

## Patient Participation Meeting

13<sup>th</sup> April 2022

Present: Wayne Penegar (WP) Chair, Lynsey Buckles (LB)-Mins, IP, WPr, GN, RA, PA, SP

Apologies: AM, LN

Discussion	Action
Matters Arising	
	Send link out that day.
Today's Discussion	
<p><u>Complaints &amp; Compliments</u></p> <p><u>Complaints</u>-Prescription issues-this was our error. Pt complaining about receptionists not being able to book COVID vaccinations, disbelieving this and feeling fobbed off as Aisha (COVID lead) was in a meeting. All correct procedures were followed and pt had COVID appt within a few days. PT complaining about receptionists giving them their 'normal' test results-feeling this should be delivered by a GP. Correct procedures were followed. Complaints about trying to get through on the phone.</p> <p><u>Compliments</u>- 'GP's may not be seeing all pts F2F but they've always found a solution, somebody has seen me or my family if it was needed'. RA finds the response from Francis Grove always helpful where children are concerned. PL reported positive experiences when needing attention for her son which gives her confidence and peace of mind. Also response online from website and getting calls very quickly. Having medical care I can rely on is important SP likes the acknowledgement and response to patient emails. Also Website is excellent and the photo option on ACCRUX.</p>	
<p><u>Staffing updates</u></p> <p>Dr Davis will unfortunately be leaving the practice at the end of April to go on to new endeavours. We have attempted to recruit, but did not receive any applicants. We will be back filling with regular locums (Dr Shalini Patel, Dr Dheeran Patel, Dr Ramanohara &amp; Dr Hanifa) until we are able to recruit.</p> <p>Members raised issue of lack of Male GP. We are mindful of needing male GP's, but this is proving incredibly difficult and trying to use regular male locums if they are available.</p> <p>Sophie-Care Coordinator-Leaving to go on Maternity leave at the end of April, we are replacing her with a senior care coordinator who will be able to lead the care coordination team and their diverse workload. Advert is currently out.</p> <p>Olivia – New receptionist. Replacing Shannon when she goes on Maternity leave at the beginning of May.</p> <p>Data &amp; Quality Assurance Manager- Advert has just gone out to replace Natalie, but also with more aspects added in to it. Full time role.</p> <p>Additional HCA to support with afternoon clinics-We have been able to expand our nursing team by adding another part time HCA to the team. She is a trainee nurse whose been with us on placement. She will be working a Wednesday and Thursday and Fridays.</p> <p>Dr Satpal Chaggar has started with us doing Wednesdays and Fridays.</p>	

<p>Dr Clare Judd is starting with us on the 6<sup>th</sup> June on a Monday.</p>	
<p><u>New Phone System</u>  We are in the midst of having a new phone system installed. This allows unlimited lines in and out of the practice which will be much easier for the staff and patients we hope.  We have commissioned the call back option, which was expensive, but this means patients will be able to press to be called back when they reach their place in the queue rather than sitting on the phone waiting for it to be answered.  We will be able to queue up to 50 calls, we will be able to track how long patients are waiting before calls are being answered and many other things. It will give us a much better picture of the demand and patient experience. Calls will be recorded now on reception, not for any other staff though. WP asked if the recording of calls is automatic or random. LB confirmed it is automatic.   We are hoping this will make for a much better patient experience.</p>	<p>LB to report back on how the new system is working</p>
<p><u>Face to Face appointments</u>  We have discussed this with the GP's a few times since the last meeting. I have been tasked with drawing up new templates so we have some face to face appt's that can be booked directly each day. I am hoping we will have made head way on this by the next meeting.  It will require training of reception staff and working out how to manage patient flow in the waiting room etc so is not just about changing the appointment templates</p>	
<p><u>Community Pharmacy Consultation Service</u>  It is now a target of our PCN contract that we need to engage with and refer more than 40 patients per week to the CPCS. This is a service that we don't know a great deal about at this time, but receptionists will need to triage all calls when they come in that may come under the CPCS contract and then go through their online triage to see if they should be given a pharmacist appt instead of a GP appt. This poses lots of challenges for us including increasing wait times on the phone and training receptionists to use the tool and refer the correct patients as well as convincing the patient this is the right route for them.  <a href="https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/cpcs-gp-referral-pathway/">https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/cpcs-gp-referral-pathway/</a>   SP asked what would be referred to the Pharmacies? IT would be a range of minor ailments, things such as hayfever, blisters, sunburn, skin rashes, acne etc.  WPr - there is a need for a proper publicity campaign to make sure patients know about this option. LB agreed.  AM pointed out that a known pharmacist might inspire more trust than a locum GP.</p>	
<p><u>Consultation on Extended hours</u>  NHS England are changing the way they are commissioning the extended hour's provision. FGS does extended hours between 7am-8am and 6.30-8pm. The new contract states we need to be providing extended hours across the week between 6.30pm-8pm on week days and 8am-5pm on Saturdays.  We would like to get the PPG's opinion on extended hours and what you feel would work best for our patients as we can appeal to have the 7am-8am appts included again.</p>	

<p>Early morning appointment are useful to those who commute and think this would likely be popular option for keeping these.</p> <p>SP- Would appointments at weekends be used?</p> <p>But also referred to no weekend or bank holiday service as a 'sense of abandonment'. Making contact with a doctor at weekends remains an issue. LB clarified though that these would be pre-booked appointments and the surgery wouldn't be 'open' so this issue would still remain.</p> <p>RA does not find 111 very satisfactory waiting for ringbacks.</p> <p>LB to do a text survey.</p>	
<p><u>Consultation on Tackling inequalities project</u></p> <p>Part of the PCN Contract includes us looking at patient inequalities and addressing these. We have been debating what to do for this project for about 6 months. It needs to be based on demonstrable evidence of inequality. We have come up with a plan which we would like your thoughts and suggestions on.</p> <p>A dedicated phone line for 1-2 hours per day for specific cohorts of patients who we know are especially vulnerable of whom we struggle to engage. At the moment these cohorts are patients over 80, patients with learning disabilities and patients with severe mental illness. The plan is that the phone line will be managed by the care coordination team and will be mainly used for queries as opposed to appointment booking. We felt that these groups of patients are often disadvantaged by not being able to use our website facilities to send in questions or queries. This would hopefully reduce their waiting times and mean they will hopefully speak to one of two or three people so would improve consistency of their care.</p> <p>What are the PPG's thoughts on this and do you have any suggestions.....?</p> <p>Supportive of the idea, but some concerns and questions raised by PPG AM wondered if patients might be reluctant to phone in for urgent needs outside those allotted hours. What if they phone at other times? Or staff off sick? Will they be Phoned back? What if they only ring in at that time and should have called earlier? What about when it ends?</p> <p>RA and SP both pointed out that such a service needs to be pro-actively promoted and explained.</p>	<p>LB to take this back to the PCN for consideration.</p>
<p><u>Update on Lease</u></p> <p>The landlord has rejected the sum put forward by the district valuer as it was significantly lower than what we had negotiated and was not reflective of the rents at the time the lease was up for renewal. This means our next steps are mediation and arbitration.</p>	
<p>.</p> <p><u>General issues from PPG</u></p> <p>Quality of tablets-SP commented that the quality of tablets has gone down and really is not good.</p> <p><u>Referral for NmAb-Antivirals for COVID</u></p> <p>how does it work? LB explained how this works currently from the GP perspective, various group members also spoke of their personal experience.</p> <p><u>Doctorlink</u></p> <p>WP and WPr both reported that Doctorlink is a bit of a palaver to use but does work. And once again it discriminated against those with no access to the internet or a Smartphone</p>	
<p>Date of Next meeting: 30<sup>th</sup> May 2022</p>	