

Minutes of the Thornbury Road Practice, Patient Participation Group (PPG) Meeting.

Held on Teams at 2pm, Thursday 16 June 2022

Present:

CH - Chair
AA
BG
DR & MR
Dr Loomba
Maria Power - Practice Manager

1. Introduction

CH opened the meeting welcoming everyone. BS had given her apologies.

2. Practice Overview

Staffing

Dr Loomba gave a brief opening summary of the current situation for the Practice saying that it was still very busy with both demand and workload high for all staff. Staff shortages were continuing and not assisting the situation. Maria reported that one new GP, Dr Ali, had been recruited and would be starting work on a two day a week basis in early July. This was the end result of adverts both in the British Medical Journal and local advertising which had generated only one applicant. In addition, a nurse practitioner had been recruited on a two day a week contract and would also be joining the practice in July. A receptionist had been recruited and started work in the Spring but had resigned after a month or so as she had decided that the job was not for her. Dr Loomba commented this was unfortunate as a lot of work had gone into her training. Maria said it was not easy recruiting new receptionists, they tried to forewarn potential applicants of the stressful nature of the job. However, there were other drawbacks to the job such as low pay and the hours of work did not suit everyone as the desk had to be covered from 7am to 6pm. Meanwhile they were using bank staff to fill the gaps.

The situation regarding the Healthcare Assistants was more satisfactory. Rose had formally retired but was coming back to work in August after a period of well-earned rest. Alexia, a Practice nurse was currently working part time while studying to become a Nurse Practitioner. Sasha had joined the practice in support of Alexia and would be taking over Alexia's current role once Alexia graduated. Dell Tasker was still with the practice as well.

Prescribing

In response to a question put by DR, Dr Loomba and Maria explained that in order to cope with the weekly requests for amendments to patient medication lists requested by the hospital, which number 80 – 100 every week, specific time slots are set aside in the working week by staff to carry out the task. Repeat prescriptions can be dealt with by admin staff but any new prescriptions such as those originating from hospital appointments etc. had to be authorised by a doctor.

New Telephone System

There had been positive feedback in the main to the new Telephone system with only one or two complaints about minor issues. It is more technical than the old system for the staff to use but they

were getting used to it. Remote working staff could also access it which was a great benefit. The patient interface was better with a simpler and shorter opening message and selection list. Call waiting times were still averaging 4.5 to 5 minutes. Early morning wait times were up to 10 minutes - more admin staff were helping to answer calls in the busy morning period. Waiting times dropped to only about two minutes in the late afternoon. The new system did have the ability to offer a call back function.

Auto surveys

AA asked if there had been any response from the survey company about the question she had raised last time regarding the auto survey sending out satisfaction survey questions to those who had not attended their appointment. Maria explained that she had sent an email to the company following the last PPG meeting but had not received a response. – **Action : Maria to chase the auto survey company for a response.**

Autumn Covid and Flu Jabs

Maria Reported that planning had started for the autumn flu jab campaign but they hadn't been notified about what is likely to happen for covid vaccinations. The usual number of flu jabs had been ordered and were due to arrive week beginning 12 September, so the usual campaign could be expected to commence probably around 24 September for flu, plus possibly covid. The Practice would be offering some Saturday flu jab appointments again; staffing was still to be worked out though.

GP Appointments

CH asked Dr Loomba to comment on the difficulty patients were finding both at the Practice and across the NHS in getting an appointment with their GP. Dr Loomba said that GP capacity was the limiting factor. New ways of working involving other allied professionals supporting patients would take time to get used to. Management of this new way of working also required time and energy from already very busy GP's. However, the new approach could provide real benefits for patients in the longer term. The ability to directly access a physiotherapist within the practice, who had the ability to provide referrals or the task of reviewing patients' medication by a highly qualified pharmacist, would show their worth over time.

Patient Roll

Maria explained that patient numbers on the Practice roll was stable at present. This was due to the changes introduced which only allowed newcomers living within the inner catchment area to be taken on by the Practice. For the outer catchment area, existing patients were allowed to continue using the Practice but no new signings were allowed.

National Patient Survey

Dr Loomba commented that a new survey would be issued in July, then the latest two years could be compared and discussed at a future meeting. **Action: CH to put the survey results on the agenda for a future PPG meeting**

Admin Workspace

All the files had now been sent to store and shelving had been cleared. New "work Pods" were on order and should be up and running by the end of July. Any files needed could be ordered on a

computer system. Any files requested by patients are now supplied digitally – this is done by the admin staff in the Practice as it is expensive to have the file store do this.

3. Process and review of Practice business study.

In response to a question from CH, Dr Loomba said it was difficult to take this work forward at the present time due to the high workload and trying to catch up after Covid. AA offered her services, to get it going. She had considerable experience in this field and could facilitate the process through initial individual discussions and could provide an initial working draft. Dr Loomba suggested that this was a good starting point. **Action: Maria to jot down the potential different strands of the strategy ie. CCG, IT, Properties etc for future consideration. This to be reviewed at the next meeting.**

4. AOB

CH suggested that the next PPG Teams meeting could be held in three months' time, in September. Date to be agreed.

It was noted that the CCG was now named the North West London CCG, but to be renamed again, from July to North West London Integrated Care Board (ICB). Also, meetings were to be held soon with the Heads of Primary care and others in Hounslow.

Members of Patient Participation Groups (PPGs) in North West London Practices have been invited to an open forum on **Wednesday, 29 June, 6.30-7.30pm**. As CH was unable to attend, he asked others in the PPG to try to join and provide any useful feedback.

Dr Loomba and Maria asked if PPG members could spread the word about the pressures on the Practice. There had been two aggressive incidents at the Practice that morning. It was suggested that it would help if the Practice could draft some form of words which, along with standard advice such as calling 111, there could be a sentence or two about managing emotions when trying to contact a medical professional so that all local community groups could take this forward in a coordinated fashion. It would be pointless having four or five different pieces of advice. Such a standard note could be circulated by OWGRA, Spring Grove Residents Association and Faith Groups. **Action: Maria would draft such advice which can be disseminated to members of the public.**

Dr Loomba mentioned that there is talk of a "one stop shop" for triaging patients, but this was at the incubation stage only at present.

The online system "e-consult" was to be changed to "Patches" from July which should be simpler to use and had the added benefit that it could be accessed by non-digital users.

CH thanked all for attending and especially Maria and Dr Loomba for their valuable time.

The meeting closed at 3pm.

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