

**Reach Healthcare Patients Participation Group (PPG)**  
 6 pm on Wednesday 11<sup>th</sup> September 2019  
 Lordswood Community Healthy Living Centre, Sultan Road ME5 8TJ

Glossary of Terms.

CQC. Care Quality Commission  
 CCG. Clinical Commissioning Group  
 PCN. Primary Care Network  
 EPS. Electronic Prescribing Service  
 MyGP app. A free app to book online  
 FAQs. Frequently asked questions.  
 DGS. Dartford, Gravesham and Swanley

Present:

Amanda – Patient  
 Ann H. – Practice Manager (AH)  
 Carol – Patient  
 Christine – Patient  
 Daf – Patient  
 Dr. P. Musoke (Dr. M)  
 Helen – Patient  
 Kathryn – Patient  
 Ken – Patient  
 Lin – Patient  
 Martin – Patient  
 Neil – Patient  
 Sue S – Patient/Chair (SS)

*The group was told of the death of Mr. D. Bolah, a member of Reach Healthcare PPG. The members expressed their sadness at this news.*

1. Welcome and introductions.

The group welcomed two new members Daf and Lin to the meeting. The Chair indicated there was other interest.

2. Apologies for absence.

A member who had not attended for a long time, had resigned.

Apologies were received from Tony, Jeanette, Ann E, Marion R, Gill, Miriam, Dr. Lall and April.

3. Notes of the meeting held on 12<sup>th</sup> June 2019

Those members who had been present at the June meeting agreed the notes were an accurate record.

The Chair informed new members that patients' names were not recorded beside individual comments and questions, as the notes are placed on the website. This system can be changed should members decide.

#### 4. Action Log from 12<sup>th</sup> June 2019

- I. Find out if CQC had obligation to speak to PPGs – SS  
The Chair had enquired, and the CQC does not have to speak to a PPG but will look for evidence of good practice from e.g. reading past meetings notes for a year.
- II. Provide short report on data captured through monitoring the telephone system – AE  
On this agenda from AH.
- III. Send short explanation of the EPS and FAQs for the volunteers – Dr. M  
Completed, and further discussion on agenda.
- IV. Sort rota for EPS – SS  
Completed – further discussion on agenda.
- V. Investigate the issue of duplicate appointments made on app. – AH  
AH confirmed that a maximum of two appointments can be booked at one time on the app. She also responded to a question of why nurses cannot be booked on the app: this was due to different functions of nursing staff, so currently have to be booked manually.
- VI. Report on Wheelchair Users' Engagement event  
The member was not present.
- VII. Book room for September meeting - completed.

#### 5. Result of Care Quality Commission (CQC) Inspection

AH told the group the results were GOOD in all areas. The final report has not yet been sent to the Partners, however a member said there was a report up on the CQC website for public viewing. It was not known whether this was the final report. To be kept on the agenda for the next meeting.

#### 6. Telephone System - Data capturing.

AH gave the group some statistics on the system since 1<sup>st</sup> May (to 10<sup>th</sup> Sept, the previous day). Among the various stats, the data showed 3,063 answered (by staff) calls. There were 2,703 further calls registered as 'answered' because the 'recorded information message' responded, out of hours. 227 patients received an engaged signal over this period. When asked why, AH said that this would have been when the maximum of calls/queue had been exceeded. 222 patients abandoned calls. AH also said that one call logged as waiting unacceptably long was to be looked into to find out why.

A discussion highlighted the noticeable improvements to the system, but also some concerns still around the wait for appointments. It was suggested that patients would benefit from knowing why triage is necessary and that receptionists are not just being inquisitive. This could perhaps be something the PPG could promote and should be kept on the agenda. AH showed the members a visual explanation of data. She told the group that a certain number of appointments each day cannot be pre-booked, linked to a duty doctor being present at each site. The call system is monitored by supervisors to check there are always sufficient “call takers” at busy times. The length of queue can be seen on the system to enable this. AH reassured the group that the Partners and practice managers are constantly looking at ways to improve access for patients. There was also recruitment ongoing.

It was agreed that GPs are not always the only professionals for appointments, but this needs a culture change.

## 7. Electronic Prescription Online service (EPS)

### a. Continuing EPS issues patients have with a specific pharmacy.

Dissatisfaction by patients was again raised with a particular local pharmacy. Dr. M. said this is ongoing and discussions are to be held with not only the Company but with Medway CCG as well.

It was agreed that when PPG members promote the EPS, should patients indicate they are unhappy with any pharmacy, they be reassured that patients do not have to stay with that pharmacy. The EPS gives patients choice of pharmacy, even near their work out of area. It is straightforward to change pharmacies. It was hoped that Dr. M would have better news at the next meeting.

There was a brief discussion on other online patient services.

There has been an enquiry as to whether Reach would ever have an in-house pharmacy at Lordswood Healthy Living Centre. Members were told there are no plans currently.

### b. PPG promotion of the EPS service

The form Dr. M had created for promoting the service with FAQs on the reverse had been circulated and agreed. It was decided the practice should print off sufficient copies for the volunteers to distribute at the two flu clinics (28<sup>th</sup> September and 12<sup>th</sup> October) to (probably 600 in total) patients attending.

It was also suggested that volunteers attend the surgeries on busy periods to promote, and that the practice could have a printed supply for patients to pick up at other times. Perhaps also on the electronic LED strip monitors which patients look at when waiting to be called for appointment.

A member suggested that if the form was uploaded to the practice website, a link could be cascaded to the members of the two local community Facebook pages; another large audience. When the form is on the website, the Chair should be told, and then it can be linked.

A member asked if there was any way the impact of the service’s promotion can be measured. Dr. M said he would do a search of ‘take up’ now and again in the early part of next year.

#### 8. Flu Clinic information for volunteers.

The volunteers for this (the Chair will write and confirm) were asked if they can turn up at Lordswood on both days, at 8.30 am to be briefed on the process. The practice greatly appreciated this help on those busy mornings. The first occasion will be the over-65s. There should be 5 or 6 volunteers on each morning.

There was a query on how to book the clinics and how they are promoted, as some members were unaware of invitations. AH said she would check this.

#### 9. Primary Care Network (PCN)

Dr. Lall had sent apologies but hopefully she will be able to attend the next meeting to explain in more detail the benefits to this practice and its patients, of the PCNs set up in July as one part of the new evolving structures – the Long Term Plan – of the NHS.

#### 10. PPG sub-group for regular meetings with practice

Dr. Lall and the Chair had both felt that with PPG meetings only being quarterly and there being new things coming along and patients' views and actions being ever more needed, there could be a sub-group of members to call upon to meet between the arranged meetings. Members clearly agreed this as most of those present said they could be called on, dependent on their availability each time. This would be arranged.

#### 11. Meetings/events attended by PPG members since the previous meeting.

##### a. Events attended generally

The Chair had attended an event in London entitled NHS - Access to GP Services. She had sent round the slides of the day to members, prior to this meeting. It was a listening event for patients across the country (but mainly in the south due to travel) to give their views on how they accessed GP services, other services in primary care and what their views and perceptions of GP services were in their own areas. The Chair felt that listening to various anecdotes and views, Reach Healthcare compared quite favourably.

##### b. PPG Chairs' forum issues

Only two patients from this practice attended a joint event re PPGs and new structures, of West Kent, DGS, and Medway and Swale. Dr. Lall was there as a speaker. The audience was told how important PPGs are for patient involvement in primary care and how they can be even more so with the newly formed PCNs. Also were reminded about the forthcoming changes with the NHS 10 Year long term plan and how it will probably affect Kent and Medway. The CCG is collating all the comments and views, and their slides of the day will be distributed to the attendees. These will be cascaded to this PPG.

12. Date and time of next meeting – 6 pm on **Wednesday, 4<sup>th</sup> December 2019**. Lordswood.

13. Any other business.

- 1) There is a patient engagement event in Medway, one of four across the County where the views of patients on major issues within the NHS are needed. The Chair had sent out the details and reminded members that the Medway event is being held at Priestfields Stadium on the evening of 18<sup>th</sup> September and encouraged members to attend if they could.
- 2) Nobody had attended the Asthma Event 'Have Your Say.'
- 3) There was concern expressed by several members that once again there was a lack of appointments on the MyGP app for Lordswood and Walderslade. One member said this is the norm recently. Also, there had been criticisms on social media. AH said she would look into that.

14. Action Log

- I. Final Report of CQC Inspection; to be discussed at next meeting. - AH
- II. Raise the potential promotion of triage and why receptionists are trained to ask questions. SS
- III. Further information on local pharmacy issue – Dr. M.
- IV. Upload EPS form on to the Reach Healthcare Website, then inform the Chair for link to social media. - AE or AH
- V. Search of 'take up' of EPS now, and again for March meeting. - Dr. M.
- VI. Reminder to practice and members involved, of 8.30 start time for flu clinics. - SS
- VII. Check invitations for flu clinics – AH
- VIII. Arrange sub-group of PPG - Dr. L and SS