Reach Healthcare Patients Participation Group (PPG)

Thursday 26th January 2023 Lordswood Healthy Living Centre, Sultan Road, Lordswood

Present:

Dr. S. Lall – GP partner
Ann E – Practice Manager
Adrian Y – Business/Finance Manager
April B – Dep B/F Manager
Sue – patient and Chair
Lesley – patient
John – patient
Neil – patient

Ken – patient
Marion R – patient
Jeanette – patient
Carol T – patient
Lin – patient
Kathryn – patient
Daf – patient
Gill – patient

- 1. <u>Welcome</u>, and introduction of Adrian and April. They are part of the management team and will endeavour, between them, to attend future PPG meetings.
- 2. Apologies for absence were received from Christine and Carol H.
- 3. Notes from previous meeting (shared, agreed, available on website).
- 4. Actions from previous meeting (on the Notes)

All the actions from the previous meeting (listed on the notes) had been carried out or were on agenda.

5. Updates from practice

a. New online consultation tool – Progress, and involvement for PPG.

There were yet issues around IT, regulations and GDPR, but the practice intends to go ahead soon. The PPG will be involved in a trial before it goes live to all patients. A practice in Swale has gone live and Reach staff are visiting to view the system in action. It was agreed that a PPG sub-group meeting be called when the practice was ready to involve the members.

b. Telephone system update and feedback

Data from December was shared re the new system which went live on 31st November last year. The transition was, on the whole, smooth, apart from issues at Balmoral Gardens by Openreach, which caused difficulties. In December there were nearly twelve and half thousand inbound calls, of which over five thousand were answered, nearly seven thousand stayed in queue and an unknown number were abandoned. Despite the volume of calls being as high as the previous system, data showed wait time had improved. Two or three members noted that calls did seem to be answered quicker, at certain times of the day. There is a call-back function on the new system and April will gather data on this for the next meeting.

There was brief discussion around the need for a fully functioning telephone system as patients contacting are often ill, particularly as eConsult is severely restricted because of clinical safety (lack of GPs). There are 16 receptionists currently. Two of those are in supervisory roles as well.

c. Updates for both the Pharmacy Referral Service and for the Enhanced Access service.

The Community Pharmacy referral service is where patients are referred to local pharmacies for minor illness: they are not prescribers, so patients may be referred back should further action be required. There is not a high uptake. The lead community Pharmacist locally, and the Pharmacy lead from Kent & Medway Integrated Care Board (ICB) are going to review.

The Enhanced Access service, otherwise known as The Hub, is a Primary Care Network (PCN) initiative, carried out currently by Medway Practice Alliance, and takes patients from the local practices, proportionate to their size, at times outside normal working hours. As with other services, its efficiency is dependent upon enough GPs and professionals to run it. On average, there are 18 appointments a day for Reach patients in addition to the normal GP/Nurse appointments

d. Website update

A patient and practice manager met with the company providing the service of maintaining the website. There was some initial resistance to changing the Reach home page. Reach Healthcare is a micro-site of Medway South Primary Care Network's (PCN) website and there can be confusion as to where a patient is linked into. Brief discussion around the financial value for the practice. It was noted that having a company dealing with the website ensured that updates were prompt. It was confirmed that the PPG sub-group's suggestions for updates to content have been put into place. Adrian will look into the situation.

e. Other updates from the Practice and the PCN.

The PPG members were told briefly of new innovations and services currently being researched, piloted, or running.

The PCN has a Menopausal service which had a good uptake and the lead for this service is very experienced.

There is a Gender Dysphoria project with a GP Fellow, Dr. Thoms-Whittle researching and looking to set up a service for those within this group of patients.

There are also new services where Multi-Disciplinary Teams in the community can share their expertise, including for children. There is a GP Fellow leading on this, Dr. Murthy.

There is a Frailty Clinic in the community, a service for elderly, ill, vulnerable patients with input from an integrated team of specialist health professionals, led by a consultant.

The PCN had funding for a 'Winter Access' service; prescriber advanced nurse practitioners, GPs and other health professionals treating patients over the winter months and is of great help on top of the normal winter demands. It ends in March.

There is a hypertension project within the PCN about the importance of monitoring blood pressure. (See Item 6 below).

Ann and Adrian met with representatives of the ICB's Health Outcomes and Performance Team (HOPT) which she found positive. Initially to discuss last year's Patient Survey, but also about developing communications and work around engagement. Some useful outcomes included signposting of training for receptionists, a GP Communication Toolkit, and they will provide a video for the website around GPs. They suggested the PPG could produce a Newsletter, the practice giving necessary information, to be left in surgeries/ online etc. Members requested someone from HOPT attend a PPG meeting around engagement work with patients, particularly relevant to this area. Ann will invite.

This led to members asking for updates around communication with Reach patients particularly with the surge in demand versus the decrease in GPs. Members, unanimously, said patients should know the reality to understand the challenges. It was agreed for now, at least patients should be made

aware of the clinical reasons why eConsult is severely restricted, when patients have formerly been told it was the only way to book appointments.

Several members noted that social media abuse had subsided somewhat with national media constantly highlighting the huge crisis across the NHS. However, there was still abuse levelled at receptionists who remain professional. A brief discussion about a potential PPG Facebook page being created; there was no one who wished the responsibility of administering it.

6. Blood Pressure Machine (Pod) at Lordswood surgery.

a. Promotion and awareness by the practice with assistance of PPG on the importance of monitoring blood pressure.

Monitoring of patients' blood pressure is an important issue, and there are modern ways to do this. In Lordswood Health Centre there is a Pod (a stand-alone machine) where patients from Reach Healthcare can walk in and use when the building is open, either for self-monitoring or because GP or other has requested. The Pod records weight, height, and blood pressure, issues a ticket with the information for patients to hand in, after writing on their name and date of birth. It was suggested that the PPG assists the practice and PCN to promote/spread awareness of this preventative health tool and the Lead GP for the project be invited to speak to the PPG.

b. Current location.

It was suggested the location of the Pod was not sufficiently private for some who do not wish their private details shown; it is close to the reception queue. However, it is essential the Pod is in an easily accessible location. It is also difficult to move. A suggestion was made that a small screen could help. Ann will create a poster giving instructions for ticket disposal. It might be possible to link the Pod direct to the computer system and avoid unnecessary tickets.

7. Carers First - Stand

The organisation Carers First had a stand in January at both Lordswood and the Walderslade surgeries where they found carers to speak to, signposting some to their services. Carers were also reminded about the practice Carers' Register which enables carers to speak on patients' behalf. Carers First wish to attend on a regular basis as it was useful. They are returning on the morning of 23rd February. The PPG felt this was a positive arrangement.

8. Meetings attended by PPG members (unless already shared online)

PCN PPG monthly meetings online. Several members of Reach PPG attend along with other local PCN practice patients. Members are informed of existing, new, and potential services, and offer the patients' view, including into the way surveys, awareness of new projects, leaflets/ brochures are designed/worded. The members attended a PCN Training Day which they found interesting and surprised at its size. A PCN Health and Wellbeing coach produces a monthly newsletter which will now be shared with PPGs etc.

PPG Chair invited to Medway Council's Health Overview and Scrutiny Committee to give a patient's view on GP Access in Medway (*lack of*) a few months ago; an Interim Report published just recently gave no real outcomes yet.

Medway and Swale PPG Chairs/Reference Groups. Not held for some time. Notes not been sent. That used to be a useful way for the PPGs to access information about what was going on in Medway and Swale.

PPG Champions. An online group run by NHS across England. The Chair hopes to learn good practice from other areas but has so far noted the difference in support in other areas of the country, by ICBs to PPGs.

9. Any other business

The group was informed that parents of local school children are stealing the disability parking spaces in the Lordswood health centre car park. Parents have been made aware but seem not to care and there has been abusive behaviour. While the car park is not exclusive for Reach, disabled patients are in their care. The practice will contact the school in the hope it can dissuade.

The practice was asked if a sensor light can be put up in the Walderslade surgery car park as a health and safety need. That is being looked into.

10. Setting days/dates for PPG Meetings throughout 2023.

It was agreed to set the dates for full PPG meetings. Those present agreed 6pm on the final Thursday of the months set out below, at Lordswood Healthy Living Centre. Hopefully, as there will only be four meetings a year, all members can plan ahead and attend.

Thursday 26th January – this meeting.

Thursday 27th April

Thursday 29th June

Thursday 28th September.

There will be, in between meetings, sub-groups (all members invited to attend) regarding specific issues. These will be arranged via email and should be held on Tuesdays. Dates yet unknown.

11. Date for next meeting. The next full meeting will be 6pm on 27th April at Lordswood

ACTIONS LOG (9).

Advise Chair when sub-group meeting be called re trialling online consultation tool.	Adrian
Provide data on the call back function of the telephone system	April
Follow up re any website issues	Adrian
Invite rep from ICB's HOPT to speak with PPG on engagement	Ann
Communication to the collection of the language in the contraction of	D. Lell
Communicate with patients the clinical reasons why eConsult is restricted.	Dr. Lall
Instruction poster re Pod tickets	Ann
Contact school re disabled parking. AND Follow up sensor light issue at Walderslade	Man/Team
Invite lead GP re Hypertension Project, if PPG to assist with awareness	Dr. Lall