



## **PPG Meeting**

**Date:** 24 March 2022

**Venue:** Kingsmead Medical Centre Meeting Room

**Present:** Ellie Thomas, Norma Broadhurst, Eva Grice, Valerie Mais, Mandy Skelding-Jones, Beth Lindsey Stott, Beth Hanson Lee Brown, Ken Power ( for agenda item 2).

**Apologies:** Mo Morron, Emily Marlow, Les James.

### **1. Introduction**

Lee volunteered to chair. He informed PPG that Laura Hudson had resigned due to exam pressures. He had written to thank her for her contribution to PPG work, particularly around mental health.

### **2. Employee Turnover issues**

Ken Power, HR Manager, had agreed to brief PPG on the level of turnover, the reasons for it and Practices response. Ken focussed on a) turnover for the last two years and b) recruitment processes and objectives.

Ken provided PPG with information on turnover by employee grouping and the reasons and factors that had led to colleagues leaving.

Ellie asked if a lack of career opportunities had caused any colleagues to leave. Ken said this had not been a cause. The Practice uses its annual appraisal system to identify development needs and colleagues can compete for promotion opportunities within the Practice.

Valerie said that turnover resulted in issues around the lack of continuity of contact. Patients expected to speak to and see the same medical professional during their contact with the Practice. Ken acknowledged that GP turnover did cause issues in terms of financial and other costs to the Practice, such as continuity of care, but it had sought to enable patients to maintain contact with GPs by providing information on the website of GP availability and specialism, as requested by PPG.

Ken described an objective of recruitment as improving the customer service focus of the Practice. This involved identifying people with the cultural and behavioural attributes and values that matched the Practices ambitions. Turnover helped bring in new recruits with valuable experience in customer service from other businesses.

Norma said that turnover had to be expected and reflected changes in society. People no longer wanted to spend their whole career in a single location. They were comfortable with moving employers to enhance their development and experience.

Ken was asked how the Practice carried out succession planning. He, and Beth, described the process for GP and managers, and for other employee categories.

PPG asked how the Practice could be made more attractive to recruits. Ken believed that its adoption of the 'Agenda for Change' pay structures and terms and conditions gave it a competitive edge.

PPG thanked Ken for attending and for his very helpful input.

### **3. Minutes and Action Log**

The minutes were approved. On the Action Log:

3/22. Lindsey said the Practice would continue to seek to identify potential PPG members. The reduction in foot fall was making this more challenging.

4/22 Lindsey had reviewed the messages and IVR routing of the other practices in Northwich. She and Mandy were considering possible improvements to make the messaging more streamlined and the process quicker and easier for patients to navigate. Norma suggested considering another practices approach for a comparison.

### **4. Improving Telephony**

Mandy had circulated information on volumes of calls, staffing levels, the pattern of business during the day and over the week. She reminded PPG that the phone system was not a bespoke system designed for Danebridge but centrally supplied with the limitations to change that this brought. Mandy wanted to find out from PPG why patients used the phone to contact the Practice, what their expectations were and what outcomes they wanted.

PPG members outlined reasons for calling, why the phone was used and the outcomes sought. These included: that requirements for new medication were met; a simple and straight forward recognition and response to their needs and queries; their needs recognised and met in the call and appropriate action taken; a less time consuming experience and a quick call back with results.

Mandy was asked what the NHS service level is that the Practice aims to achieve and if it made sense for Danebridge, given the level of staffing it can commit to phones. There was a discussion on the intractability of the challenge in delivering an incoming phone service with variable demand and peaks in volumes at the start of the week or when new services were offered e.g. Vaccination programmes. PPG suggested that the Practice seeks to even out demand by publicising when call volumes are lower and response quicker. It was also suggested that a call back function be explored to help patients who are in employment.

Lindsey said that the challenge in delivering a phone service was increased by the cumbersome action needed to get real time reports on PSC deployment, productivity and efficiency in dealing with calls. She was seeking training in generating better reports in real time so they could be used to redeploy staff.

## **5. Practice Update**

Ken had provided information on current vacancies, number of applications and numbers shortlisted for interview.

## **6. Patient Feedback.**

- i. An issue was identified around the timescale and process for getting results of blood tests. Lindsey will investigate
- ii. There was concern about the time it was taking to get renewal [prescriptions and the stress this caused to patients. The Practice said there seemed to be issues at some pharmacies due to staffing problems and supply chain delays. Patients could consider changing pharmacies. .

**Next Meeting**                      21 April 2022

**Possible Agenda Items:** PPG to identify areas of the Practice operation it would wish to discuss and contribute to.