# Report from the Patient Participation Group Meeting of 4<sup>th</sup> February 2020

At the meeting held on 4<sup>th</sup> February 2020 the following subjects were discussed:

#### Actions from previous meeting:

Group membership

JP thought the PPG may be representative of those who are sick. The PPG is similar to PPGs all over the country – the membership tends of be made up of the older age group. The practice also receives feedback elsewhere such as from the Friends & Family test forms. These may add issues which the PPG don't raise.

The group had discussed whether it was viable to do the meetings virtually. JD had said that mobile phones have speakers and conference calls could be held. IS thought this would breach confidentiality.

#### Bromley Connect Primary Care Network (PCN)

Dr Kay, who is the Clinical Director for the Bromley Connect Primary Care Network (PCN) attended to speak about the PCN.

The Bromley Connect Primary Care Network (PCN) has two colleague surgeries, Dysart Surgery and South View Surgery. The reason to have a PCN is to see how resources can be pooled. The services provided through the PCN are

- a) Extended access (ie the evening and Saturday morning surgeries) which will remain the same.
- b) A pharmacist who is working at our surgery for two days a week. She enriches things behind the scenes. Monitoring of patients which require regular blood tests, warfarin checks.
- c) A social prescriber Rebecca who is working two days a week. She provides a sign-posting service, a chat for people who may not have relations or support locally.

Bromley Connect PCN was established last summer and there are GPs who are the clinical director at each of the 3 surgeries.

We are hoping in future to employ a physiotherapist who would cut waiting times and next year we could recruit a paramedic who would be useful for home visits. There is also a role called a Physician's Associate.

# Missed appointments

ES thought that the Did Not Attend numbers were not improving. Dr Taylor explained that DNAs are often patients with mental health problems, drugs & alcohol problems, memory problems and dementia.

# Telephone answering

The practice purchased a new telephone system last year. The reception manager said she can now monitor the number of callers waiting and can put extra staff on the phones when she sees it's needed. The telephone system reports say each call takes 2-2½ minutes in the morning.

Dr Taylor said that in future patients who are lonely and are chatting on the phone can be directed to the social prescriber. The on-line consultations should also reduce the pressure on phone calls.

#### On-line consultations

The reception manager handles the administration queries and passes on the clinical queries to the doctor. The surgery has to answer by the end of the next working day.

In answer to a request for prescriptions prescribed by specialists to be put on a repeat prescription, Dr Taylor said that sometimes the GPs deliberately put the medication on for one month only to see how the patient does. This means it will go through a doctor to make the decision the next time. If it was on a repeat it could be done by a clerk. Our procedure is set with safety in mind. Once a drug is on repeat it is dealt with differently.

# Staff changes

Three new doctors have been recruited, the first, Dr Vithya Nagendram, is starting on 19<sup>th</sup> February. Dr Devi Patel will start in April and Dr Elisa Clay in May.

# **Action Plan**

- Dr Taylor and Practice Manager to look at the contract to see what we can do regarding changes to the extended hours provision.
- JP, JD, IS and Practice Manager to meet to discuss conference calls and dialing in.
- Practice Manager to arrange kerb to be painted white