

306 Medical Centre
Minutes of PPG Meeting held on Thu 12 Dec 2024

Present: **Staff:** Dr M Chawdhery (MC) Mo Dawood (MD-PM), Patricia Giddarie (PG)
Patients: Phillip Lipsidge (PL), David Barlow (DB), Alan Robertson (AR), Tina Thorpe (TT), Khurshid Qureshi (KQ), Kathleen Lipsidge (KL), Kwame Ocloo (KO), Clive Cockram (CC), Richard Harwood (RH)

Online MS Teams:

Apologies: Vajira Wignarajah (VW), Richard Cooke (RC), Sandra Floy (SF),

	Agenda Item	Timings
1	Meet & Greet	12.15 - 12.30
2	Welcome & Introductions	12.30 – 12.35
3	<p>Minutes of the last meeting and any matters arising</p> <p>The minutes of the last meeting were agreed with minor corrections, to be uploaded on the website.</p> <p>Matters arising</p> <p>Cyber Attack Synnovis</p> <p>a. MD updated that services had been restored but there was a strike planned from 16-20 December 2024 inclusive and all blood tests for next week have been suspended.</p> <p>b. KO wanted to understand with Synnovis whether the cyberattack risk had been mitigated again. MD explained that the surgery had been assured lessons had been learned, security had been bolstered but there were no guarantees. MD updated on the meeting with Synnovis, where concerns about quality, reliability and a stabilized service had been raised. We were advised that they were aware of the challenges and were doing their best to address these going forward.</p> <p>c. CC raised the risk of high potassium and lateness of test results which can be quite concerning. MD explained that these issues had been raised at the joint meeting.</p> <p>d. MD advised this has gone all the way to the top for resolution due to the safety issues. TT asked if MPs have been advised. She felt different government so may be something new could be done. She further added each individual should report this to the MPs.</p> <p>e. TT asked if we have contingency plans for during the strike. MD advised that Synnovis was the only provider and so no back up arrangements during the short strike period. However delays would be inevitable.</p> <p>f. KO felt that cyber-attacks exposed patients to a number of threats and felt a guarantee is needed to protect patients' information. He shared his experience of</p>	12.35 - 12.45

	<p>receiving random text messages regarding blood tests outcomes, such as sugar level is high and medication recommended. These were not coming from the practice. TT said Patient Access sent health promotion messages to her which she ignored. MD explained any messages sent by the practice can be clearly identified and recommended that patients should usually rely on hospital MyChart App or the NHS App. Any text messages from the practice would come via direct texts or notifications on the NHS App which is secure.</p>	
4	<p>Practice Slot</p> <p>a) Friends and Family (FFT) Test - MD shared FFT patient feedback reports available on the website:</p> <ul style="list-style-type: none"> • https://306medicalcentre.nhs.uk/wp-content/uploads/2024/11/NHS-FFT-Monthly-Report--Nov-2024.pdf • https://306medicalcentre.nhs.uk/wp-content/uploads/2024/10/NHS-FFT-Monthly-Report--Oct-2024.pdf • https://306medicalcentre.nhs.uk/wp-content/uploads/2024/09/NHS-FFT-Monthly-Report--Sept-2024.pdf <p>A general discussion took place and MD highlighted the feedback, mainly good and the occasional not so good. Overall in the last 3 months 94-98% of the patients experience was Good and 2-5% was poor.</p> <p>Consensus was that it is hard to please everyone but we are doing very well as a practice. MD explained that all feedback good or bad was reviewed and this helped the practice strive to continuously improve the service.</p> <p>b) Telephony Management Reports (snipped below) reviewed with PPG.</p>	12.45 – 12.50

1. Monthly Summary

Call Summary			Abandoned Summary	
Inbound Received	Inbound Answered	Average Inbound Talk Time	Abandoned Calls	
2,579	2,010	1m 51s	535 (20.7%)	
Outbound Attempted	Outbound Connected	Average Outbound Talk Time	Average Abandoned Call Time	
1,716	1,489 (86.8%)	3m 41s	36s	

Queue Summary			
Calls That Queued	Answered From Queue	Average Queue Time Answered	
2,043	2,010 (98.4%)	47s	
Missed From Queue	Missed From Queue Excluding Repeat Callers	Repeat Callers That Queued	Average Queue Time Missed
33 (1.6%)	33 (1.6%)	0	1m 5s

Callback Summary			
Callbacks Requested	Callbacks Successful	Callbacks Unsuccessful	Patient Cancelled Callbacks
6	6	0	0

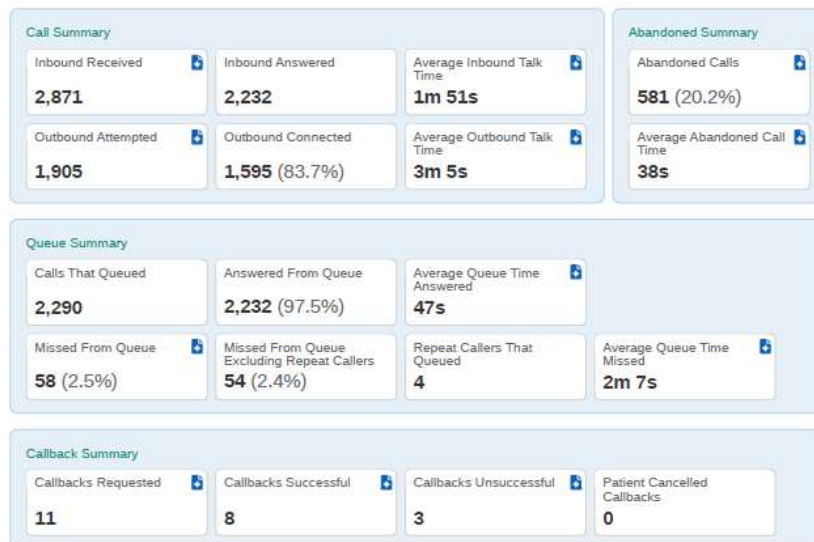
1. Monthly Summary

Call Summary			Abandoned Summary	
Inbound Received	Inbound Answered	Average Inbound Talk Time	Abandoned Calls	
2,900	2,275	1m 47s	571 (19.7%)	
Outbacks Attempted	Outbound Connected	Average Outbound Talk Time	Average Abandoned Call Time	
2,072	1,778 (85.8%)	3m 33s	37s	

Queue Summary			
Calls That Queued	Answered From Queue	Average Queue Time Answered	
2,329	2,273 (97.6%)	40s	
Missed From Queue	Missed From Queue Excluding Repeat Callers	Repeat Callers That Queued	Average Queue Time Missed
56 (2.4%)	51 (2.2%)	4	1m 52s

Callback Summary			
Callbacks Requested	Callbacks Successful	Callbacks Unsuccessful	Patient Cancelled Callbacks
15	10	5	0

1. Monthly Summary



General consensus was that access was easy and the data showed that patients did not have to queue for long and PPG members commented on how amazing it was to get through so quickly. Average queue wait times was 47 seconds

TT felt that the call handling at the practice was superior especially in comparison to the hospital.

Average inbound call talk time was under 2 minutes. DB said that maybe this was the case because of the middle class practice population. MD agreed and English for many being the first language so conversing with patients was easier than it would be in deprived areas where English may not be the first language with other communication barriers also present.

5

a) Open Session – PPG Members Slot & Updates

- b) TT acknowledged that Dr MC worked long hours, as her car was always parked late in the evening. She was concerned about her wellbeing. Dr MC appreciated the concern but explained she left her car on charge sometimes at the surgery.
- c) KO also expressed concerns about safety as crime and mental health issues were more noticeable in the area. MD explained that the practice has a lone working policy for safety and generally discourages all staff from working late, as the practice values a good work and life balance for the team.
- d) TT raised the issue of winter pressures, the uptake of flu. MD said that it was generally good but patients now have a choice of having the flu vaccine at a chemist or GP. This year the practice received flu vaccines in September but was not allowed to administer until after October but patients were able to obtain it sooner at local

12.50 – 13.00

	<p>chemists. MD explained it was becoming challenging to plan the practice flu campaign as it was difficult to predict where a patient would choose to have the vaccine. Many practices had decided to reduce their orders for the next year to mitigate vaccine wastage and loss of income. Left over vaccines meant a loss of revenue from already constrained practice budgets.</p> <p>e) MD also discussed challenges of planning in advance, giving the recent RSV campaign in September, with practices informed sometime late in August. This was challenging as flu deliveries were scheduled and fridge space was a challenge. Logistical considerations and practicalities were not given due consideration by the NHS Immunisation Team, with limited fridge storage capacity, particularly at the start of the flu season, with oversized RSV vaccine boxes taking up much space.</p> <p>f) RH shared his experience when he went to a chemist for Covid vaccine and the chemist inadvertently also recorded he was given a flu vaccine. This was flagged up when he arrived for his flu vaccine at the practice and the NHS App also flagged this. MD explained data sharing had improved and medical records are updated promptly with chemists having access to patient record. This helps mitigate any risks now.</p>	
6	<p>AOB</p> <ul style="list-style-type: none"> • KO asked the purpose of the garden meeting room especially since we only meet once in a while. MD explained that the room was used for team meetings every week. KO requested a proper Christmas dinner instead of sandwiches for next time. • MD said the festive mince pies were a PPG Christmas tradition and asked everyone to take a box and the sandwiches laid out. On that note MD wished everyone a Merry Christmas and a Happy New Year and brought the meeting to a festive close. 	13.00 – 13.15
	<p>Date of next meeting agreed: 13 Mar 2025 at 12.30pm (Meeting Room open from 12pm) The meeting was brought to a close at 1.32pm</p>	

Tentative 2025 Meeting dates for the diary: 13 Mar; 12 Jun; 11 Sep; 11 Dec