

PATIENT PARTICIPATION GROUP

25th May 2023

Present at meeting: Dr E Humby (GP Partner), Mr E Cameron (Practice Manager), Mrs Freda Morgan (Deputy Practice Manager), Ms Clare Middleton (Health and Wellbeing Worker), Ms Amran Hussein (Link Worker) and Mrs K Nichols (secretary) – Dr C Dixon and Dr H Fuller (also present for part of the meeting)

- Welcome and introductions – Dr Humby and Mr Cameron welcomed the attendees to the meeting and made their introductions, with that of Amran Hussein (Somali Link Worker). This meeting is for patients of the surgery and anyone who is registered with the practice. One aim was to increase the attendance to reflect the diversity of the local population served by Lawrence Hill Health Centre. Amran was able to translate during this meeting for those attendees whose first language was not English.
- EH gave an update on staffing and introduced Freda Morgan who was recently appointed as Deputy Practice Manager. Freda gave a brief description of her role as that of support to the Practice Manager. Clare also gave a brief introduction to her role as that of Health and Wellbeing Worker. EC reported on the status of staff on Reception. Unfortunately, the practice was still down one Receptionist but, hopefully, this would soon be addressed. It was important that patients were being offered access to care on first contact with a fair system for all. And the surgery, as a whole, would be working toward change in June with changes to the phone system and appointment system. There would soon be a new appointment within the secretarial team due to the retirement of one member.
- EC also commented on changes within the clinical staff. The nursing team were stable despite the retirement of Louise (Treatment Room Nurse Manager) last year. Her managerial role would be taken on by Nikki who is already a member of the Treatment Room team. The GP Partnership at the surgery was still strong. The Practice has been a training venue for GPs for 3-4 years and has been successful and LHHC was keen for this to continue. To that end, Dr H Fuller and Dr A Tang had joined the practice as part of their training. It was felt that the input from trainees kept things current and brought in new ideas. Across the boards there were still vacancies for one full time GP and one part time GP within the Surgery. However, the practice had welcomed Dr A Holmes, (Salaried GP), Rosa Moran (Associate Physician) who both held their own clinics, and Emily Skinner (Paramedic) who supported the Duty Doctor on the day to help alleviate the need for ambulance call outs or trips to minor injury units. The Pharmacy team attached to the surgery had also been expanded to add extra support to patients with regard to medication queries and the issue of prescriptions. There had been an increase in the interaction with patients and the pharmacy team and patients were able to access more specialist information from a pharmacy team member. The Pharmacy attached to the surgery had now been taken over by Easton Day and Night and the consensus of opinion within the group was that the staff were very pleasant and helpful.
- EC explained to the group that the new phone system implemented on 5th April was working well and it was hoped this would continue to improve as the time taken to contact the surgery by phone was of great concern to patients. At present this system enabled 60% of calls to be answered in 5 minutes and it was hoped that eventually 50% would be answered within 4 minutes. The new system also offered a “call back” option. The patient would remain in slot in the queue and when their name reached the top this would generate a call back. This is a positive step and gave an instant connection to the patient’s note on screen for the phone handler. There was an internal “dashboard” connected to the phone system which enabled management to prioritise calls and deploy more staff to cope with an

increased volume of calls. The feedback from patients, so far, has been positive and good comments received. **Further feedback on the phone system would be discussed at the next meeting.**

- EC also highlighted some changes to the appointments system. This is still an ongoing process. There were limited appointments available to book online but patients would be invited by text to book some routine appointments. This involved the surgery sending a link via text. The previous E consult system is gradually being changed to the Accrux system so that notification of a patient's query, request or comments are transferred to the GP via practice note and the GP then decides on the response to this request (ie phone consultation or face to face consultation or the task can be forwarded to admin to process). It was hoped that in the fullness of time there would be more on line access to appointments for patients. Reception staff will have additional training with regard to all the new systems in order to direct patients to the most suitable route. It was felt that Somali patients found it difficult to get appointments when the link worker was available and this needs addressing.
- The surgery would again be involved with Covid vaccination clinics later in the year. It was proposed that joint Flu and Covid clinics could be run. Additional funding had been sought for Covid vaccination clinics but if staffing levels stay the same then it might mean Saturday clinics again. The housebound and the elderly would be catered for via home visits.
- CD and HF joined the group and CD gave an update following the CQC inspection last August. The inspection had found that there was improvement needed in certain areas and a further inspection was planned for the Autumn. Work had been done to improve areas where needed, and some changes made, specifically with recording meetings and events as it was felt there was not enough recording and more evidence was needed of internal audits and drug monitoring. Mandatory training was in place for all staff and this would be monitored. The present paper-based system for HR was moving towards being outsourced to an independent company. The governing body of the CCG would now be known as ICB and their support had been given to making changes. There was a trend of moving towards accountability, ie using recorded phone calls etc, and short term problems needed to be addressed. It was generally felt that it was a question of getting the balance right.
- Another contractual requirement was that of seeking feedback from patients with regard to improvements to our system, failings in the system and what is correct with our present system. The group were introduced to a patient questionnaire (LHCC Friends and Family Test) which was already being distributed by Reception staff. There was a definite need for feedback from patients in order to improve our service and correct anything that was lacking. Reception report that the take up of the questionnaire had been very positive so far. The Somali patients present did comment that it would be good to have a Somali version of the questionnaire and this comment was taken on board.
- It was reported that the Garden group, who met on a Thursday to maintain and cultivate the surgery garden was proving to be a success and worthwhile project and it was hoped that more groups such as this, which involved patient attendees working together to the benefit of all, should be encouraged.
- It was felt that the surgery website would benefit from an update and some maintenance. Specifically as NHS England had stopped some patient support since April and the website was one of the first point of contact for patients with the surgery. It was hoped that the date of the next meeting would be posted on the website.