

Manor Park Surgery
Patient Participation Group
28th April 2022 – 12 midday

Attendees:

Matt Barton (GP Partner)

Joanna Ford (Site Co-Ordinator Manager)

Lynne Gathercole (Patient Representative)

Philip McConnell (Patient Representative)

Jacqueline Worthington (Patient Representative)

Kevin Ritchie (Patient Representative)

Michaela Stevenson (Patient Representative)

1.	Welcome and introductions (JF) Welcomed everyone to the meeting.
2.	Practice Updates (since June21) (MB/JF) <ul style="list-style-type: none">- <u>Staff updates</u> (MB)<ul style="list-style-type: none">o <u>Leavers:</u> Sophie Workman (CN), Terrie cope (HCA), Dr Jude Gordon, Dr Charlotte Coffey, Dr Sammy Robinson.o <u>New starters:</u> Lynn Falkingham (CN), Chloe (ANP), Diane (Nurse), Dr Anita Parkash.o <u>Role Developments:</u> Rachel Larner is now doing a Nursing Associate Apprenticeship, Claire Sheard is now also offering acute on day sessions.- <u>Recruitment</u> (MB)<p>1 new GP starting and pending acceptance of another GP position. We are currently recruiting Booking Service Advisors (Call handlers) and Care Navigators (front desk receptionists) but are suffering the same difficulties being experienced everywhere else, given the current employment climate.</p>- <u>Appointments</u> (MB)<p>During the pandemic face-to-face appointments were a need rather than a want for patients. Opened this up so patient's now have a choice of face-to-face or telephone consultation, due to patient feedback. COVID is still present, and healthcare must continue to follow Government and Public</p>

Health England (PHE) policies. Patients must still wear masks when attending the practice to protect our vulnerable patients, staff and service.

Lynne questioned if practice choice to wear masks. Matt responded that this is a decision made by PHE and masks are encouraged when patients are attending the practice in person.

- Supporting Public Health LCC to improve Health Inequalities (MB)

Working to increase the uptake on the city's adult weight management offer. 'Everybody Can' includes a variety of 12-week programmes delivered by One You Leeds, Leeds Rhinos Foundation and Leeds United.

We have sent a text message to approximately 1,500 patients who have a BMI of 30 or over to encourage them to self-refer to these programmes. This initiative is led by the Healthy Living team in Public Health, with the support of the Primary Care Development team at the GP Confed.

Matt discussed about the Henry programme which was previously available for obese and vulnerable children and their family members, encouraging them to get into better health. - more information at the bottom of these minutes.

Matt also stated that GPs have noticed that patients seem happier to talk about their weight and lifestyle in telephone appointments.

- ***Following the meeting Matt has received confirmation that Henry has restarted for obese children and their families.***

- Spring Boosters (MB)

We will be administering boosters to our housebound patients. This is due to the practice focusing our nurses' appointments on long term health conditions reviews, such as asthma, hypertension and diabetes.

All other eligible patients can book via National Booking Service online or by phoning 119, there are also a variety of walk-in clinics available in the local area.

Eligibility: 75+ or immunosuppressed, will be contacted by NHS when eligible. (6 months since last booster and must be 4 weeks clear of a positive COVID-19 test)

- Long waits on the telephones last year (MB)

All practices reported the same increase in phone call demand: up 15-20%, more so at peak times. This is due to the massive spike in physical and mental ill health.

As you will appreciate, very difficult for us to manage this in terms of staff resource and phone line demand.

- Personal details Campaign (MB)

We have recently been running a campaign with patient contacts and on social media to ensure we have the correct contact details for patients. Patients who have contacted us by telephone or attended the practice in person have been asked to confirm their contact details to ensure these are correct on their medical

records. This is to highlight the importance of us having up to date contact details, especially mobile numbers, should we need to contact the patient directly or communicate any important updates/announcements.

- Further telephone info (JF)

We implemented a new telephone system, which now has number options to direct patients better and encourage patients to ring at quieter times if they don't require a GP/ANP appointment. The 5 options include: 'appointments', 'prescription queries', 'test results', 'existing referrals' and 'any other queries'. The aim of this is to prioritise patient calls to help manage the incoming calls to try and reduce call wait times.

Additionally, we trialled adding positional numbers to the call queue. It was agreed, after a brief time period due to patient feedback, that this was not to be continued as patients were terminating the call due to their position in the call queue. It was also noted at times that the call queue would reduce quicker if the calls were brief and therefore positions were not a reflection of the time patients were to be waiting for their call to be answered.

Phil asked about the call number option for patients. Explained as above that these was not favourable as patients terminating their call before speaking to a call handler and could be unsafe.

Phil stated that he feels online appointments work brilliantly, he logged online at 7pm and booked an appointment. Matt explained that although online is available, patients booking directly with a GP is not always necessary as patients may need an alternative service.

Phil suggested adding other clinicians to online, such as nurses. Matt explained the logistics of the nurses having different appointment types and timings. It was explained that we have previously added specific clinics (for example smears and covid vaccine clinics) and then sent text messages directly to eligible patients to book these clinics.

E-consultations were discussed as an additional online route. Matt explained the issue of finite number of appointments but unlimited demand.

3. **West Leeds Primary Care Network (WLPCN) Updates** (MB)

The WLPCN consists of 7 practices in the local area, with a population of around 67,500 patients. PCNs are developing to improve the repertoire of clinicians and appointments for all patients, regardless of your registered practice. The PCN is a budget holder for these services.

Due to the shortage of GPs and nurses, practices are working together at scale to offer other Health Care Professional (HCP) appointments. This provides our patients with a wider variety of appointments, which would otherwise not be available. Having access to other HCPs also ensures our GP appointments are used for appropriate medical concerns.

	<p>Other HCPs include Pharmacists, Paramedics, Occupational Therapists, Social prescribers, Home visit healthcare appointments, Domestic Violence Support workers. Noted that some appointments are at MP and others may be at the other PCN surgeries.</p> <p><i>Matt explained that as a surgery we are keeping involved with the community. Matt gave the example of the park run which took place on the 19th March, and noted we are a park run practice.</i></p>
4.	<p>Ground Rules, Terms of Reference, Purpose & Agenda (JF)</p> <p>Due to time constraints this section was not covered in detail and will be taken to the next meeting. The ground rules and terms of reference are to be reviewed. These are attached for members to review prior to our next meeting.</p> <p>The below points were mentioned, and all attendees were happy with the below suggestions:</p> <ul style="list-style-type: none"> – Briefly discussed that going forward we could look at doing a mixture of lunchtime and evening meetings; also offer a mixture of face-to-face and virtual. Ideally want to book in a years' worth of meetings so members know well in advance of when these will be taking place. – Microsoft teams was discussed as Zoom now has a limit of 40minutes. Explained Microsoft teams also offers to option to 'dial-in' to meetings, so patients who do not have access to online can also attend these meetings using their landline or mobile. <i>Lynne provided positive feedback for Microsoft Teams as uses a lot for work, and stated it has many functions including typing messages.</i> – An idea to create a virtual PPG/social media platform for members to join. This would allow more patients to be involved in the PPG if unable to attend the meetings. Also provides an additional route for communication, where all members can share ideas and suggestions, as well as a platform for the surgery to share upcoming campaigns. <i>Phil mentioned that MP Facebook currently has 731 members. Phil will be happy to share anything to his page/group to increase audience.</i> <p><u>For the next meeting please could members review the terms of reference and the ground rules, and bring any comments/suggestions. Also, please could members think about 'What you would like to gain from the PPG?'</u></p>
5.	<p>AOB</p> <p>Kevin queried social distancing in waiting area. Matt explained the practice has removed the 2-meter distancing, however some distancing still in place to protect vulnerable patients and ensure they are not sat around other patients.</p>

	<p>Kevin queried about menopause drugs (HRT) and supply issues, and queried why pts are not issued 1 year supply. Matt explained GPs would generally issue 1 year's supply if the patient is stable. If the patient is not stable (may be because they are just starting treatment, their BP or weight may be concerning/unstable) they would be issued 3 months. <i>Since the meeting government has rationed HRT to 3 months due to supply chain issues with covid/Brexit.</i></p>
--	---