

High Street Surgery Patient Participation Group

Committee Meeting

7 March 2023

Cyberspace via Zoom

Attendees:

Anni, Margaret, David, Linda, Joanne, Ivor, Peter, Jill, Ian

1. Welcome

Apologies from Angela and Mary.

2. Minutes of last meeting

Taken as read. Approved by the meeting

3. Matters arising

The baby clinic issue that was raised at the last meeting has been resolved by moving the baby clinic to the phlebotomy room, which is not used in the afternoons.

4. Missed appointment letters

David raised an issue about an incident that occurred with his wife. After she had completed her asthma review online she was sent an e-mail by the surgery giving her an appointment the following day. Due to a computer issue with an incorrect date format she was unable to open the e-mail and so was unaware of the appointment. She first became aware of it when she received an SMS from the surgery. I called the surgery, explained what had happened and she was given a new appointment. I also sent an e-mail to Sasha to find out what had happened. Despite all being cleared up she still got a DNA warning from the surgery. Mary's husband also experienced a similar train of events. I asked Anni whether the DNA warning was automatically issued. She said that it wasn't but there was a disconnect in communication between the reception team and the appointments team that issues the DNA warning letters. She said that she was aware of the situation and was working on training with the teams to draw up new routines.

DNAs are a significant problem for the surgery. Last Monday a total of 5 hours were lost in DNAs. The problem is so bad that on one occasion a patient had called in at 8:30 to get an appointment, was given one at 10:30 and did not attend. The routine is now that patients receive a letter after each DNA for two DNAs and on the third are required to enter into a "contract" with the surgery to attend all booked appointments. If a DNA is missed after that the patient is delisted and has to find another surgery. Ian asked how many patients on the surgery's current list had come because they had been delisted by another surgery and Anni replied that they are not always aware of why patients have moved from another surgery. In the case of those patients who chronically miss appointments the care coordinator will try to ascertain the reason for their behaviour.

DNAs are by no means restricted to “standard” clinical appointments. At a recent Saturday morning clinic for smear tests, each of which appointment takes 45 minutes, 3 of those who had booked did not attend.

Joanne took up a personal case in which she had been booked in for physiotherapy treatment. She had been informed that it would be held at Victoria Road but when she arrived they had no record of it. They then suggested that it would be at Kirkley Mill, but when she arrived there she was over 5 minutes late and therefore lost the appointment. Anni explained that part of the problem was that services like physiotherapy were the responsibility of external providers. However, there was a need for staff training to avoid this problem and she would arrange that.

There were some questions about the text messaging service with regards to appointments and Anni explained that there were various providers of this service, all of whom had different shortcomings. The services are purchased by the surgery and so changing to another provider could potentially be expensive because the contract would have to be broken. Work is, however, taking place to identify the most useful of these services.

5. Experience from the new appointment system

Stage 2 of the new system was rolled out on Monday, 5 February. Stage 1 involved the GP partners, while Stage 2 involves the salaried GPs and nurse practitioners. This now gives receptionists the power to give on-the-day appointments with those clinicians. The system involves nurse practitioners getting “standard” patients, with GPs addressing those in need of continuity of care or chronic conditions. On 5th February there were unfilled appointments at the end of the day for nurse practitioners.

Information about the new appointment system has been posted on both the surgery website and the surgery’s Facebook page. The TV in the waiting room also posts information about the new system.

In response to a question Anni said that telephone waiting times were improving, with the longest wait in the week prior to the meeting being 21 minutes. She reminded of the option of using the website.

Stage 3 of the system will involve reviewing the roles of practice nurses and phlebotomists. There are currently 4 GPs and 2 practice nurses. A third practice nurse, Jake, has been recruited from the Norfolk and Norwich University Hospital and will begin next week. He is a highly experienced neurological care nurse who worked at the hospital during the Covid pandemic. He is also an experienced phlebotomist and has undergone midwifery training. It will be very useful for the practice to have a male nurse for those conditions for which men feel more comfortable talking to a male clinician.

The system now being used by the surgery is similar to systems deployed by the Victoria Road and Bridge Road surgeries.

With respect to the issues around GP admin highlighted in the CQC inspection, Anni said that work with the consultants is continuing. GPs are allocated admin time twice a day and partners also have one morning a week in which they can work from home. Partners are given less daily time for admin than the partners.

GPs have reported that the change to a single list, rather than separate lists for face-to-face and telephone appointments has resulted in their feeling less stressed. It has also enabled them to be able to leave their consulting rooms to take an occasional tea break.

6. News from the surgery

As stated above, a new practice nurse has been appointed and will begin next week.

Teesha has left the practice to take up a new role in the Norfolk/Suffolk Foundation Trust.

A new receptionist will begin in April. She is a highly experienced receptionist although not in the field of medicine.

Charlotte Pretty joined the prescriptions team last week. She has broad experience from the Village Rise Pharmacy.

Staff sickness levels have fallen from January/February levels. Many of the staff have coughs and colds since.

An extra session of Learning Disabilities Health Assessments will be held this week, to help catch up with the backlog for patients with learning disabilities.

The staff are working through the backlog of reviews. It is a problem that some patients, especially in the respiratory sector, do not seem to find annual reviews necessary. They consider that if they have managed their condition for a considerable length of time then reviews are superfluous. However, reviews are necessary to provide information about new techniques, medication, etc. and the CQC requires the surgery to conduct annual reviews.

The surgery will impose sanctions on those who do not attend their reviews by moving their prescriptions from monthly to weekly prescriptions, even daily if necessary.

There will also be a tightening of routines for those patients who are out of the country for more than 3 months in line with national guidance.

The zero tolerance policy is being updated due to high levels of abuse being directed at staff.

One patient was immediately delisted for racial abuse against a member of staff.

Dr Kolade is now having patients reallocated to his list. Dr Abi has seen an increase in her list which could become unmanageable, resulting in some of her patients being redistributed.

However, if patients express a desire to remain with their original GP this will be accommodated wherever possible.

In response to a question, Anni explained that, even on Mondays, patients will receive appointments with their regular GP as on all other days unless that GP is the duty doctor for the day, in which case they are given an appointment with another GP. A rough generalisation is that the duty doctor picks up the chaos while regular GPs take care of the more routine conditions.

6. Any other business

No other business.

7. Date of next meeting

The next meeting will be on 11 April 2023 at 7 pm.