

**Minutes of Wetmore Road Surgery
Patient Participation Group Meeting
Virtual Meeting via Zoom
Wednesday 20th September 2023**

Present: Patients x8 Ian N (chair), Sarah C (secretary), Aileen A,
Caroline H, Mike P, Graham F, Graham L, Ian R

Practice Staff x4 Amy Carter, Rob Paton, Dr Turfrey, Dr Ehimen

Apologies: Gill R, Rob M, Beryl W, Gill H, Bernard P

<u>Agenda Items</u>	<u>Action</u>
<p>SC hosted the meeting. IN chaired the meeting.</p> <p>IN welcomed everyone, particularly the 3 new patient members and Dr Ehimen who joined to understand more about the PPG as part of his training placement at Wetmore Rd.</p> <p>Dr Ehimen shared that he has been at Wetmore Rd for 2 months and is finding it a fantastic place to work and train and he is getting great support and assistance. While he has been qualified as a doctor for a few years, this is his first experience of working in Primary Care. He is still learning the protocols. IN wanted to record the PPG's thanks to the doctors for their commitment to the NHS, especially in light of the current strike action. The patients are grateful and the PPG want to recognise their contribution.</p> <p><u>Practice Update</u> This had been emailed out prior to the meeting. It continues to be really busy with another large increase of patients; net increase of 125 over the last 4 months which is a 1% increase.</p> <p><u>Staffing</u></p> <ul style="list-style-type: none"> • There has continued to be challenges with staffing the reception team as it is a struggle to recruit. One of the impacts of this is a shortage of people to answer the telephones. 1 new member of staff has been employed, other staff have increased their hours and another new member of the team has been recruited and will start next month. • The pharmacy team has grown. The pharmacist who left has been replaced and another member of the team has been recruited as an assistant to do some of the basic groundwork, leaving the pharmacists to focus on the detailed work. • Stacey has joined the outreach team, bringing a wealth of experience from A&E. <p>IN asked if the turnover in reception staff is in any way related to patient behaviour. RP said this was not the case.</p> <p><u>Appointments</u> There are an increasing number of face to face appointments being offered alongside the ongoing offer of telephone appointments. This is ensuring flexibility to the patients. Ed and Shelley, the ANPs see many of the on the day minor illnesses releasing the GPs to deal with more complex and in depth needs. Many patients are needing longer appointments because of the backlog of not having seen a doctor over the last 2 years. Over the next couple of</p>	

months there will be a trial of offering online booking of appointments. There are normally 100 appointments available per day after all the pre-booked appointments have been taken. A limited number of appointments can be pre-booked.

Phones

There have been ongoing issues with the phones; a combination of staff shortages and technical issues. A new phone system is in the process of being ordered and installed, tentatively working towards being completed on 19th October. This will allow patients to request a call back from the practice rather than continuing on hold. The call will be made once they are at the front of the phone queue. It will also link in better with the clinical system. The new set up will allow calls to be recorded which will enable monitoring of both staff and patient concerns.

It was asked whether the phone system will be tested before going live? RP explained that it will be done on a day when there is a pre-planned half day closure, there would be about a month of build up and there will be engineers on site on transition day. It was also queried as to whether patients will be told there may be disruption so that expectation can be managed and RP agreed they would, once the date was confirmed.

It was commented upon that the current phone system is not very old. The next question was around whether, if a patient opts for a call back and then is unable to answer their return call whether they are then thrown out of the system or whether further attempts will be made? RP was unsure of the answer and will follow this up.

There has been talk in the national media about new phones for GP surgeries and it was asked whether this is part of that roll out. RP explained that the government have announced that all GP phone systems must be cloud based. The existing phone system is compliant but this new one is the next level up. There are a limited number of companies who are accredited to supply NHS phone systems to ensure they comply with the relevant legislation and protections. This led to a question about GDPR if patients are requesting a call back, and the system storing the number. RP said that having up to date phone numbers on their systems for patients is essential for operational purposes. The call back will be on the same number that they rang the surgery on. The surgery is mindful of GDPR and the system is fully compliant. While there are always concerns around safeguarding and domestic violence if the patient has requested a call back they have to work on the assumption they are happy for this to happen.

The next question was around why there is a limit on the number of incoming calls in the queue. RP explained the limit is currently 12 because if it was unlimited you could end up spending the whole day in the queue. They are always open to ideas. It was suggested that there could be an estimated wait time given but RP explained the variable is too unpredictable. Some calls are complex and take a long time while others are dealt with very quickly.

Test results

When a patient has tests ordered they should be told how long it will be until the results are available and then it is the patient's responsibility to check online or phone (after 12noon) for the results. If the results show anything urgent or dangerous then a clinician will ring the patient. If the result is not urgent but does need action then the patient will receive a phone call or a text.

RP

Sometimes test results get lost and that is why patients are asked to ensure they check to get the results.

A question was asked as to whether the decision to notify a patient by text is a clinical decision or patient choice – the response was it is the clinician's decision. It was queried whether patients are happy with this and whether they may deem it an inappropriate was to receive important information. The surgery responded that they are open to feedback but it is rare that patients report they are unhappy with this.

It was asked how test results can be seen online. When logging on the message says "Your surgery doesn't currently allow you to view results". It was asked whether the PPG could have training on how to access results? RP responded that what access a patient has on the online app is dependent on what access patients have requested. He will follow this up and report back. It was requested that this be on the agenda at the next meeting.

RP
SC

Patient Experience

It was reported that delays in test results lead to repeated calls to the surgery which then clog up the phone lines.

IN raised the concern that when a patient receives a message that their test results show they need to make an appointment to see a doctor this leads to anxiety, especially if there is a delay in being able to make an appointment, eg if it is the weekend or there are no appointments available. He asked whether it could be refined in any way as it can feel like a patient is navigating 3 waiting lists – waiting for the tests, waiting for the results and then waiting to discuss the results. When patients face delays they then turn to "Dr Google" which only feeds their anxieties. It was questioned as to the timing of text messages should be considered to avoid worrying patients late on a Friday when the practice is closed until Monday?

Dr T responded that it is a logistical challenge but maybe they could reflect and reframe the wording used in some of the messages. All test results are reviewed on the day they are received to assess for urgency. This feeds into the decision as to whether it is the clinician who ordered the tests follows up or whether (if for example they are not working that day) it is too urgent to wait. From a patient perspective giving messages along the lines of "results are taking a lot longer" doesn't mean anything or offer any reassurance. It was clarified that if hospital clinician initiates tests the results should come from them and not be sent back to primary care.

Dr T

Dr Ehimen is still very new in post and is already getting patient compliments.

A member reported that they felt their voice had been heard and an annual review and the nurse went over and above. The follow up was appreciated.

It was noted we need to celebrate the positives in the current stressful climate.

Covid/Flu vaccinations

Most of these will be done at Pirelli capitalising on the PCN set up and economies of scale but the staff team from Wetmore Rd will be playing their part in staffing this.

The target is to complete this round of vaccinations by the end of October to be ahead of any possible outbreaks.

Housebound patients have already started having their vaccinations done.

So far about 5000 vaccinations have been done. The government brought forward the start date by a month and only gave 2 days notice which resulted in a lot of work behind the scenes to prepare everything, prioritise patients and get appointments set up. It is a team and community effort.

Group Name

The question has been asked as to whether the phrase “Patient Participation Group” is something people understand, would it be better to change the name to something along the lines of “Patient Group” or “Patient Voice”?

PPG is what other surgeries call their group. Having a PPG was originally part of the GP contract, would it cause confusion to go away from historical language.

RP explained that this is the last year of the current 5 year GP contract. There has been and continues to be lots of change as CCGs have gone and ICB introduced among other things. With an election due next year there may be other changes as well which will also impact.

It was decided to review this when there is more news on the new contract.

Survey

It is a while since the PPG last did a survey and want to keep the focus on questions pertinent to Wetmore Rd.

RP reported that the Friends and Family test is being used again and patients are asked for comments after accessing services from the surgery. The PPG weren't aware of this. It was asked whether the PPG could see a graph showing the trends of the responses and also an overview of the comments. RP said the 2 common themes were wanting more face to face appointments and the phone system.

The PPG don't want to duplicate the friends and family test and would have liked to have known that this is operational and gathering this information, especially if the Friends and Family test is feeding into practice decisions. It was asked if more detailed feedback could be provided at the next meeting?

RP/AC

AOB

IN reminded the group that matters for AOB should be submitted in advance where possible to be included on the agenda.

Two matters were raised

- Should reviews still be happening in a patient's birthday month – yes, unless clinically they need to be more frequent.
- Why can't repeat prescription be ordered early when a patient is going on holiday? They can if a patient explains the situation. The practice need to monitor when prescriptions are issued to avoid stockpiling and it depends on each medication as to how big a supply (1 month, 2 months or 3 months) can be issued at any one time.

Dr T commented that the last meeting was all doom and gloom. While nothing has changed she is encouraged that there will be an increase in capacity in medical training schools over the next 10 years. There is also a plan that all hospital doctors will have to do a stint in primary care as part of their training which should give a better understanding of how each work going forward.

Date of next meeting

22 November 2023 5.30pm – at this meeting dates for next year, inc the AGM will be set.

<p>It was noted that any practice staff are welcome to attend and as new registrars start placements it would be good for them to attend a PPG meeting. Agenda items should be sent to SC in advance to be included. As the PPG is a partnership with the staff they are welcome to submit agenda items.</p>	
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