG meeting held on 12th September was poorly attended with 16 people plus Bill himself and two other members of the steering group. The constitution has been agreed upon within the steering group and has been dated 1st May 2022.

It has been confirmed that Healthwatch will be attending the practice on 4th November, spending time with practice manager (Lisa Marotta) across both sites. The practice has posters on both surgery entrances and in reception areas displaying this information. LM is in contact with a gardener for Cranfield front lawn. BG suggested One Clean, a company who cut the village grass. LM to contact for quotes.

PPG member asked if Cranfield is now back open. LM confirmed that this site is fully operational. The surgeries have the same amount of staff, split between both sites across both clinical and non-clinical teams. LM confirmed that there is no open surgery at either site.

The surgery will be launching a new online consultation platform, with a proposed launch date of 1st November 2022. The practice is currently in planning stage behind the scenes to ensure the launch date is met. With this in practice, the surgeries' aim is to reduce the amount of telephone calls requesting appointments which should help those patients who may not have access to online platforms, but still require medical assistance from the GP practice. A patient survey has been circulated to a number of patients selected at random targeting patient access ahead of the launch date. The surgery would normally undertake a patient survey around October time, however, this year has been targeted around a specific area that has been raised on a number of occasions across the community. The online consultation platform will also highlight any red flags straight away to patients and the surgery, however, this is mostly targeted for any incoming routine queries. It is a quicker way of triaging an issue as the questions asked will be similar if not the same as those the GP would ask over the telephone. LM is liaising directly with the provider to suggest the best ways of communicating this to patients and the wider community to ensure all are aware of how it works and who to contact should they require any guidance.

PPG member asked why the telephone queue disconnects your call in the mornings. LM confirmed that the telephone lines hold 30 patients in the telephone queue at any one time. If the telephone queue is already full when a patient is trying to get through, it will disconnect until there is space. All telephone lines are centralised and phone calls are answered by the administration team across both sites.

BG highlighted that there has appeared to be a number of occasions where the receptionists haven't quite been as professional as they could be. LM asked BG if any examples could be provided so the senior management team can listen back to phone calls and bring to the team's attention for training and monitoring. BG didn't have any examples at hand he was able to share.

Lisa asked for patients to please make the surgery aware of these situations directly as opposed to the PPG so these can be dealt with in a timely manner with the internal team. All complaints are logged and every single complaint is acknowledged and answered to. All formal complaints are acknowledged within 3 working days and responded to within 40 working days as per the surgery complaints policy. If a patient does not receive a response or requests an update on the status of their complaint, they can call the surgery directly.

PPG member asked why if someone who calls all the time for appointments getting them and someone who doesn't call as much can't ever seem to get one. LM reiterated that every patient is treated the same regardless of how many appointments they may have had in a specific time period. Should a patient have life-threatening symptoms they are advised to call 999 for urgent help. If the surgery is at full capacity, appointments via extended access will be offered subject to availability and then directed to 111 as a last resort. Patients are not being left or abandoned as all patients are offered appropriate alternatives depending on the issues they are presenting with. It is clinically unsafe to squeeze in any more patients when the surgery reaches full capacity on any given day.

BG asked how many appointments are offered in a day to which LM advised the surgery can not provide a definitive answer. All clinicians have other patient-related tasks to complete during their working day which is not always known to patients and can be seen. LM advised it is hard to state a specific or even rough number as there are other adhoc tasks to take into consideration. The surgery does not have anything to hide. However, the practice would like the PPG and wider community to understand that every hospital letter received, every blood result and every referral for example that needs an action is an appointment for the relative patient.

BG asked what happens with any paperwork that is received from the hospital. LM confirmed that a summariser/medical coder is within the team and all letters are reviewed firstly by them. Should there be any action on there for any clinician, the letter will be electronically forwarded to the appropriate member of the clinical team.

LM highlighted that the surgery feel every PPG meeting is mostly negative comments as opposed to anything positive. Each PPG meeting is reiterating the same things. BG advised that they are the voice of the PPG so rather than comments from all angles, they are delivered via this method. Any complaints should be coming directly to the surgery for senior management team to action so they can be dealt with and rectified between the surgery and the patient. There isn't anything outstanding on any platform of patient communication including incoming queries via email or via the surgery website. The team are very much up to date with all incoming queries.

Should modern technology not be available to everyone in the jurisdiction, there are other forms of communication that the surgery undertakes to notify patients of any updates. This may be in the form of writing letters to patients for example. If the surgery were to send group communications via email or text messages, a notification would bounce back for those unreachable via these methods.

It is known there is a new surgery being built in Cranfield. The practice has been approached as to whether Marston Forest Healthcare will be the practice to take this on, however, there is no further information on this as of yet.

Agreed next meeting date of Friday 20th January, 12pm, Marston Surgery.