

	<b>PATIENT PARTICIPATION GROUP MEETING</b> <b>Held on Tuesday 8<sup>th</sup> March 2023</b>
	<b><u>MEETING 8<sup>th</sup> March 2023</u></b>  <b><u>NOTES</u></b>
<b>1</b>	<b>Apologies and Acceptance of Minutes</b>  Apologies were received and the minutes of the last meeting (16 <sup>th</sup> December 2022) accepted.
<b>2</b>	<b>Matters Arising</b>  <b>2.1 Patient letter concerning changes in services.</b>  Publication concerning new provision of services still delayed. The information will be issued first in the Waiting Room and then on-line.  <b>2.2 Publishing the results of the CQC Inspection.</b>  Now be available on the website.  <b>2.3 The “named” Doctor</b>  Patients are allocated to a specific doctor when they first join the practice. Patients can establish to whom they are allocated by calling reception. Patients are not restricted to that named doctor but may see any doctor, this avoids treatment delays. Seeing the same doctor throughout an episode of sickness however may prove more effective as part of continuity of care.  <b>2.4 Online Consultation.</b>  The system now in operation is far superior to the former e-Consult. On completion of the online form a text can be requested as confirmation.  <b>2.5 Prescription Hub</b>  A presentation will be made at the next meeting.

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### HealthLink - presentation by HealthWatch

**HealthLink** was created a year ago with a view to helping communities to connect with on-line services and to receive people's feedback on those services. It was directed especially to the over-65s as being a largely digitally excluded group.

A "How To" Guide is available to take people step by step through the process of accessing on-line services.

There is an introduction to the NHS website, the UK's largest website of its kind. a "Health A-Z" and a "Medicine A-Z", along with a "Live Well" section, devoted to sleep, diet, exercise, smoking and much more.

There is a Mental Health section, which discusses conditions, symptoms and treatment, a Care and Support section, which explains the workings of the Social Care system, and a section on Pregnancy.

You can also find out about the provision of medical services in your area by entering your postcode. This website (nhs.uk) is freely accessible and a good place to start for those who do not have particularly good IT skills and anyone with a need to access health services.

Every GP Practice in the UK is now connected to the nhs.uk App. The App provides for access to GP services such as reviewing appointments, reordering prescriptions, viewing the patient records, requesting health advice, sending messages to GPs, accessing Covid vaccination records and registering organ donation decisions.

Another website available (patient.A4) offers an alternative non-NHS option, it has articles on health issues and a Community Forum. It was initially set up by a group of GPs and now widely used by health professionals and freely available to the public.

Workshops for HealthClick were being setup for patients but unfortunately funding ended at the end of March. It is hoped that the initiative will be picked up by practices utilising the resources created by HealthWatch. Workshops are easy to set up and can be adapted to the needs of each Practice.

To date the HealthLink project has run 136 workshops and trained over 900 people. Feedback showed the project had succeeded in increasing people's confidence and ability to handle the App experiencing greater control over their individual health needs.

The feasibility of running similar courses by the PPG will be investigated.

## **Triage**

Significant changes in health care provision have been brought about by Covid, triaging is seen as one of the most important of these. Essentially, it is the process of navigating patients to the most effective practitioners, Clinician, Pharmacist, Physiotherapist, etc.)

Difficulties have been encountered by patients of WMG causing a degree of frustration attempting to secure appointments, This has led to some “over assertive” behaviour and stressful situations for both patients and the staff at WMG. There are concerns for those patients who may be less articulate and disadvantaged in accessing the services they need. The problem centres on non-clinical navigators handling the access to the doctor.

### **Presentation by Partner Doctor at WMG.**

#### **4.1 Triage – a recent innovation**

Triage is really essential now. Pre-Covid, there was no triaging. It would have been totally inappropriate for receptionists to ask patients questions about their conditions with a large queue of other patients waiting behind them and well within earshot, nor, indeed, would there have been time to do so.

#### **4.2 Benefits of Triage**

The benefit of triage, from the Practice perspective, is that we have a plethora of health professionals at WMG - Clinical Pharmacists, Physiotherapists, Nurse Practitioners, Social Prescribers, Pharmacy Technicians - and that triage allows us to utilise these efficiently and effectively. Ten years ago, we had none of these. Patients do not always know this and may expect to see the GP whatever the issue, even though the GP may not always be the best-qualified person to attend to the specific need. So, the navigator will ask the patient questions in order to direct the patient to the most appropriate professional. For medication to the Clinical Pharmacist. For back pain to the Physio. Possible suicide then to the GP. The aim is always to get the patient to the best person for the condition. This will save time for everyone. To see a GP who then refers you to the physiotherapist results in two appointments rather than one and wastes the time of both professionals and patients.

#### **4.3 The GPs' Perspective**

From the GP's perspective, if you know why's someone coming in, it makes life significantly better. This knowledge means that the doctor can do research into the relevant condition. If, for example, it's a case of gout, the doctor can immediately log in, look at the blood results, previous consultations, and medication. Without this advanced knowledge the doctor would have to go through this when the patient enters the consulting room. So, there are huge opportunities for timesaving. The doctor can look it up in advance of the consultation so that the patient's experience will be much more positive and useful.

With urgent clinics and duty doctors, knowing in advance is even more important. If all you have is a long list of names, you don't know who to prioritize and obviously, a patient with gout, however painful, is not as urgent as a patient with suicidal feelings.

#### **4.4 The Receptionists/Care Navigators**

As regards the training of Receptionists, it is clear that we cannot expect them to make important decisions on people's health without appropriate training or without back-up when they are unable to make these decisions. Therefore, there are Care Navigator courses (Basic and Advanced) provided locally. This also helps them to understand the patients' perspective.

To help the Receptionists navigate patients to the most appropriate health expert, WMG have created something called "Ask Me Anything". If, for example, someone rings up wanting to ask about piles, all the Receptionist needs to do is to type in "Piles" or "Haemorrhoids" in the web search and it says: "Piles. Type of Appointment: face-to-face if ongoing for more than a few days. Urgency: within a few days. Who with: GP." Another example: "Breast. Breast lump. Type of appointment: face-to-face. Urgency: 48 hours. Who with: GP." So, the Receptionists are not deciding on courses of action, merely following steps that have been laid down by GPs.

On the few occasions when things do go wrong, we go back and look at them so as to learn from them and ensure they don't happen again. Any mistake is examined in detail, since, without this we would not make improvements.

#### **4.5 Back-up**

If the Receptionist doesn't know what to do, they can always ask the GP. It is quite usual, especially with the Duty Doctor for Receptionists to come to the doctor and say they don't know what to do with a certain case. Patients don't fall into boxes and symptoms are not always clear.

#### **4.6 Question & Answers**

- Q. What confidence is there in the triage process? For example being directed to the physiotherapist for back pain instead of the GP. Do misdirection happen often?
- A. Physio make the same important diagnoses that we do. 95% of complaints of back pain are no more than that - back pain, though it can be symptomatic of, for example, prostate cancer and, as I say, the physios are aware of this, and we are fortunate to have excellent and knowledgeable physios in the Practice. They can order MRI scans by themselves and do not need to go through the GPs to do this. It is also the case that all additional staff - physios, nurse practitioners, clinical pharmacists, etc.- have supervision slots. If they have something that needs referring to the GP they can do this. For example, if a patient suffering from back pain happens to mention to the physio that they also have breathlessness or a rash, these are things beyond the expertise of a physio and they would refer these to a GP. Also, the physios cannot prescribe, so they would need to refer to the GP to do this. I would have complete confidence in the ability of our physios and other clinical staff to handle patients in their particular field of expertise. Indeed, in these areas, with a very narrow focus and a high level of training, they are probably much more competent than the GP.

	<p>Q. How do you communicate to patients the range of services offered and that the new system is in their own best interests?</p> <p>A. There are different ways of communicating this. The challenge is always to make people feel that they are not being pushed aside from GPs. The essence of this is patient education. We need to apprise patients of what services are available and how they can go about accessing them. We could use the website, perhaps devoting a few months to Clinical Pharmacists and the next few months to another of the additional services. Perhaps we should try to describe what the Prescribing Hub is and why it is better than what we used to have.</p> <p>Q. Pembroke Road are currently piloting a computerised system to help with triaging. Are there any plans for developing this throughout the PCN?</p> <p>A. A system is being trialed, the practice appear to be positive about it. WMG intend to look at it and evaluate the benefits over and above the current system.</p> <p>Q. Is there a process to review cases?</p> <p>A. A lack of IT-literacy can be a significant barrier in accessing this kind of service. WMG are always conscious of this issue, it is an extremely important for a particular section of the patient population, for example if you have dementia, learning difficulties or mental health issues, a flag on your record indicates “This person needs help”. There may be some people who have slipped through the net, so it is not completely fail-safe, but we are fully aware that there is a cohort that may need extra help and with this group, we are particularly keen to implement Continuity of Care and to involve those members of staff who have established a relationship with them.</p> <p>The discussion was felt to have alleviated many of the concerns expressed previously by the PPG particularly concerning vulnerable people receiving special attention.</p>
<p><b>5</b></p>	<p><b>Practice Report – presentation by Nigel Cutland</b></p> <p><b>5.1 Pharmacist - another option for patients</b></p> <p>Patients may be directed to the Pharmacist. Information can be sent to the local pharmacist who can then contact the patient and, if necessary, arrange a face-to face appointment. Pharmacists have more knowledge than some other clinicians and are qualified to prescribe. If, after consultation, the pharmacist feels it is outside or beyond their capacity, the patient can be referred back to the Practice.</p> <p>The pharmacist is acting under very strict protocols. It is by no means an open ended or haphazard intervention. Only where all the questions are answered appropriately will the referral be made to the pharmacist. The patient is seen quicker and more GP appointments available.</p>

## **5.2 Appointments System**

In the previous system you would ring in and, because all appointments were taken, would be asked to ring back on the next day. Now there are some appointments available on the day for non-urgent conditions. If these are all taken, appointments may well be available for three days' time. Some appointments can be booked six weeks in advance. In summary there are three different forms of non-urgent, timed appointments: non-urgent on the day, non urgent in three days' time, and non urgent in six weeks. The receptionist decides on the appropriate appointment type based on the patient's answers to questions. Reception will naturally try to keep appointments free for more urgent cases. Information on appointment types are now on the waiting-room notice board. The new system is designed to alleviate pressure at 8am for appointments.

## **5.3 Staffing**

Unlike many Practices, the practice has a full compliment of GPs and no longer employing locums. Dr Ellery Allen has joined the practice and was a locum for the practice last year. Dr Darke is returning.

A Patient Services Manager has been appointed focused on service resilience and staff training, two hours are set aside for training each Wednesday. The Reception team is now very stable.

## **5.4 Building work**

We will be converting the Conference Room into a hot-desking area creating nine desks with greater capacity for clinicians. Completion is scheduled for mid September.

## **5.5 New Telephone system**

Over the next eighteen months our telephone system will be replaced. The present system is relatively simple, with a set number of calls being answered or held, after which no more calls are accepted. The latest systems are much more sophisticated informing patients of their position in the queue and given the options to be called back rather than having holding on. If your telephone number is registered with the practice the system will automatically call up your Patient Record, so that the receptionist will not need to ask unnecessary questions. The system is planned to be rolled out to all practices within our PCN.

## **5.6 Statistics**

Volume Metrics of appointments by day and week, with figures for multiple appointments (those patients who attended more than one appointment in that week), for cancellations and for DNA s ("Did not attend") and includes all clinical appointments (GPs, nurses, Pharmacists) This data provides critical trends and is very useful for identifying particular areas that may need attention.

<p style="text-align: center;"><b>6</b></p>	<p><b>Any Other Business</b></p> <p><b>6.1 Test Results</b></p> <p>It is thought that not all Test Results are texted to patients. A text indicating “No Further Action Necessary” or “Requires further investigation” would be preferable. The Practice will investigate.</p> <p><b>6.2 Membership</b></p> <p>PPG membership is still low and a greater awareness of the PPG is needed. There has been a great improvement in the way the notice boards are presented and a dedicated area to the PPG has been requested. PPG members are requested to consider how best to utilise this facility to encourage greater membership.</p>
<p style="text-align: center;"><b>7</b></p>	<p><b>Next Meeting</b></p> <p>The date for the next meeting is 13<sup>th</sup> June 2023.</p>