

## **Maiden Newton and Beaminster (Tunnel Road) PPG Meeting**

Tunnel Road Practice, Beaminster, 2-3pm, 11<sup>th</sup> December 2024

Present: David Webb (Chair), Annabelle Jackson, Gillian Fearnough (Treasurer), Colin Fulton, Amanda Murphy, Jim Gammons (NHS Dorset), Carly Reed, Annabel Matterface, Chris Wardle, Bekkie Webb (Secretary), Sue Hinchley, Rob Greening, Chris Bennett, Dr George Saw GP

Apologies: Joyce Rendell, Di Padfield

### **1. Welcome and introductions**

The Chair opened the meeting by welcoming everyone, it is especially good to have a GP and NHS Dorset present at the meeting.

### **2. Ammonite update – Carly Reed, Practice Manager**

The new dispensary location is working well for the staff in Maiden Newton. The changeover of the reception and waiting room is in the works and should be completed soon. There has also been a heating upgrade. Toby's role as a dispensary assistant on reception is going well and a new person has been recruited to support Tunnel Road. Staffing arrangements and the clinical team are more settled and stable.

Following feedback, Ammonite provided training to a new registrar, addressed an appointment issue with hospital, and responded to the needs of a deaf patient who was being offered telephone appointments. Details of how to make a complaint and the procedures are available here: <https://www.ammonitehealth.co.uk/complaints-procedure> .

Ammonite have now also clarified the death certification process in response to feedback:

If an individual dies in a hospital, their case is reviewed by the medical examiners service and hospital doctors team to complete a cause of death. Referral to a coroner may be necessary in some instances. The GP is never/rarely involved.

If an individual dies at home and the death is UNEXPECTED (e.g., they are found dead) then the police and/or ambulance service will refer to the coroner. The GP often has no or very little involvement here either.

If an individual dies at home and the death is EXPECTED (e.g., they were on an end-of-life pathway) then the GP makes a referral to the medical examiners service at DCH. The medical examiners service reviews the case, and together with the GP agrees wording for the M CCD death certificate. The only other alternative would be a referral to the coroner if deemed necessary. Once the wording has been agreed, the GP completes the paper certificate, this gets sent to the medical examiner's office who then liaise with the family/next of kin and send it to the registrars. The family/next of kin will then be notified that they can book a registrars appointment to register the death formally.

This process, if straightforward, can be completed in 1-2 days, but can take much longer depending on the complexity of the case, GP availability, and how busy the medical examiners service is.

### 3. Patient feedback – Annabel Matterface

- a. Clarity needed over patients being denied prostate tests. Patients are having to resort to private healthcare.

Ammonite: There are high numbers of ‘false negatives’ so the test is not reliable on its own and has to be considered in the context of other symptoms. A raised PSA level does not mean you have cancer.

- b. Lots of patients still have issues with e-consult. You sometimes go round in circles. There is a perception that you cannot ring the surgery. E-consult is also not available out of hours. Prison staff are not allowed to use their phones at work and so it is impossible for them to contact the surgery. It is not appropriate for patients to have to ask a friend or relative to complete the e-consult for them. Can the number of people on the phone be increased?

Ammonite: If you are advised by e-consult to book an appointment, you should call and say that e-consult has advised you to call to make an appointment immediately. You will get a call back option if you are in a queue longer than 6 people. Out of hours please call 111. It is not available over the weekend because no-one will see it until Monday morning and serious problems may be missed. Ammonite is obliged to respond to patients within one working day. The Dorset ICB are looking at alternatives and the practice is looking at whether e-consult can be improved. It isn't perfect but with 250 requests coming in some mornings it is essential to triage. Those who cannot use a phone during the hours of e-consult, e.g. prison staff should request to use an office phone to make the call. Ammonite has added an additional receptionist to answer phone calls.

- c. The coordinator of the walking group at Maiden Newton has requested to re-establish the close links with the surgery that were in place before Covid.

Ammonite: The coordinator is invited to email the surgery directly via the practice email address.

- d. At the moment, people approach individual PPG members to raise issues. Individuals should be encouraged to submit this directly to Ammonite via the website or paper form from reception. The question of the role of the PPG in looking at feedback received and how it has been responded to needs to be clarified.

Ammonite: Yes, the general themes from patient feedback can be shared by Ammonite with the PPG.

Actions:

- Annabel Matterface to share key themes from patient feedback at PPG quarterly meetings.
- PPG to review the feedback process and clarify its role in that at the next meeting – Gillian happy to lead with support from Chris Bennett.

#### **4. Use of NHS app and Systmonline**

Systmonline and the NHS app – how do they work together? What do you do when you get a message saying, ‘Ammonite will not give you info on that’. Also, when you book an appointment with the NHS app, you don’t receive a confirmation, so you are not sure if the appointment has been made.

Ammonite: We can share this back to the digital care coordinators. The practice manager and/or HR manager will be happy to receive screenshots from the PPG of any error messages with details of which system it is.

The practice will only use text messages if you’ve told them that is one of your preferred methods of communication. You can only change your communication preference through Systmonline or at reception.

**Action:** Ammonite to look into technical issues with accessing NHS app and Systmonline and clarify how they are used in the practice and work together.

#### **5. PPG Terms of Reference**

To finalise the Terms of Reference (TOR)/constitution of the PPG we need to clarify the role of Ammonite in the PPG. The PPG is made up of patient representatives who formally act on behalf of all patients. The PPG is independent of Ammonite but we work closely together. Ammonite staff attend quarterly PPG meetings but they are not members of the PPG and will not have a vote.

Between meetings, the PPG will use email to communicate. The TOR should be made available to the public on the Ammonite website and in the surgery.

A vote was held to confirm the latest draft of the TOR - all were in favour.

Action: Bekkie to circulate the finalised TOR.

#### **6. Membership of the PPG**

Members should be registered patients with Ammonite. Members of the PPG are invited to join or can ask to join and will initially be approved by the existing PPG members.

There is a form to fill in on the Ammonite website to express interest in joining. Ammonite will forward these to the Chair and Secretary. Members of the PPG are expected to attend meetings and may be asked if they wish to withdraw if they fail to attend 3 meetings running.

There will always be a wider group of people in the community who can volunteer or support from time to time.

Bekkie proposed that each practice have a PPG noticeboard in the waiting room with information about how to join, PPG minutes, AGM notice and volunteer opportunities. She agreed to take this forward.

Action: Bekkie to develop a flyer to recruit new members as currently there is no representation of young families on the PPG.

## **7. Finance update**

The Chair and the Treasurer will be the new bank signatories and this is in process. There is around £3000 in the bank account. We do have enough money for a contribution towards the blood pressure machines at both practices. When funds are released to Ammonite they can be ordered. David, Gillian and Carly will liaise on the payment process.

## **8. Dates and times of future meetings**

Dates for meetings should ideally be set for the year ahead, and the AGM in particular needs to be scheduled. We could alternative evenings and workdays. There are pros and cons to each. It is important that Ammonite staff are able to attend. It was proposed that the AGM take place in the Spring, at Toller Porcorum Village Hall. The public can be invited and we could have a presentation by Ammonite and/or the Social Prescribing Team. This will be a great opportunity to have a wellbeing event, update and support patients with how to use e-consult etc., as well as have a blood pressure check.

## **9. Actions carried over from last meeting**

- Book sales – call for volunteers will be put on noticeboard
- Prescription deliveries on a Thursday in Beaminster – as above
- Liaison with Social Prescribing Team – Bekkie to follow up
- Information about the PPG to be shared in Beaminster, perhaps on Facebook community page – Gillian to follow up
- Ammonite to look at how confidentiality this can be improved, particularly in Maiden Newton with the new lay-out.
- PPG to discuss records being linked between medical teams and clinics.

## **10. AOB**

Chris Wardle shared that residents have proposed a Health Café for Toller Porcorum but they don't want to duplicate any other initiatives such as Live Well Dorset or the Social Prescribing Team. Ammonite can advise.

Action: Annabel at Ammonite and PPG to discuss over email.

**Next meeting** – March, TBC.