

	<p style="text-align: center;">PATIENT PARTICIPATION GROUP MEETING Held on Tuesday 8th December 2022.</p>
	<p style="text-align: center;"><u>MEETING 8th December 2022</u></p> <p style="text-align: center;"><u>NOTES</u></p>
3.	<p>Acceptance of Minutes</p> <p>The minutes were accepted.</p>
4.	<p>Matters Arising</p> <p>4.1 Changes in services.</p> <p>Some patients will be unaware that “walk-in” is no longer available.</p> <p>The website currently shows information based on the Covid era and is out-of-date. Modifications are being made to incorporate changes to procedures for appointments.</p> <p>Different types of appointments are now bookable and will relieve some of the telephone pressure currently being experienced at 8 am each morning. Copies of the new procedures will be available at reception.</p> <p>Publication of the information has been interrupted by the CQC inspection.</p> <p>Texting an update to all patients is not thought effective as the practice has received adverse comments concerning the overuse of texting.</p> <p>4.2 Covid Boosters</p> <p>The practice was originally assigned to deliver the boosters, but delays in delivery led to confusion. The confusion emanates from the lack of control the practice has on quantity and timing of delivery. The situation was exacerbated by texts sent to patients from central authorities and not coordinating with the practice.</p> <p>4.3 CQC Inspection</p> <p>A two weeks’ notification was received by the practice of an inspection immediately after the August Bank Holiday.</p> <p>Considerable preparation is required for the inspection which took place on September 14th. The CQC report was delivered to the practice two weeks later for accuracy validation and published shortly after. A copy can be reviewed at https://www.cqc.org.uk/location/1-543622944 A copy of the patient survey can</p>

	<p>be reviewed at https://www.gp-patient.co.uk/pcn-report</p> <p>The practice was awarded “Good” in all areas (The four classifications are: Outstanding, Good, Requires Improvement, Inadequate). This is the same as the last inspection six years ago.</p> <p>4.4 Lack of follow-up of test results by the Duty Doctor.</p> <p>The CQC identified 8 cases where test results did not appear to have been looked at. The 8 cases identified by the CQC were assigned to a “dummy” doctor. A “dummy” doctor is used for planning purposes (e.g., for multiple flu clinics) and excised as the schedule is finalised.</p> <p>Normally results are referred to the doctor who requested them, and where this is not possible to another GP.</p> <p>In the case of a locum, results are normally requested in the name of the GP to whom the patient’s is assigned and for doctors on leave the results are checked by a deputising GP.</p> <p>In cases of wildly erroneous results (e.g., high anaemia), the testing laboratory will ring the surgery and the results will go to the Duty Doctor to be actioned.</p> <p>Generally, all results are looked at within 24 hours. The practice routinely checks each month to ensure that all results have been addressed and feels the system is robust.</p> <p>4.5 “Named” doctor</p> <p>Every patient is assigned to a GP. This is known as their “Named Doctor”. Patients are generally unaware of who their “Named Doctor” is and it is not visible on the NHS App. It was felt by the members of the PPG that most patients would be interested and the Practice Manager will investigate. In the meantime, patients can simply request the information from reception.</p> <p>4.6 Patient Group Membership</p> <p>The PPG is looking for new members. Posters are now more prominent in the waiting area and information easier to find on the website. See 9.2 for more details.</p>
5	<p>PPG Elections</p> <p>Annual elections for the chair and secretary of the Patient Group were held. The chair expressed the groups gratitude for all the hard work in minute production by the secretary.</p>
6	<p>Practice Report (NC)</p> <p>6.1 GP Recruitment</p> <p>Two GP were lost in 2022, replacements have been found and by March 2023 the</p>

	<p>practice will be back to strength. Since May/June, the practice has been heavily reliant upon locums and that has had an adverse effect on continuity of care.</p> <p>6.2 Reception</p> <p>A review of reception staffing has taken place and a new Patient Services Manager appointed, responsible for reception, administration, call workflow and referrals.</p> <p>A programme of training for the Reception team continues including a range of patient-handling skills.</p> <p>6.3 E-consult</p> <p>The online patient consultation system called E-consult has been replaced with a new system called "Patient Triage". Patients are advised to take the option of "confirmation by text message" of their submission. The practice is following up with the NHS to ensure the confirmation is the default option as without it some confusion has been reported by patients.</p> <p>6.4 Flu Clinics</p> <p>Flu clinics have finished for the year. There was a low take-up with one particular cohort. Excess stock was donated to Covid clinics.</p> <p>The practice has been quite inundated with calls from worried parents concerning Strep A, causing additional pressure on the services at WMG.</p> <p>6.5 Research Projects</p> <p>The Practice is involved in a number of research projects looking at respiratory infections, Shingles and Covid Single Point of Care tests. Where it is felt that patients might be able to contribute, the Practice will contact them to seek their participation.</p>
7	<p>Matters Arising</p> <p>7.1 Triage</p> <p>Feedback has been received that some patients find the current triage arrangements problematical. Concerns have been raised over the efficacy of patients being triaged by non-clinically trained navigators. Some patients find the questioning intrusive and at times embarrassing.</p> <p>The current system has been introduced to address demand and the practice must prioritise urgent cases, for palliative care, for vulnerable patients, for those who may be having a heart attack or stroke. It needs to identify patients needing to be seen urgently and others who need to be seen that day. Information is needed in order to work out priorities.</p> <p>Staff receive regular training every Wednesday and the reception team have received some basic training in identifying conditions that require a 999 call (e.g.</p>

	<p>crushing chest pains, unconsciousness). What may seem urgent to an individual patient, may not be urgent and the list of questions that the receptionist asks is designed to elicit the degree of urgency.</p> <p>Receptionists have access to the clinician/Duty Doctor to assist with enquiries on urgency.</p> <p>The practice understands that some patients may have misgivings in sharing details with administrative staff but they are professional and the information given is treated confidentially. The practice understands that some patients may wish to speak to a receptionist of another gender but this may not always be possible.</p> <p>It is felt that there is no clear answer to this and no panacea. The Practice is aware of the demand for appointments and this could never be met, however many more GPs there were. The practice is working with what it has to provide a service that is best for all.</p> <p>The triage system is in place to assist in identifying clinical need. It is felt that the system is the best available at present, though the practice would welcome any suggestions or comments.</p> <p>7.3 Patient Numbers</p> <p>Patient numbers are stable and are currently at 16,200 there is natural "churn" especially with the students demographic</p> <p>7.4 Practice Phone Message</p> <p>Patients have mentioned that the practice message is unnecessarily long. Whilst appreciating the pressure on the NHS there is a degree of compassion fatigue.</p> <p>The practice appreciated the feedback. Some flexibility in messaging is necessary, for example when short staffed, when there are changes to guidance on Covid or even where incidences of abuse from patients is being encountered.</p> <p>7.5 Prescription Hub</p> <p>Some experience difficulties with the Prescription Hub, largely because patients do not fully understand the process of prescribing and get caught between the surgery and the dispensing chemist. At the next meeting we hope to have a representative from the Prescription Hub to present to the PPG. In the meantime patients are encouraged to utilise the NHS App to control the prescription process.</p>
8	<p>Appointments</p> <p>There is a lack of GP appointments nationally. Patients find the 8.00 am scrum for appointments problematic, there are long delays holding and waiting to be answered. There is an inability to secure an appointments necessitating repeated daily calls to the surgery in an endeavour to see a GP. The system does not record whether a patient has phoned on multiple consecutive days.</p> <p>The situation leads to frustration and sometimes to aggressive patient behaviour causing distress for the Receptionists, a situation that no one wants. When</p>

	<p>patients do secure an appointment however, they are invariably pleased with the treatment received. Doctors are great; there just aren't enough of them to satisfy the demand. It's a simple matter of supply and demand.</p> <p>Reception is gaining experience and confidence in learning to recognise when people have been phoning over several days and prioritising them. Empathy is clearly experienced and the receptionists have access to the duty doctor, office manager or team leader if they feel the need for advice in a specific request for an appointment.</p> <p>As detailed in 4.1 the practice now offers three types of appointment. It is no longer a matter of phoning at 8.00 am. A patient can book appointments in advance, although these go very quickly. Each week new appointments are released, six weeks in advance. GPs book follow-up appointments as part of continuity of care and there is a duty doctor to deal with urgent cases each day.</p> <p>For test results, patients are advised to phone in the afternoon and avoid the delays experienced in the mornings.</p> <p>Physios, Social Prescribers and Clinical Pharmacists will also help to alleviate the pressure on GPs and this is where triage can be really effective. Additional capacity is being provided by the three trainee, but qualified, doctors under supervision of partner GPs.</p> <p>There are significantly more appointments today than two years ago.</p> <p>At the Primary Care Network (PCN) level, the PCN can access additional funding to employ more physios and clinical pharmacists, but there is insufficient space for them. The PCN have requested funding for additional premises, but no funds are available</p> <p>The Practice has investigated utilising the meeting-rooms to install eleven hot-desks but no funding is available. Simply stated, funding is available for extra staffing, but not for the facilities needed to support the expansion.</p>
<p>9</p>	<p>9.2 Patient Group (PPG) Membership</p> <p>Numbers are falling. The poster created is now in a prominent position in the waiting room and is easier to find on the website. Details of the Patients Group can be found at : https://www.whiteladiesmedical.nhs.uk/patient-participation-group</p> <p>Our meetings are minuted and copies posted to the website: https://www.whiteladiesmedical.nhs.uk/patient-group-meeting-minutes</p> <p>So, it is now much easier to apply to become a member. There is an application form on the website at: https://www.whiteladiesmedical.nhs.uk/ppg-signup-form</p>

	<p>9.3 PPG Whatapp</p> <p>A Whatsapp group is being created to facilitate greater and more flexible communication within the Patient Group.</p>
10	<p>Next Meeting</p> <p>The next quarterly meeting is scheduled for Tuesday 14th March 2023. The meeting will begin at 5.30 pm.</p>