

Notes of the PPG Teams meeting

2pm. Thursday 17th March. 2022.

Present: CH (chair). AA.

DR & MR + BG

Maria Power - Practice Manager

Dr Loomba.

Note - actions are shown **in bold**.

Agenda:

1. Intro and apologies.

CH welcomed everyone and appreciated the time that was being made available. BS had given her apologies.

2. Practice Overview- Maria reported that the Practice was still very busy and that no covid vaccinations are currently being given. They were trying to catch up on the backlog, but also as it is the end of the FY, they have still met a lot of their targets and scored quite well compared to other Practices, whilst managing to cover normal work after the significant vaccination clinics provided.

3. Staffing situation. Still recruiting for the Reception Team, one member left in January so they are using temporary staff working hard on tel. waiting times which have improved as per recent data. Danny mentioned the statistical times were only averages, whilst the busiest times were 0830-0930 which is the main pressure focus. Data does not show this detailed info but **Maria promised to provide this detail for the next meeting.** Additional staff are being used with up to 4/5 on reception at some peak times (6 staff on at 0830-0930 after recruitment).

Reception recruitment is still very difficult, lots of interviews, some staff accepted then the position was not taken up. Number and quality of recruits are not great. Resultant pressure therefore remains on the Reception Team and also the management Team with the constant recruiting. A new nurse is now in training to become a Practice nurse, coming from community into primary care, conversion training is a 1 year long programme. Also, she is a nurse for other PCNs.

Recruiting for GPs is still ongoing. One left last year but have been unable to fill that place for 12 months! Another GP is leaving at the end of this month. General GP shortages in the NHS are common due to pressure and high workload. Recruited physician associate for 1 day per week and is under a private contract. 4 days cover is being provided by a locality funded and a PCN Pharmacist for 4 days cover and another Pharmacist funded independently for 1 day a week, also a private physio 2 days a week. This on top of a locality funded physio. Also recently introduced, a paramedic is available 2 and half days a week across 7 Practices. Therefore, a mix of locality and privately funded positions are being used to fill gaps during the week. The long term locum Dr Masood has been with them for last 4 years. Extra GP capacity was recruited earlier using **Push doctor** but lacked some capacity. January and February when no doctors were available. Situation is now improving slowly. 200 appointments a week are provided across the whole CCG. Also, the locality hub is available Mondays to Fridays 6.30 to 8pm at evenings and week-ends Sat 8am -8pm. Allocation of Push doctor is dependent on the no. of patients per Practice. Overall, the Practice is just covering the situation with a mixture of staff but it is difficult to keep on top of the situation, including the related admin burden.

DR highlighted that this lack of continuity is a concern to the patient and also to the clinicians and Practice, due pre briefing and catch-up, in

order to learn of each patient's situation before the actual appointment. Additional pressure obviously results which is a concern. The use of computerized clinical data across NHS systems does obviously help. A lot of NHS Primary clinicians do not want to work full time. Chronic disease health care with specialized staff obviously does help. Physio sessions also reduce pressure on GPs who do not need to become involved if problem purely physio related. These muscular appointments are only for 2- 3 days a week. Dr Loomba explained that this is the worldwide trend.

4. Covid jab status. No covid clinics are currently being provided. Boosters can be booked on line with West Middx being a walk-in centre. This includes 3rd and the potential 4th boosters. Over 75's first 4th booster jabs expected to start from April. These will not be done at the practice. Exact details from NHS are still awaited. Since the meeting it's been announced that for over 75's no booking is necessary, each should await an invitation.

5. Appointments – all the nurses and HCAs now provide face to face appointments and GPs a mixture of telephone and face to face. Video is used much less now. All face-to-face appointments offered are fully used.

Usage, all appointments are quickly absorbed! 10 hours a week appointments using locums are currently being provided. Funding for this will cease the end of April. Hence covering just with the help provided.

No Shows (DNAs) have reduced. The Protocol for telephone appointments is that the Dr/clinician will call twice and if not successful then patient is asked to re book. DNA's are generally less for GPs than nurses. Some patients cancel overnight and hence spare appointments are lost. Anona mentioned that she missed her appointment but still

had a survey request! (this message is auto-generated for patient feedback) but **Maria promised to examine if this can be changed.** On that day they had 5 DNA's for nurses. Colin mentioned the recent very punctual appointments with nurses that he and his wife experienced!

6. Hospital referrals. Hospital referrals are still with massive delays and often patients have to go back into primary care if issue not resolved. Practice does not know the referral wait times as there are so many departments and it is left to the patient to pursue which is encouraged. Practice can help however if requested, having the numerous e-mail addresses of most departments. This often entails long waiting times on the phone. Colin mentioned that the Practice e mail system works very well and with an auto ack message. Reception Teams manage the in-box and actions as required, directing the issue to the most suitable staff member.

7. Telephone data. Maria had kindly provided the latest data in advance which had been previously discussed.

8. Web page process and updates. For small updates, Maria does these, but if a main page change or additional page is required, they need to ask the web site provider - "Silicone", who host the NHS Practice web site system. The Practice staff listing is kept updated. **No feed-back from web page information is being received, this is Something that PPG members should be doing.**

9. Approx. no and types of procedures no longer provided. AA mentioned ***ear wax syringing***, which is no longer provided as this is not contracted by NHS due to the associated risks. Private treatment is expensive. Spec savers charge £55 for both ears. Olive oil is recommended by the Practice, but if not successful the patient should return to the Practice. ENT NHS micro suction may then be offered. Adequate information is provided on the web site and also a leaflet.

Maria to consider if an ear wax leaflet could be produced to send to patients directly who are referred to Specsavers.

Minor surgery is no longer provided in house. Smoking cessation is now managed by NHS Hounslow. ECG monitoring is being referred. COPD treatment is not provided, also diagnostic spirometry due aerosol having to be used. "One New Hounslow" provides life style support. Asthma diagnosis is still provided.

10. Future strategy and business plans. Maria advised that historically an annual plan had been prepared pre covid, but had not been updated recently for obvious reasons. The Practice was however happy to have a PPG input for the 3-5year strategy, although the PCN strategy and NHS long term plans often make this difficult with frequent changes each April. ***Patient needs and clinician plans were all obviously important.***

The Practice were making changes to re purpose the reception floor area, enabled by the paper medical records being moved off site next week, into a secure NHS storage facility. Records will be stored in one central storage facility to free up space for reception staff and provide additional work stations, from which Drs and other practitioners can do telephone consultations . A company provides a centralized storage facility and will collect and drop off notes, following any on-line requests made. Notes are used and then returned. Regarding Scanning costs, these are in the order of £25k! The NHS has a 1 to 3 year plan for the digitalization of all records. The central facility is being used by all our PCN Practices. Some patient folders are many and voluminous! An additional 3 work stations will be possible from the space being provided. Some staff are still work from home on a rota basis.

An offer was made by CH for all to get around the table in the near future and help develop a Practice strategy and associated business

plans. AA in particular offered her expertise as did DR. **This offer was kindly accepted by Maria and Dr Loomba.**

11. AOB. Dr Loomba asked that at the next meeting the national GP survey be discussed.

The next meeting will be planned in approx. 6 weeks, early May and **Maria will offer some dates.** The meeting closed at 3pm and CH thanked everyone for their attendance and a very positive discussion.

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