

## NOTES FROM ST MARGARETS PPG (by Zoom) – 10<sup>th</sup> March 2023 at 12.30pm

Present: LA (Practice Manager), BB, SB, RE, NE (Chair), HF, JG, CMC, CM, MR, Dr Saini, HS, ZS (Assistant PM), AT, HW

Apologies: LJ, LG

JG was welcomed to this, her first meeting. NE reiterated that this meeting was not the forum for raising specific personal issues.

The notes of our last meeting (via Zoom) on 18<sup>th</sup> November 2022 had been circulated – no comments so notes ratified.

### Practice update and current issues

- The practice is signing up to the **London Care Record** enabling patients to access hospital referrals, blood test appointments etc. Barbara Benedek asked how patients would be informed about this. ZS said that it would go on the website and be sent out as a link via SMS messages. There are other web-based sites such as DrDoctor and Patient Knows Best but these are only for secondary (hospital) care systems.
- A **new salaried GP, Dr Bhullar**, has been taken on and is providing six extra sessions per week, making a significant improvement to the booking of appointments. A **pharmacy technician** is due to start at the end of March, to be managed by Jas the practice pharmacist. This practice-based technician will not be patient-facing (at least to begin with) but will carry out such things as prescribing audits. Colin Marsh asked if the pharmacist could prescribe medications – LA said that Jas was undertaking a training course which will enable him to do some prescribing. He is currently carrying out medication reviews on patients and, if necessary, he refers patients to a GP.
- LA was very happy to report on the latest **Friends and Family** survey for February which showed all positive comments on the patients' experience (see attached Patients are asked via an SMS text after the appointment if they would like to take part. MR asked about those patients who did not reply – she felt that this could and should be reported. LA said that this information wasn't currently available. Dr Saini said that Healthwatch also report similar surveys – BB added that these are published quarterly on the Healthwatch website. RE checking this out, said he could not find them on the website – this is to be followed up. MR also asked how the Friends and Family results were reported to patients. They are, LA said, put on the practice 'rolling screen' (The screen, LA confirmed, is positioned both downstairs and upstairs). MR asked if a hard copy could be put on the notice board, but Dr S said that there was a difficulty in ensuring that this was updated and for that reason, he was not in favour of using the notice board. MR pointed out that the rolling screen moved on quite quickly. CMC asked if the timing of the screen could be adjusted. Dr S said they would look into that. He added that the websites of all practices were due to be changed soon.
- LA reported on planned **changes within the practice**. The large Room 1 at the back of the building on the ground floor is to be divided into two smaller rooms. The reception area is to be redecorated. Dr S said they were planning changes to the reception and telephone areas

– he said he was concerned about confidentiality and that separating the areas would improve confidentiality and reduce noise.

- LA reported that **appointment waiting times** had significantly improved recently – there was now a one-and-a-half weeks to see any GP (longer if for a named GP), and blood test appointments were running at less than a week. HW said that, having just checked the website, there didn't appear to be any appointments until 8<sup>th</sup> April. ZS looked herself and could see the problem and was able to fix it. HF suggested that the website is checked regularly, entering it as the patient would do. LA and ZS agreed. MR said that many patients do not/cannot use the website to make appointments and that they should not be disadvantaged because of that. LA and ZS confirmed that all appointments can be made by phoning the practice. HS asked if appointments could be made with the nurse and pharmacist. LA and ZS explained that nursing appointments are of different lengths and when making an appointment, the receptionist amends the appointment slots depending on what the patient is coming in for, e.g. a blood test is 10 mins, cervical smear 20 mins. Wound dressing could be 30 mins depending on the type of wound. Sometimes patients need to book multiple things in one appointment e.g. child immunisations plus height & weight. They said they had tried offering pharmacist appointments online, but patients started to book what they thought were GP appointments with the pharmacist, resulting in reception having to contact the patients to rebook. ZS sends URLs to patients who are due specific reviews e.g. structured medication reviews, where they can follow the link (or phone the practice) to book themselves into a specific slot.
- LA reported that there had been 5,149 'contacts' with the practice during February and there had been 121 '**did not attend**' (DNA)s during that month. MR asked if that DNA figure was communicated to patients. LA said that the notice board had been updated with this information recently - they are looking into also putting these on the rolling screen.
- Finally, LA said that she had started preparing a **Practice Newsletter** in November but that work pressure over the winter had meant that she had been unable to carry on with that. A meeting with NE and BB had taken place in November to talk about this – BB said she would forward the notes of that meeting to LA. This is a joint venture between the practice and the PPG, and we assured LA that the PPG would work together with her and ZS on this. HS offered her services – with her publishing skills she had played an important role in the 2019 Newsletter.

#### **PPG members questions and comments**

- MR raised an issue she had already discussed with LA relating to an incident she had witnessed of a patient who had rang the doorbell and was asked by the receptionist to come in. MR realised that the patient had not come in and went herself to the door to find that the patient was disabled, and in a wheelchair and so couldn't let herself in. Dr S expressed his thanks to MR for doing that and went on to say that the issue had been addressed with staff.

- SB also raised an issue she had witnessed at the reception when she felt that the receptionist had been uncaring to a patient. Dr S said that, in order for this to be followed up, he would need to know details such as the patient, the date, the name of the receptionist etc. He asked that any such complaints be addressed to himself or the practice manager.
- RE raised the question of using **social platforms** to try and encourage mainly young people to play a part in helping the practice, e.g. joining the PPG. Dr S said that he had tried this previously and had got a very poor response. He added that he was cautious and a little uncomfortable about using social media in this way and was not minded to use that route again. BB suggested that an invitation to join the PPG could be included on the information relayed on the phone while the patient is waiting – LA felt this was an excellent idea. (BB confessed it was something she had heard about from another source!)
- SB asked if there was any information on the **Covid Spring booster**? LA said that the practice would be rolling this out soon, starting on 3<sup>rd</sup> April, firstly with care home patients, and then two weeks later with patients within the eligible categories.
- JG reflected on this, her first meeting, that there was a common thread running throughout, namely **clarity of communication**. No one could gainsay that! This should remain an important element in all our PPG meetings as we all strive to improve communication between practice and patients.
- **Next meeting** – to be confirmed