

	<p style="text-align: center;">PATIENT PARTICIPATION GROUP MEETING Held on Tuesday 11th June 2024</p>
	<p style="text-align: center;"><u>MEETING 11th June 2024</u></p> <p style="text-align: center;"><u>NOTES</u></p>
1	<p>Introductions</p>
2	<p>Apologies and Acceptance of Minutes</p> <p>Apologies were received and the Minutes of the last meeting (12th March 2024) were accepted.</p>
3	<p>Matters Arising</p> <p>3.1 The Letter about Services to Patients</p> <p>The original purpose of the letter was to inform patients of the services available, what has happened since Covid and the manner in which these services have changed.</p> <p>Consideration is being given to how best way to disseminate. Few patients are likely to be reached by a waiting-room leaflet so social media and the practice website along with automated messaging to direct people the information is being considered. Mass patient communication is a problem that besets every GP Practice. Every channel of communication – newsletter, text, social media, website, telephone has its own challenges.</p> <p>3.2 Proxy Access on the Website</p> <p>Proxy Access enables access by carers and parents to medical information for those in their care. The information is there on the website but hard to find. The practice will improve the visibility.</p> <p>3.3 PPG Notice Board</p> <p>There is a PPG Notice Board in the waiting room, it currently displays information about the NHS App and the patient training session we are running. The PPG meeting notes will be added shortly.</p> <p>A diagram of the services provided by the surgery and of the pathways whereby these services can be accessed is being considered.</p> <p>3.4 Communicating the Success of the Practice</p> <p>Sharing performance metrics of the practice is being considered to provide patients with an awareness of the pressure that the practice is working under with the limited and reduced funds. For example, the increase in funding for this year is 2.1%, whereas the inflation rate is 3%.</p>

	<p>However access to GPs is a patients' overriding concern. Patients can help by ensuring they attend appointments. See 6.3 below on DNA - Did Not Attend figures.</p> <p>What concerns most people is the difficulty of getting access to GPs and is common across all practices. The treatment is unquestionably excellent when accessed. Patients are faced with a day battle for appointments calling at 8am each faced with long and frustrating waiting times on the phone. WMG had introduced a system to address this advising patients to call after 2pm for non urgent appointments, however this system is not longer in operation and a more flexiable system introduced to gradually release appointment throughout the day, unfortunately this is not proving as effective as thoughtand the parctice are reviewing the process.</p> <p>Communicating practice success will be challenging at a time when patients are experiencing so much difficulty in securing an appointment.</p> <p>3.6 "Sentiers" – the new Triage System</p> <p>The parctice is introducing a new triage system called Sentiers, it has been used successfully for six months by Pembroke Road and The Family Practice. The system has been written by clinicians. The system asks a series of questions leading to a decision on treatment – for example, an urgent appointment on the day or a referral to a pharmacist or other practitioner. It helps to make efficient use of the right people.</p>
4	<p>Digital services Support</p> <p>This project is all about installing the App for these patients and showing them round the services offered by the NHS App.</p> <p>Many patients have found the NHS App transformative in the way they manage the services they receive. A patient can access their health record, test records, request prescriptions, appointments, request consultations vis eConsult and much more.</p> <p>The objective is to get as many people using the App as possible. Our initial focus is on patients with chronic conditions and from an upper age group, these are likely to be the most technically challenged and benefit the most.</p> <p>Patients are given a handy guide to take away with them for future reference.</p> <p>A pilot training session was held with two patients from the Family Practice on 25th April and a full training session, with 10 patient trainees and 4 volunteer trainers scheduled for 25th June. Training is provided on a 1 to 1 basis.</p>
5	<p>Repeat Prescriptions</p> <p>Some pharmacies are withdrawing a service they previously provided due to the cost implications.</p> <p>Previously, a patient could ask a pharmacist to process their repeat prescription, this was done by the pharmacy telephoning the GP surgery and requesting the prescription on behalf of the patient, the prescription would be sent from the surgery to the pharmacy from where it was dispensed.</p>

	<p>Patients will need to order repeat prescriptions online or can go to the surgery and hand in a repeat prescription where a patient can deposit a prescription request. There are two “letterboxes”, one by the front door and one by the exit to the lift, The Prescription Hub will accept requests over the phone from patients who, for one reason or another, cannot come into the surgery and a flag is put on their record to facilitate the issue but it is not practical to extend this service to all patients, since the result would be the complete inundation of the telephone system.</p>
6	<p>Practice Report – presentation by Nigel Cutland</p> <p>6.1 The New Telephone System</p> <p>The new telephone system has received a positive reception, it enable a patient to request an automatic call-back rather than hold, this is having a positive impact on patient reception staff relations.</p> <p>6.2 Recruitment of New Staff</p> <p>Recruitment for an additional member to our Reception Team is under way.</p> <p>An additional HCA will start in August, providing greater capacity in that treatment area.</p> <p>6.3 DNAs (“Did not Attend”)</p> <ul style="list-style-type: none"> • Blood tests: 187 DNAs in six months, about 30 per month • Appointments (Pre-bookable and Face-to-face on the day): 226 DNAs • Nurse appointments: 55 DNAs <p>The total number of patients that did not attend appointments is approximately 500 for the first six months of 2024.</p> <p>NHS England report DNA rate across UK of 4% and costs NHS over £200 million a year. In 2121 BMA reported 14.3 million GP appointments were missed and 9.7 million hospital appointments cancelled.</p> <p>Publication of DNA figures is being considered as a reminder to patients of the importance of attendance and to cancel if no longer required. Text messages are being send to those who do not attend their appointment.</p> <p>There is no current analysis of DNA figures but the DNA figures are comparatively low for Well Woman and cervical smear clinics.</p>
7	<p>Continuity of Care (CoC)</p> <p>CoC has been discussed by the PPG on many occasions, we are aware of the the research and of the beneficial outcomes for patients. We appreciate the challenges of sustaining COC. Specific groups of patients are already channelled towards a specific doctor or group of doctors.</p>

	<p>COC has been shown to reduce hospital admissions and to reduce the number of GP appointments (thus freeing up time for other appointments). It is also of particular importance for patients with additional needs such as the elderly, the frail and those with learning or mental health difficulties. Interestingly, it is less valued by younger people, who often want quick, and often digital access</p> <p>WMG endeavour to practise CoC in the sense of trying to continue with the same GP where there is an ongoing problem. Patients may request to see the same GP about the same problem.</p> <p>Doctors have a number of slots into which they can book patients with whom they wish to follow up. The ACURX system enables the GPs to contact a patient for more information without an actual appointment so has transformed CoC.</p> <p>Test results and hospital letters generally go to the GP who initiated the investigation as they are familiar with the case, this did not always happen, the practice now indicate on the referral letter the name of the GP to whom results should be returned.</p> <p>Where a patient is seen by another GP (for example, for urgent care, by a Duty Doctor or on a home visit) the details of these consultations are referred back to the GP who was initially dealing with the patient. CoC may be provided by a nurse, physiotherapist, prescribing pharmacist or nurse practitioner.</p> <p>There is an aspiration to foster CoC in the Practice but there are resource restrictions on its delivery.</p> <p>The was as extensive research project into the effect of CoC on the 4.5 million population in Norway https://bjgp.org/content/72/715/e84.long It reports a decisive impact on</p> <ul style="list-style-type: none"> (a) Use of Department of Health services, (b) Acute hospital admissions, and (c) Mortality. <p>Patients who had had seen the same GP for 15 years or more saw risk for these three measures fall between 25% and 30% compared to patients who had seen the same GP for only a year, with the effect building year-on-year. The size of the study makes its findings a very strong case for CoC. A 30% reduction in death.</p> <p>CoC is effective for routine conditions or non urgent ailments, but not so easy to implement in the case of urgent conditions requiring immediate action.</p> <p>Horfield Practice has an initiative underway.</p>
8	<p>Next Meeting</p> <p>Next meeting will be held on 10th September 2024 at 5.30 p.m.</p>