

Patient Participation Meeting

7th August 2024

Present: Wayne Penegar (WP) Chair, Lynsey Buckles (LB)-Mins, AM, WPr, GN, PA, SP, TC, RJ, MM, JL, IT

Apologies:

Actions carried forward from last meeting

Only actions that are either incomplete or where members have not confirmed either way remain in the minutes. If the action is no longer here, please assume it has been done.

Action	By whom	Outcome
LB to consider how we can advertise what services we are currently offering and also ensure that plans for the future are also shared with patients.	LB	Remain on the 'To do' list
LB to share Tanuja's details with the PPG so they can send information on local projects they are involved in that Tanuja can access.	LB	Completed
PPG members to email Tanuja with their suggestions of locations.	members	
LB to confirm who the practices digital enabler. LB to then ask EGW to organise Tanuja to come into the practice for a drop in with the digital enabler.	LB	Completed at this meeting
WP to send round the PPG policy document for comment.	WP	Completed

Today's Discussion	Action
Matters Arising	
<u>Update on Digital Enabling within the practice</u> As outlined at the last meeting Akilah is our Digital enabler. After meetings and discussions it was agreed that we would in the first instance sign post patients to Tanuja. Those who come in to the practice (if Akilah is in) she will help face to face. If Tanuja is unable to resolve the queries over the phone, she will then ask Akilah to arrange a face to face with the patient to go through the issues.	
<u>Dogs in the building</u> EGW has placed posters on the entrance door and on the Reception desk in front of the entrance.	
Today's Discussion	
<u>Staffing updates</u> <u>Reception</u> Kayeasha will be leaving us in the next month or so and Adele wants to reduce hour hours, so we are going to try to recruit a Deputy Manager for Reception again.	
<u>Salaried GP's</u> Dr Nadeem has started doing 6 sessions and seems to have settled in well. Dr Patel (Wednesday 1 dayer) and Dr Judd (Monday 1 dayer) have both also resigned and we have recruited into both of those positions, unfortunately we were unable to recruit just 1 person to do all those sessions, however we have recruited to another 3 sessions GP-Dr Haji (Wednesday all day and Thursday am) who will be starting next week and Dr Aachal Patel (to cover the Monday) who will be starting in October. Dr Rahim is also increasing from 2 sessions to 4 sessions from September.	
<u>Transition Cover & Transformation Support Funding</u>	

The [Delivery Plan for Recovering Access to Primary Care](#) was published on 9 May 2023. The plan focused on general practice moving to a 'Modern General Practice Access Model'. This model is a way of organising work in general practice to help enable practices to provide fair and safe care, while also supporting the sustainability of services and an improved experience for both patients and staff. The plan sets out two central aims:

1. To tackle the 8am rush and reduce the number of people struggling to contact their practice.
2. For patients to know on the day they contact their practice how their request will be managed.

Information gathering to inform approach

- Gather relevant data, patient feedback, staff feedback
- Review current care navigation processes/signposting in depth
- Use telephony data to look at volume and distribution of calls, variation in wait times and number of dropped calls or calls that hit the over flow.
- Use AccuRx data to look at volume and distribution of consult requests
- Try to establish unmet demand
- Look at demand across the week and try to understand variation
- Review templates for care navigation
- Research options for matching capacity and demand
- Audit clinical need and avoidable appointments
- Engagement and co-design with PPG, staff and patients to increase uptake of NHS app, how to implement the new system in the easiest way possible for patients and how to positively promote the change to patients

Planning

- Try to smooth variation across the days where possible
- Create care navigation protocols and templates
- Using information collated above, establish an approach on transforming the appointment book and how appointments are triaged and booked and by whom.
- Create protocols for responding to both AccuRx medical requests (SMS-self book for example) and also telephone and walk in triage requests.
- Develop 'what goes where' guidance
- Informing patients of the change and when it will take place and how it may affect them.
- Ensure we have things in place to evaluate the changes
- Training for Reception team on new approach, benefits, how to use triage template, what to ask, when and how, what to include and how to prioritise. Training on how manage resistant patients. How and when to signpost directly from Reception
- Training for GP's and ANP on new approach
- Set up new appt templates

Implementation plan

- Plan date for launch (roughly week beginning 3rd March)
- Clear appointment book and all demand-ensuring we have additional clinical capacity towards the end and the beginning of the new process
- Ensure all staff are briefed trained and supported in launching new processes
- Additional admin and reception staff available in 1st 1-2 weeks of

<p>launch. -Review within the 1st few days to iron out anything that is not working efficiently</p> <p>Review -Evaluate the impact after 1 month, 3 months and 6 months</p>	
<p><u>Telephone Queue changes</u> As part of the 24-25 PCN contract we have to start reporting on telephone data. Part of the process of this reporting is for practices to get a better understanding of demand and capacity. Therefore in order to understand demand, we need to understand the number of calls actually coming in to the practice between 8am-9am. LB advised that the only way she can see to do this accurately is to increase the queue length until such time that everyone calling can join the queue. The knock on effect of this is that people will be in the queue for much longer, but until we actually know this information we can not properly understand demand. LB asked for the PPG's opinion on this option: Thought it was a good idea in principle and felt the welcome message should explain we are doing this to help manage and understand the 8am rush and help us to improve our services.</p> <p>As of Monday LB will increase the queue length to 100 patients. LB will monitor this daily to track queue length and wait time. LB will also add a new voice recording to the answerphone explaining what we are doing and why. LB imagines this will be for a short time and then will reactivate it to 100 again in September when the school go back as September is a busy month usually.</p>	
<p><u>GP work to rule</u> GP partners/contractors in England have voted overwhelmingly in favour of collective action. Seven in ten eligible members voted in the non-statutory ballot, with an overwhelming 98.3% of members voting yes, indicating that they are willing to take action to save general practice. The BMA now urges GP partners/contractors to start taking at least one of the actions detailed below, starting 1 August 2024. These actions will be easy, safe and sustainable. Above all they will turn up the pressure on the Government to do the right thing for general practice and patients. We need a new contract that is fit for purpose, one that provides the investment and workforce needed to reset general practice and provide patients with family doctors.</p> <ol style="list-style-type: none"> 1) Limit daily patient contacts per clinician 2) Stop engaging with e-referral system 3) Serve notice on voluntary services that plug commissioning gaps 4) Stop rationing referrals, investigations and admissions 5) Switch off GP connect-access for 3rd party providers 6) Withdraw permission for new data sharing agreements 7) Switch off meds management software 8) Defer agreement to share call data until after Oct 24 9) Defer agreement to keep online triage tools open throughout core opening hours until Spring 25 10) Defer accepting local or national NHSE pilot programmes <p>As a practice we have not decided which if any we intend to action. However as it stands, we have not yet opened our online triage tool from 8am-</p>	

<p>6.30pm each day. We close daily at 6pm and Thursday/Fridays at 4pm. LB thinks its unlikely we will limit patient contacts or stop using the referral systems. Because 7,8 & 9 are monitored at a PCN level this is not really decisions we can take as an individual practice and we have not discussed this as a PCN as yet. LB shared the slide deck and plan for how the practice may promote this with patients.</p>	
<p><u>Changes to ARRS funding to include GP's</u> We only received the letter detailing this on Friday and we are yet to received the revised DES contract which will outline the funding and the criteria for employment. Funding can not be accessed until October, and we can not proceed until we have the updated contract with details. However, we do have a lot of CV's of recently qualified GP's that we can use.</p>	
<p><u>Patient Survey Data</u> LB went through the presentation with the data in and documented idea PPG members had on what the practice may do to improve the scores.</p>	
<p><u>RSV Vaccines</u> RSV is a common respiratory virus that that can cause serious lung infections. While RSV infection can occur at any age, the risk and severity of RSV and its complications are increased in older adults and in neonates and small babies, and it has a considerable impact on individuals and NHS services during the winter months. All adults turning 75 years old on or after 1 September 2024 will be eligible for the routine programme and should be offered a single dose of the RSV vaccine on or after their 75th birthday. A one-off catch-up campaign for those already aged 75 to 79 years old on 1 September 2024 should be undertaken at the earliest opportunity with the aim of completing the majority by 31 August 2025. To offer the best protection, we are asking systems and providers to vaccinate as many people as possible during September and October 2024 prior to the expected RSV season. In line with JCVI guidance, individuals will remain eligible until the day before their 80th birthday, with the exception of people who turn 80 in the first year who have until 31 August 2025 to get vaccinated. All women who are at least 28 weeks pregnant (the eligible cohort) on 1 September 2024, should be offered a single dose of the RSV vaccine, through commissioned services. After that, pregnant women will become eligible as they reach 28 weeks gestation and remain eligible up to birth. The ideal opportunity to offer vaccination would be at the 28-week antenatal contact (ANC), following prior discussion at the 20-week ANC. Providers should aim to vaccinate those already eligible on 1 September as soon as possible.</p>	
<p><u>Flu Launch day</u> This is currently pencilled in for the 5th October.</p>	
<p><u>Practice Learning Time</u> The practice is having their first PLT since 2019 in September. We will be closed for the afternoon (12.30-6.30pm) on 16th September. There will be covered provided for urgent issues via the phone.</p>	
AOB	
Date of Next meeting: TBC	