

**ELM HOUSE SURGERY AND CATOR MEDICAL CENTRE
PATIENT PARTICIPATION GROUP MINUTES**

**Wednesday 10th July 2024 at 12.30pm
in the Harry Lyne Room at the Beckenham Beacon**

Present	Initials	Apologies	Initials
John Hilliger (Chair)	JH	Helen Parker	HP
Dr Haroon Yazdani (GP Partner)	HY	Graeme Thompson	GT
Natalie Philips (Practice Partner)	NP	Neru Awasthi (Observer)	NA
Geoff Cook (Secretary)	GC		
Nolene Harris	NH		
Diana Davidson	DD		
Jane Ching	JC		
Simon Chalk	SC		
Tony Meheux	TM		
Cecile Duerinckx	CD		
Yvonne Mason	YM		
Orla McCourt	OM		
Speaker: Zach White (Anima)	ZW		

Agenda Item No.	Agenda Topic	Action Points
1.	Introduction to the Meeting (HY) HY thanked everyone for attending including Natalie Philips (Practice Partner), Abdul Kutty (EHS Registrar, observing the meeting) and the speaker, Zach White (Customer Success Manager, Anima).	
2.	The minutes from the previous meeting were agreed No further actions outstanding	
3.	Anima (HY) HY gave a brief background to the reasons for introducing Anima: improvements to the service, to meet the needs of various commissions and in response to improve working hours of clinicians who had been working beyond their normal working hours over a long time; showing signs of burn out which reflected in sick days taken by clinicians. Clinicians' sick days are much lower since Anima was introduced as it gives clinicians a variety of work including F2F (face-to face) appointments, triaging, duty doctor on-call which helps reduce the number of hours they are confined to one room from 8am – 6.30pm. This can be very isolating and reduces opportunities for clinicians to communicate between each other about working matters.	

	<p>Triaging in a room with other clinicians fosters positive teamwork. It increases information sharing and consensus of opinion about clinical matters when discussed between the triagers, reducing the need to ask externally for advice, whilst learning from each other and building a sense of comradery.</p> <p>HY acknowledged that he and the clinicians were aware that there are certain aspects of Anima that have limitations which would be discussed later in the meeting.</p>	
	<p>SC asked what percentage of requests from patients received by clinicians were triaged.</p> <p>HY advised usually 4 clinicians triage all day at EHS and 2 at CMC.</p> <p>Triaging helps document a patient's problem so that if a patient needs to be seen on the day the GP seeing the patient knows why they are assessing them in a F2F appointment.</p>	
	<p>DD asked what the clinician team roles are.</p> <p>HY advised there were a number of clinical roles, explained on our websites under the 'Meet the Team' section.</p> <p>DD thinks that the term 'Physician Associate' (PA) is misleading. HY advised that the title is not assigned by the surgery and is therefore out of our control. He went on to describe what a P.A can do which is also defined on our websites.</p>	
<p>6.</p> <p>6 (i)</p>	<p>JH suggested as time was pressing that we should skip to point 6 on the Agenda, 'PPG Queries'.</p> <p>JC summarised her Agenda question about the link between the NHS app and Anima not working properly.</p> <p>ZW confirmed it is not possible to access Anima via the NHS app but work is currently underway to enable that to happen, expected for roll-out in November 2024.</p> <p>Until then, an Anima request can only be done via our websites using Anima or email.</p>	
	<p>OM raised an issue she has experienced when booking a cervical screening appointment. You can book an appointment on the NHS app but you do not get a confirmation text or reminder which HY confirmed is what happens and needs to be worked on.</p>	

6 (ii)	<p>DD raised a question about why appointments can't be booked after Anima has reached capacity.</p> <p>HY advised there are issues with offering this:</p> <ul style="list-style-type: none"> a) Some patients could abuse the system to book a routine appointment, denying patients who need an urgent appointment. b) Despite there being a disclaimer advising patients not to book a routine appointment if it is actually urgent or an emergency, patients may still book a routine appointment which could have adverse clinical consequences and also pose legal difficulties for the practice and Anima. c) Staffing levels fluctuate and so we cannot guarantee enquiries will be answered. d) Capacity is decided upon shift pattern workload to ensure clinicians have enough time to deal with the enquiries they have already received. With completing paperwork and follow-ups etc they are already often working over their shift times (either from 8am-4pm or 9am – 5pm). e) It is difficult to plan each day if the number of enquiries received after reaching capacity varies from day-to-day. <p>ZW advised the disclaimer aspect to the above from an Anima perspective is a challenge as described at point (b).</p> <p>In conjunction with the practice, it has been decided not to allow a system of pre-filled appointment booking as described at point (a) above.</p>	
	<p>YM asked about booking appointments in advance</p> <p>HY advised that Anima allows us to plan better in terms of staff sickness. It is more flexible in terms of the numbers of triagers so if we have reached capacity due to staff sickness, the number of Anima queries can be reduced if we don't have enough cover to do so.</p> <p>Also, having PCN appointments extends the amount of appointments we can offer to patients. This is not GP Alliance. The PCN is a group of surgeries in Beckenham that share appointment resources to benefit patients out of normal working hours and at weekends.</p>	

	<p>TM asked if there is a way it could be explained better about what patients should do when there are no appointments available. Recently the only appointments being offered to him were for a smear test. OM explained that TM must have been using the NHS app (rather than Anima) and is part of the point she raised earlier about the poor interface between the NHS app and Anima.</p> <p>HY confirmed that requests for routine appointments should go via Anima and not the NHS app.</p> <p>ZW advised that the interface is being user-tested now so that improvements can be made for users.</p> <p>YM suggested that a lay person could sit with ZW to go through using Anima so he could see the types of difficulties a typical or vulnerable patient might face.</p>	
	<p>JH raised a point about it taking him about 28 minutes from start to finish when using the Anima process.</p> <p>ZW advised that a lot of work is going on to reduce the triage questions patients currently need to answer when using Anima.</p> <p>50% of questions on average are about general matters such as health, weight, medical history which is time consuming for the user.</p> <p>40-50% of that information will be shown to the patient so they can amend anything that is changed (E.g. Smoking habits, weight gain/loss etc). By reducing the questions and by populating a template that the patient can see, will reduce the time patients take to complete a request.</p> <p>JH suggested that screens are combined to make the process slicker. ZW confirmed that this is being worked on.</p> <p>JH pointed out that the process itself works well in itself.</p> <p>ZW acknowledged there is room for improvement which they are working on now.</p>	
	<p>OM asked which group of people were being used as user testers. Did their choice of user group include cognitive abilities, or was it Anima staff or clinicians? It is so important to test the groups that will actually be using the system so that they can give a user's point of view.</p> <p>ZW advised that the user groups are NHS patient research groups. ZW to let the practice know about the user groups.</p> <p>SC was concerned about vulnerable people using/not being able to use Anima i.e. problems using technology, language barriers etc.</p>	<p>GC/OM</p> <p>ZW</p>

	ZW advised there is a facility on Anima to use it in a number of other languages.	
	<p>YM raised a personal question about going away to New Zealand – needs to see a GP about the medication she will need whilst away – what is the best way to get an extra supply of medicine?</p> <p>HY advised YM can complete an Anima request which will be triaged and the issuing of a prescription might be possible without needing to see a GP. These types of requests are automatically forwarded to the Pharmacist for processing which is different to approaching a high street pharmacist as our pharmacists have more scope for advising patients on medication (E.g. Chronic conditions).</p> <p>JH suggested to YM not to use Patient Access for requesting prescriptions as it's not the best way to do that.</p>	
	<p>JC said that, acknowledging that people find new technology concerning, it will take time for them to adjust from the old way of booking an appointment to using the new A.I. way of doing it.</p> <p>HY acknowledged this as being a factor that was taken into consideration during the assessment of Anima. In response to that, information to help patients was published on our websites, people were written to explaining the transition to an A.I. system, workshops were run in the community and that through the feedback received we are constantly learning about how to help people use the new technology more easily and borne in mind for any future changes.</p>	
	<p>JH suggested that it might be helpful if there were a couple of scenarios made available to patients regarding typical situations they might need to use Anima, perhaps published in the PPG Newsletter and on the practice websites.</p> <p>GC to liaise with ZW re scenarios which could also go on the Anima site.</p>	<p>GC</p> <p>GC/ZW</p>
AOB	<p>HY updated the PPG on clinical staffing.</p> <p>We have been recruiting and are taking on full-time equivalent (FTE) clinicians to help cope with demand, to meet government/policy requirements and to future proof any further digital requirements in the future.</p> <p>The practices are aware that our patients value seeing a GP F2F (Face-to-Face) particularly those with complex medical needs. We are looking for a balance of clinicians to meet those variety of needs and to broaden our skillset.</p>	

	<p>OM asked regarding the completion of Anima request for children. Are there any plans for Anima to look at additional templates specifically designed for triaging children (E.g. is there really a need to have questions about smoking habits when the enquiry is about a 3 year old?).</p> <p>ZW advised that this is part of the improvements being made to templates across the board.</p>	
	<p>TM thinks that there is too much choice in terms of healthcare apps available. To make Anima work it needs the trust of the people it is designed to help. He believes that the work of this meeting will go a long way to do that. Will there be an Anima app available? This could prove to be too confusing for patients.</p> <p>ZW advised there are no plans to have an app for Anima for the exact reasons TM expressed.</p> <p>ZW in terms of earning that trust, is there anything else the PPG thinks might be getting in the way when patients use Anima?</p> <p>JH said that when asked to choose a preferred doctor, only one is available for choosing.</p> <p>ZW said that it is available from the clinical side of the triage but not on the patient side so he will look into the possibly of changing that.</p>	ZW
	<p>JC asked if a patient's record is updated when a patient has used Anima.</p> <p>HY advised that Anima automatically updates everything on the patient record and also shows within the NHS app.</p> <p>ZW advised work is being done on providing a better template regarding the choice of medications.</p>	
AOB	<p>HY updated the PPG on the current situation with blood tests. There is currently a 2-week delay. Blood tests are being managed by Kingston NHS Testing Labs.</p> <p>FIT (stool tests) are still going ahead locally as normal.</p> <p>Synnovis seem to be struggling to get back to normal. We receive updates every day but there has been no definite improvement to the problems caused by the cyber-attack.</p>	
	<p>Date of Next meeting: Wednesday 9th October 2024 at 12.30pm in the Muirhead Room at the Beacon.</p>	