

# High Street Surgery Patient Participation Group

## Group Meeting

11 July 2023

Trinity Methodist Church

### **Attendees:**

Anni, Sherri, Rob, Lesley, David, Linda, Paul, Sandra, Emma, Ivor, Caroline, Peter, Jill, John, Simon

#### **1. Welcome and introduction to the in-person meeting**

Thanks again for a strong attendance. It was really nice to actually see people in their entirety rather than just their heads. Also for this meeting, due to length of time we have the hall available among other things, we have introduced a one-hour limit.

Everyone presented themselves. We were pleased to welcome two further members of the surgery, Sherri and Rob in addition to Anni. Sherri, who has attended previous meetings, is the assistant practice manager and Rob, for whom this was the first meeting, is the surgery's care coordinator. He is a familiar face, having both worked in reception and also, for the last three years, as a phlebotomist. His duties now also include administering medical reviews, cancer care, mental health reviews, DNAs and he is currently working on calling in 893 patients who have not had a BP reading for five years.

#### **2. Minutes of last meeting**

Taken as read. Approved by the meeting

#### **3. Matters arising**

No matters arising

#### **4. New members for the PPG committee**

David explained that the original three-person committee that consisted of Lesley as chair, Angela as vice-chair and David as secretary, took a blow during Covid when Lesley had computer issues and Angela had to withdraw for personal reasons. This left David fulfilling the roles of chairs and secretary. David and Lesley discussed the situation and agreed that it made sense for David to continue as chair, Lesley to continue as vice-chair and to potentially recruit a new secretary.

The members present were asked if anyone felt the call to become secretary, but none jumped forward immediately. However, Peter arrived later and very graciously accepted the position. David took the minutes for this meeting and David and Peter will both take minutes at subsequent meetings, on the basis that two heads are often better than one. In that connection, David also mooted an idea that the committee has discussed about releasing a bowdlerised version of the minutes, that would avoid going into a deep level of

detail, to be issued as part of a surgery newsletter every six weeks. This would ensure that matters that have been discussed in PPG meetings can be spread further to other users of the surgery.

#### **5. 8 am bookings for appointments**

The system now entails fewer pre-booked appointments, mostly for results follow-up. Some nurse practitioner appointments can also be pre-booked, while practice nurse appointments can be booked up to 4 weeks in advance. All other appointments can be booked on the day, both for urgent nurse appointments and GPs. This system offers more availability of appointments. Appointments on offer have risen from 150 GP appointments a week to 600 appointments a week. There are three routes to such appointments, by telephone, through the online app and by meeting up at the surgery in person. There is often a queue outside the surgery at 8 am for appointment booking. This means that appointments are often fully taken early in the morning.

If a patient's own GP is available then an appointment will be offered with that GP. The day's duty doctor takes care of urgent medical matters. The aim is to get as many patients into the surgery as possible. There is a fine balance involved here, but the figures do seem to indicate that more patients are being seen. The number of telephone appointments has been reduced to give more time to face-to-face meetings. Another reason for not being able to see one's own GP is that GPs do not necessarily work every day. The best day to get an appointment is on a Monday, because all of the GPs are present on Mondays. Anni will investigate posting on the surgery website/Facebook page the days that GPs are not available so that patients who would prefer to see their own GP know when to call in. Despite appointments being offered on the day there are still a high number of Did Not Attend (DNAs). These are not restricted to any single patient group but are spread across groups. DNAs do not include those who call in 5 minutes before an appointment to cancel, but even these are preferable because if it is known that a patient will not attend the doctor can go forward with a patient in the waiting room or the slot can be offered to another patient. Persistent DNAs receive 2 warnings and then are given a contract. If the contract is broken the patient may be de-listed from the surgery. Some patients travel round all Lowestoft surgeries in this way. Care must be taken with vulnerable groups. Unaccompanied asylum seekers are among these groups. They require immunisation and have other health needs. They are all young men and are mainly based in two homes in catchment area. The surgery has very good contact with the administrators of the homes, which is a great help.

#### **6. Online booking for the referral system**

Based on his own experience with trying to book a regular check-up appointment with the audiology department at JPH and being told that he would have to have a referral from his GP, David asked whether it was possible to use the website to request a standard referral without having to make a GP appointment. Lesley pointed out that, on her experience, the audiology department at JPH have started to always demand referrals, even for those who have been long-standing users of the department. Anni replied that unfortunately even in such circumstances an appointment with a GP would be necessary. The group agreed that this was a case of the hospitals making more work for already hard-pressed GP surgeries. David also asked about a situation in which a specialist has pointed out that medication for a condition clashed with the medication for another condition and recommended

discontinuing one of them. Was it possible to use the website to contact Maryam, the clinical pharmacist, directly as her knowledge of medication options was often greater than that of the GPs? Anni answered that it was, and there was also a virtual clinical pharmacist option being offered by the surgery that caters for all Waveney surgeries and is funded by the PCN. At the surgery, Maryam provides all of the services, including clinical prescription reviews.

Paul asked why when he requested three-month prescriptions from POD because he was going to be away, the prescriptions were cancelled by the surgery. Anni said that POD could only issue prescriptions for a month at a time, those for any longer period had to go through the surgery, which would require proof of absence in the form of e.g. flight tickets.

#### **7. News from the surgery**

Anni gave the meeting the bad news first, that Dr. Sobukunola will be leaving on 23<sup>rd</sup> August. He is young and wants to explore his options including locum work, so he may still be working at the surgery occasionally.

The surgery is also losing an advanced nurse practitioner, Denise, who will also leave in August. She was a much-valued member of the team whose duties included visits to the housebound, etc.

On the positive side the surgery has an advert posted for a new GP and is also looking to recruit a physician associate. Physician associates support doctors in the diagnosis and management of patients and lie between nurse practitioners and doctors.

The CQC is suffering a backlog of inspections, they have now indicated end of August for their next inspections, which gives the surgery more time to prepare.

Anni has published a staff newsletter which was also distributed to the PPG members.

The reception team has now been fully recruited and their training is ongoing.

#### **8. Any other business**

One of the members raised an issue in which a referral for an X-ray at JPH was not sent from the surgery, resulting in a delay before it was possible to book an appointment. Anni and Sherri will check out the circumstances.

Ivor asked why the video screen is not being used to call in patients. He pointed out that those, like him, who have hearing difficulties, often have problems hearing who was being called in to the doctor. Anni said that she was aware of the problem and there had even been cases when the wrong patient went with the doctor, causing confusion. She informed the meeting that a new system had been ordered and would be installed within 6 weeks.

The system will also include new and relevant videos for vaccination campaigns, etc. There will also be an upgrade to the check-in screen to make it easier to use. Pre-Covid, PPG members have assisted during previous upgrades by attending the surgery to assist patients in using new screens in order to relieve pressure on reception. The surgery is welcome to ask if it requires help in the same way again.

Prior to Covid, Kerry Overton from Healthwatch Suffolk often attended PPG meetings. Her knowledge of conditions at other surgeries in Suffolk gave us valuable insights into broader conditions in the NHS. As we had to have virtual meetings on Tuesdays, a day she had problem attending due to other commitments, she has not participated for some time.

David will contact Kerry and see if it would be possible for her to attend if we occasionally had meetings on other days. A discussion around the group showed that no single weekday

is perfect for everyone, so the next meeting will also be on a Tuesday. Before Covid, there was often representation from JPH, both their PPG and other representatives. Anni will look into that.

There was a question as to why the online form is not available outside surgery hours. The reason for this is that the forms would be full when staff come in and this could delay giving help to the patients who contact the surgery at the peak time early in the morning.

Finally, one of the members wanted to thank the surgery for going above and beyond in providing help to her in connection with a referral to Addenbrookes. She required a number of blood tests in connection with her appointment and the surgery sourced all of the forms and took the 11 vials of blood that were required. It did not make the job any easier that all of the forms and vials had to be filled in by hand. The alternative for the patient would have been to travel to Addenbrookes, so the surgery's help was much appreciated.

Caroline said that she helped collect old bras for distribution to Africa. Wearing a bra helped protect vulnerable African women against rape because it was thought that a woman wearing a bra had a higher status. Anni said that perhaps the surgery could also be involved in collecting such bras.

#### **9. Date of next meeting**

There was discussion of the date and form of the next meeting.

It was agreed that the next meeting also be in person and will be on Tuesday, 22 August at 6.30 pm.

Meeting adjourned.