

## RUSHBOTTOM LANE SURGERY

### PATIENT PARTICIPATION GROUP MEETING

#### Minutes of Meeting

Held on 12<sup>th</sup> May 2022 (On-line meeting) Final

**Present:** Liz Adams Practice Manager, Rebecca Bennett Deputy Practice Manager, Vicki Riley Deputy Practice Manager, Dr Masud, Dr Chana Cheryl Kirby (Chair), Brian Porter, Jill Reeves, John Hall, June Sales, Marie Howard, Terry Clarke

**Apologies:** Rachel Kilsby, Tina Lane

	Subject	Action by
1	<b>Welcome, introductions and apologies.</b>  The meeting was held virtually via Microsoft Teams.	
2	<b>Matters arising from minutes PPG meeting 27-1-22</b>  AMG had queried whether a patient with multi long term conditions should be given an appointment with a Registrar rather than a GP as they lacked the knowledge to deal with complex cases. LA reported back that it was important aspect of Registrars training that they see a variety of cases to get appropriate training and they have GPs onsite if they have any questions.  AMG asked whether the issue of incompatible systems for reading patients notes across the 3 hospitals had been resolved. LA reported that she had not had an opportunity to look into this. CK said she would take this to the PCN PPG meeting.	CK
	<b>The role of the PPG</b> CK by reiterating the role of the PPG in its present form as:- <ul style="list-style-type: none"><li>• Critical friend to the surgery it is not a lobbying group.</li><li>• Communication route with patients in the absence of a Surgery newsletter</li><li>• To raise generic issues affecting patients informed by PPG members experiences.</li></ul> DrM responded on the point that the Surgery did not currently have a Newsletter that they could do something like an online newsletter by way of electronic updating column or newsfeed and she would be willing to take this on if the PPG could provide IT support on this. CK responded that a newsfeed that covered topics such as changes in staff or the appointment system would be very useful.	CK

3	<p><b>Update on telephone contract</b></p> <p>Replacement telephone system has been whittled down to two alternative suppliers who will be meeting with Surgery staff in the next couple of weeks.</p> <p>The high number of calls prevents patients from getting onto the call queue once it exceeds 25 callers with the system message saying that call can't be taken at the moment which leads patients to think that the system isn't working.</p> <p>CK stated that patients were reporting getting to number 1 and then being cut off. LA stated that they are aware of this from patients but the Comms supplier refuses to accept that this can happen.</p> <p>LA reported that the Surgery is averaging over 72,000 incoming calls a month from a registered patient population of just under 20,000 and the number of telephone issues reported by patients has led to the decision to contract into a more up to date fully cloud based system that will meet the demand.</p> <p>AMG asked how to cancel an appointment. LR responded that you can either reply to the text sent by the Surgery which confirmed the appointment or choose option 6 on the telephone system. CK pointed out that this line often had long waits which isn't ideal for cancelling appointments.</p>	
4	<p><b>Appointments</b></p> <p>The appointment system has been recently changed to provide both 2 week and 6 week prebookable appointments.</p> <p>The online appointment booking is currently in the process of being changed from Dr Link to a new system called PATCHEs with an expected go live date of 1<sup>st</sup> June. This change has been instigated by the CCG.</p> <p>For Dr Khan's Practice appointment rotas have been changed to have sessions of face to face or telephone appointment. The face to face appointments can be changed to telephone if the patient prefers. Telephone appointment are for a given time although Clinicians may phone earlier if the patient is able to accept the call. The telephone appointments are stand alone and patients booking a telephone appointment should be for ailments where a face to face isn't necessary. If a subsequent face to face is necessary, this will be booked by the Clinician or Nurse as soon as possible but could be on a different day as telephone appointments are generally run from GPs homes to free up space at the Surgery.</p> <p>St Georges Medical Practice at the time of the PPG meeting were operating with telephone triage by a Clinician or Nurse, followed by</p>	

	<p>face to face appointments when needed, usually same day or following day.</p> <p>The Surgery operates an emergency list for patients who contact the Surgery with a medical matter that the patient considers cannot wait until the next day and no bookable appointments are available. The Clinician responsible for the list will then triage it and contact the patient.</p> <p>JH expressed concern as how to triage patients to avoid taking up appointments for ailments that did not require appointments at the Surgery. As there was insufficient time to discuss this it was agreed to minute the issue and bring back to a subsequent meeting.</p>	CK/LA
5	<p><b>Staff Changes</b></p> <p>Three long standing members of the Admin staff have retired and been replaced internally with external recruitment to backfill.</p> <p>An additional Advanced Nurse Practitioner (ANP) and Associate Practitioner (AP) and Pharmacy Technician have been recruited to be shared across both practices together additional pharmacist hours and part time medical secretary.</p> <p>There has been no change in GP staffing.</p>	
6	<p><b>Physio, Social Prescribers and Health Coach</b></p> <p>These staff are employed by the Benfleet PCN with their time being shared amongst the Benfleet Practices. Appointments are booked via Care Navigators at Reception and over 1200 referrals have been made to the Social Prescribers this year booked by GPs, Nurses and Care Navigators.</p>	
7	<p><b>AOB issues raised by PPG Members</b></p> <p><b>Online repeat prescriptions</b></p> <p>Patients booking repeat prescriptions online have had message that medicine review is required before medication can be ordered. This review normally takes place behind the scenes by either the GP or Pharmacist without the patient being aware unless a review with the patient is required in which case the patient will be called in. However one of the NHS directives to manage Covid was to cease medication review which has caused a backlog and may result in the online message. This will cease once the backlog is dealt with but in the meantime if a patient sees this online message, they should phone the prescription desk to notify them of the message and request the medication. AMG said the process had worked well for them with an unsolicited phone call from the surgery pharmacist to review the medication and medication issued without any delay.</p>	

AMG raised the issue of delay in processing their online prescription request and asked if there was resilience for staff absence. LA responded that the workforce available to process prescriptions had been greatly increased in the last 6 months both administration and Pharmacy staff and that staff absence is worked around and should not result in any delays.

#### **Referral letters**

AMG had raised the fact that it had taken 6 weeks for the Surgery to provide them with a referral letter with the delay adding to the anxiety.

LA responded that referral letters are processed based on clinical need with Secretaries focusing on the urgent referrals first the rest of the routine referral letters are worked through in date order. There is currently a backlog due to a number of reasons :-

- the exceptional demand for referral letters with patients who have delayed coming forward to Primary Care.
- There are more staff at surgery seeing patients so more appointments and increasing referrals to secondary care but there has not been an increase in secretarial staff.
- patients who are experiencing long waits for hospital appointments are requesting GPs to write to the hospital to expedite their appointments.
- additional referral letters for patients who did not have their hospital followup review due to Covid who are being told by the hospital to go back to their GP to get rereferred.

#### **Access to Reception at 8am**

Patients form queues at both entrances to the Surgery pre 8am which then have to merge into one queue for each Practice at Reception. CK asked whether it would be better to have just one door open so that there is no disagreement amongst patients when merging queues. VR responded that both doors are opened at the same time and they encourage patients to queue at the door which is nearest to the side of Reception for their Practice e.g St Georges Medical Practice use door from car park and Dr Khan use door leading to main waiting room. Patients who are booking in for appointments are advised to use the booking-in machines rather than queue at Reception.

#### **Autism**

AMG was interested in knowing what training GPs have on autism.

DrM responded that GPs training covers making an initial autism diagnosis and would then refer the patient to a Specialist either a Pediatrician or Child and Mental Health Team. GPs receive ongoing training across the board but General Practice is a vast genre and GPs try to keep up to date about major developments as far as its physically and humanly possible but they cannot know everything about everything. Medicine develops at a fast rate and GPs are respectful of patients opinion and information that they bring to the GP in

	<p>considering whether to make a referral.</p> <p>BP mentioned that Essex &amp; Metropolitan Police have a specialist training course to interview autistic members of the public and wondered if it would be of benefit to the Surgery to have a review with an expert from outside as a subject for further educational review. DrM said its something they could explore but it's a matter of time resources.</p>	
8	<p><b>Date of next PPG meeting</b></p> <p>Next PPG meeting 12:30 Thursday 22<sup>nd</sup> September including GP Representation</p>	

#### Abbreviations

AMG – A Member of the Group

PCN – Primary Care Network

HP – Health Professional