

Reach Healthcare
Patients Participation Group
Notes of Meeting of Wednesday 6th April 2022

Present

Dr. Paul M – Partner GP

Dr. Bijon S – Partner GP

Ann E – Practice Manager

Diana D – from PCN

Lesley - patient

Helen – patient

Neil – patient

Ken – patient

Marion R – patient

Carol T – patient

Lin - patient

Sue S – patient, Chair.

1. Welcome, renewing acquaintance and introducing new members.

This face-to-face meeting was the first for over two years. Since lockdown the PPG has recruited three new members, one of whom, Marion, was present.

2. Apologies for absence: (several away).

Jeanette, Christine, Tanya, Kathryn, Carol H. Marion A, Gill, Amanda, Martin, Daf, Sue D, Shirley, Ann H, Dr. Sati Lall

3. Notes from previous face to face meeting two years ago, and zoom meetings notes. These had been already shared and on the website.

4. Updates from practice from Practice Manager and Partner GPs.

a. Recovery from the overwhelming demands of Covid

The meeting was informed that all personnel and staff had been impacted in the pandemic with a number leaving due to stress and abuse. There had also been sickness/isolation issues from covid itself. Recruitment, and retention, had been difficult because of the pandemic. However, throughout, the practice had kept going under pressure; a new receptionist was newly recruited, and two receptionists starting in April. The practice is continuing to recruit to ensure the reception team is at full capacity. A GP had left; because of known national problems around GP recruitment (and this area not being attractive as a long-term option) it is another difficult issue to deal with. The practice manager updated

members on the numbers of personnel across the three sites, including Partners, other GPs, Nurses, HCAs, Admin staff and Receptionists. There are also associate roles the practice can now take advantage of (being part of Medway South Primary Care network) and can call on, from the PCN, mental health nurses, physiotherapists, health and wellbeing staff (one for adults and one for young people) and social prescribers. These professionals can be referred to directly without first needing a GP referral. Details of these associate roles can be found on the evolving Medway South PCN website. The practice website is currently being redesigned and will be a microsite of the PCN website.

b. Triage system of appointments

This system was brought in last year because of the hugely increased demand, partly because the large number of patients in the practice, but also patients had stepped back during lockdowns, and were now coming forward needing treatment and care. Patients are now dealt with in greater numbers with this new system, than when a patient's 'only' option was to come into the surgery for a GP. The main way to be triaged is via the eConsult form, but there is also the telephone, (for those without electronic means) which is why receptionists need to ask questions to pass to either one of the Duty Doctors, or for decisions on routine appointments face to face, or telephone, video, or direct referrals to nurses, prescribing team or associate roles. The number being triaged and responded to is always in order of clinical need or condition. This system is used nationally, as recommended by NHS England, by most GP practices. Duty doctors work long hours. It was agreed that the practice could not 'go back' to the old system because of patient safety and capacity, although currently the ratio of health professionals to patients for the triaging system is within safe guidelines.

Another very new service the practice has embraced is the Community Pharmacy Referral service. For minor illnesses where local pharmacists are appropriate, receptionists can refer directly (location of the patients' choosing). There will be a free consultation. If the pharmacist considers it is outside their remit, they will refer immediately back to the practice. Pharmacists cannot issue free prescriptions but for those that are in need, a 'prescription' could then be issued by the GP if necessary. This service is new and, as yet, too soon for feedback.

c. eConsult availability

This online request for access to GP (or other clinician or administrative) started in January 2021 and just in that first month there were 10,000 forms received. It has increased monthly since then and before the triaging system was introduced, capacity to respond was becoming difficult/unsafe. That is the reason the opening hours were reduced. That reduction in opportunity to request timely help has been a big struggle for patients to understand and many have been distressed or frustrated, exacerbated with the long waits on the telephone. It is currently open 8.30am to the middle of the day. The members asked if there were any ways in which those hours could be moved around especially for patients who go to work

and do not have time after 8.30am to fill in forms? Whilst there have been patients sadly very distressed, (particularly last year) there is a minority who complain regardless. The capacity to respond to the large number of requests was also stretched because of lack of staff, some of whom were off sick with stress or covid or other reasons.

The practice acknowledged it has been listening to patients and although patient and staff safety/capacity is paramount, it is keeping an eye on and will continue to monitor this situation.

d. Telephone system.

Patients and practice staff had been aware of the frustrations about the very long waits on the telephone, whether for urgent or routine issues, which eConsult access did not seem to improve. So, the practice was pleased to share with the members that it is in serious discussion with another telephone system provider to receive an enhanced/improved system. It will be cloud based, more secure against breakdown of service, and not impact financially on waiting patients; there would be other enhancements which will hopefully improve on the frustrating 'perceptions of delay' now experienced. The practice will share more details as soon as it is able, and the system will hopefully 'cross over' seamlessly in the spring of this year. One member of the group was already aware of this system and felt it would improve the patient experience. The new system will of course depend on staff numbers, although hopefully recruitment and retention in the future will become easier. If the new system does improve the whole experience, this may impact positively on other systems the practice is using.

e. Perceptions/access to face-to-face appointment

Despite patient perception, there are face to face appointments with GPs at all three sites. All nurse appointments now are face to face. The members agreed that it is not always necessary to travel to the surgery when other means of contact are just as useful.

The issue of "Did Not Attend" (therefore wasting time) has improved since the triaging system was put in place.

The practice must follow NHS England guidance on all safety procedures.

f. Post covid - routine appointments

There are routine appointments increasingly after triaging, with direct referrals for non-GP interventions. Annual reviews are getting back to normal, although there was a query about the reviews regarding heart problems. Members were reminded of the Pod in the Lordswood site at which patients can measure their own weight and blood pressure without appointment, results being monitored by the Health and Wellbeing staff for potential call back to patients.

Use of 'monitoring health' apps were discussed, but these do not always flag up the required information to the practice.

g. Vaccination information/progress

There had been a hugely successful covid vaccine roll out in this area. Dr. Lall had been heavily involved in this. Currently, the Over-75s, those with immunosuppressed conditions and those deemed at high risk were attending clinics for another booster. At the time of this meeting, 900 had already been invited and vaccinated. Also, invitations for first covid vaccinations for young children 5 years and over, the clinic is due to commence shortly.

5. Communication

The meeting discussed the problems, during the pandemic, caused by lack of communication to patients about new systems being put into place, particularly the triage system, and how best the PPG can in future help the practice in 'getting messages out' for new or re-designed services and clinics. PPG members acknowledged the pressures that all practice personnel had been under, but patient perception and misinformation undermined so much good work.

It was agreed GDPR (Data Protection Regulations) could be a barrier (patient confidentiality and patient consent).

The following suggestions were raised for further discussion by Partner GPS, practice managers and by patient members, for a way forward to assist in sharing information now that surgeries are not the "mass hubs" for information they were.

- Posters being placed in surgeries, pharmacies, local businesses
- Continuation of the sharing of information on different social media
- Continuation of PPG members sharing their information in their networks
- Newsletter created (template already with the PCN for its own newsletter) sent to all patients via email or other ways (this is subject to GDPR issues being overcome for sending out en masse).

It was suggested that the practice make use of the skill sets of its PPG members who could assist with all the above and helping with the gaining of patient consent to receive information, (e.g., by signing confidentiality pledges should they be in possession of names, (although not clinical information). The Chair said she will ask members what their skills are to help the practice. The Partners present agreed to take this forward if it could fit with all necessary guidance, regulations in the use of volunteers.

6. Meetings attended by PPG members.

Information from wider meetings across the county attended by PPG members are shared online, including the PCN PPG, and the regular eCommunity bulletin from Kent & Medway NHS.

7. Any other business

The members were told that Walderslade Village Surgery has had CCTV installed in the building and security lighting installed in the dark car park. New glass screens have been fitted at Reception in all three sites to protect patients and staff.

8. Dates for the future.

No date was fixed but it was agreed the PPG should revert back to face to face quarterly meetings; also that the Terms of Reference allows for decisions to be made via email if necessary, between meetings. A date will be sent soon. If more space is needed, the Lordswood site would be looked at for a room.

Actions

Feedback on new Community Pharmacy referral service	Practice Manager
Further details on potential telephone system	Practice Manager
Check Annual Reviews for heart issues in place	Practice Manager
Continue to monitor eConsult availability hours	Partners/Practice Manager
Look at Regulations regarding use of volunteers	Partners/Practice Manager
Request information on skills to offer the practice	PPG Chair
Organise new date for next meeting	Practice Manager/Chair