# Patient Participation Group PPG Meeting 10/11/2022

## **Attendees:**

MG – Practice Manager

CK – Assistant Practice Manager

HC – Admin Assistant

IM – Patient for 22years

SS – Patient for 17years

TB – Patient for 20years

DM – Patient for 45 years

GR – Patient for 18 years

EL – Patient for 50 years

JS – Patient for 6 years

SG – Patient for 25years

MG welcomed and thanked the patients for attending our 1st PPG meeting since January 2020. She explained during the pandemic that we were unable to hold the meetings virtually as many members of our group did not have access to computers/smart phones.

She began by explaining what the PPG involves and what we aim to achieve. Patients were reminded that anything discussed must not include any patient's personal details or medical history due to confidentiality. Each member was given a welcome pack which included a short definition of the PPG, a consent form, a feedback form and today's agenda.

Due to only DM being a past PPG Member we felt it would be a good idea to all introduce ourselves and state how long we have worked or been patients here.

# 1. Changes to the GP Surgery since Lockdown

The senior partner runs a walk-in clinic every weekday from 8am. We have noticed that this has a huge impact on the telephone system as receptionists were focusing on the walk-in patients rather the phone calls. Since changing the walk-in check in time at 7.30am it has made a huge difference to the phones.

We also employed an additional person answering the phones during the busy morning period which we seen a great improvement, which is proving by the reporting graphs which MG can access. This has now shown 93% of calls are answered. HC has generated a telephone survey which we will be placing in reception next week and we hope to see a good response from patients getting through on the phone.

During the pandemic we were offering telephone and video calls primarily but we are now offering more face to face appointments. Telephone appointments are still being offered if patients prefer.

The PCN (Primary Care Network) have also employed new staff at the GP Surgery to help out in other areas:

## Isabelle

Isabelle is a physiotherapist who works once a week on Thursdays and can be referred by the reception team or the clinicians. Isabelle would generally be able to offer an appointment than the Physio department at the hospital. She can provide exercises either by email or print out.

### Two new Pharmacists

Saira - Mon/Tue

Chidera – Wed/Fri

These two clinicians can carry out medication reviews including Diabetic and COPD checks. They are also provided with patient's discharge summaries and can update patient's medication changes as advised by the hospital.

### Kaloula

Kaloula is our in-house Mental Health Practioner who works on a Thursday and can help patients with any Mental Health/Anxiety issues. The GPs are able to refer onto her.

# Physician Assosciate (PA)

We previously had a PA named Ruari who unfortunately left our practice earlier this year. We now in the process of employing a replacement for him who has recently qualified. PA's are under the direction of the GPs. They are unable to prescribe but are able to ask the GPs to issue medication if they feel it is necessary.

## Receptionists

JS stated that he could see that the receptionist girls do an excellent job which the other PPG members agreed with but has noticed in the past that on several occasions' reception would leave the reception area which would increase the calls/patient queues.

CK explained that the staff have had a meeting about this and it was decided that the reception staff would not leave the reception area unless it was for a comfort break. The girls in the back office will now be carrying out the tasks that the receptionists were leaving for – ie, taking urine samples, getting

prescription signed and other general queries. This has also made a huge improvement.

JS suggested that we can place the prescription box in reception and patients can take their own prescription so that they will not need to queue. We are unable to do this due to confidentiality.

JS also suggested that we reintroduce the 1metre barrier for the receptionists that we had during Covid.

# **Advertising the PPG**

The CQC (Care Quality Commissioning) and CCG (Clinical Commissioning Group) are both very keen for all GP practices to have an active PPG. MG explained that we have found it difficult over the last few years to recruit new members to the PPG. We have always had a very small group and we have tried various ways to advertise. Posters have been placed in the local pharmacies, adverts on our website, Posters in the waiting area and on the TV screen. A few weeks ago HC sent a text to invite patients to attend the PPG, which proved successful as we received 15 responses to attend but unfortunately only 8 have attended today (hopefully more next time!)

GR stated that she had received the text but whilst having a consultation the doctor the PPG was mentioned which is more encouraging to her than a text message. Therefore we are now going to ask our clinicians to encourage patients to come along and join the PPG.

# **Telephone Recording**

MG has updated the telephone message which now feels more personal as MG has recorded it herself. She has recorded a much clearer message to advise patients that reception staff may ask more questions to enable them to signpost you to an appropriate service. She also states that all non-urgent queries should be made after 11am as we noticed that this also impacts the phones in the earlier part of the morning.

# **Accelerate Program**

We have a GP from another practice who has been attending the GP Surgery once a week to help us to make changes for improvement. He understands that our main problem is the telephones and we have many changes as previously explained.

In his GP practice all appointments are triaged online which he was keen for us to try, but we are unable to do this as our population of patients do not all have access to online systems.

We have instead, introduced a new non-urgent e-consultation service called "Accurx Patient Triage" which allows patients to ask any medical/admin questions which will be passed onto to the admin staff or clinicians. Patients will then receive a response within 4 working days. This is now advertised on the front page of our website and is very self-explanatory.

PPG Members were concerned that elderly patients will be unable to access this, we explained if patients who had access would use this system it would decrease the incoming phone calls to allow others patients phone access.

# **CQC Inspection**

Our latest CQC inspection was carried out in May 2022 were we were rated as "Requires Improvement"

This was very disappointing as our previous one in 2017 we were rated as "Good"

MG explained that we have corrected the errors already as several of these were minor issues. SS asked if we feel we will improve next time. MG is very positive that these issues have been corrected and we will receive a better rating when the CQC return next year.

## **Other Services**

We now offer alternative services for treatment if there no appointments available:

**Pharmacy Referral Scheme** – Reception/Clinicians can refer patients to local pharmacies for minor issues (we have a list of conditions they will treat)

**Blood Pressure Readings** – Pharmacies can take patient's blood pressure readings and relay this information back to the GP. IM stated he had his blood pressure checked at Anna Pharmacy but received a text message from the Survey asking for a reading. MG will look into this.

# Surveys

MG explained that 591 patients were sent a Mori Poll questionnaire and only 85 completed this. A Mori Poll questionnaire is sent out from NHS England to various patients for feedback on their treatment at the GP Practice. No member of the PPG has received one.

We completed an in-house survey in July 2022 which proved much better results than the Mori Poll. We plan to do another in-house survey at the beginning of Next year.

All patients who have an appointment with a clinician will receive a Family and Friends short survey by text. MG has to report this data every month. IM stated he has had positive feedback but is unable to complete this survey. HC has advised he can email his feedback or place a letter into the Comments/ Suggestion box in reception.

# Flu/Covid Vaccination

So far this winter we have vaccinated 65% of our over 65yr olds and 45% of our at risk 18-64 year olds with the flu jab. We are constantly encouraging patients to attend.

We are no longer vaccinating at the GP Surgery for Covid. All over 50 yr olds are now eligible and at risk under 50s. You can book online or call 119.

TB stated that he is a volunteer at the St Nicholas Centre and patients are encouraged to book an appointment rather than walking in due to vaccination stock.

# **Any Other Business**

- SS asked if we still carry out the Over 75 check with the Nurse as she thought this was a very good service. MG will discuss this with the Nursing team.
- TB asked how blood test forms are sent to local hospitals. HC explained they are sent electronically but hospitals would rather the patient take a paper copy. If patients are due for a routine blood test they can request the form from the admin team rather than speaking to the GP.
- SS enquired how many staff members we have employed and how many patients we have registered.
  - GPs 8
  - Nurses 4 (inc 1 HCA)
  - Admin 5
  - Reception 8
  - Total Patients 10,900 (all registered under Dr Said but it is patients preference who they want to see)
- DNA rates. We now have a poster in reception which shows how many patients did not attend in the previous month. In October 2022 this was 285 patients. On the telephone system there is an option to leave a voicemail if you need to cancel an appointment, there is no need to hold to speak to a receptionist. SS asked if these patients were contacted. This

is something we can look into doing. All patients with an active mobile number receive 3 reminder text messages prior to their appointment.

- Mask are still a requirement when seeing a clinician at the GP Surgery.
  MG explained we can still order from the PPE Portal, which at the moment is free of charge.
- GR asked about our appointment policy for complicated patients as she is aware of a patient who was offered an appointment 2 weeks in advance. MG stated that this was not acceptable and should have been passed onto the on-call GP. We will educate reception on this procedure.

Thank you all for attending, it was very much appreciated. Thank you for your input and ideas and we look forward to seeing you at the next meeting on **Thursday 9**<sup>th</sup> **February 2023 at 12.30pm**.