

Minutes of Patient Participation Group Meeting held on 2nd March 2023 at 4.00 PM at Langstone Way Surgery

Present: Cecil Taitz, Chair of PPG, Dr David Ruben, Lead GP, Sandra Handerek, Practice Manager, Braham Fredman, member of PPG

Recruitment to PPG

It was noted that there has been little response to the posters put up in consulting rooms to encourage new members to join the PPG, so it was suggested that perhaps having slips of paper that could be handed to interested patients to further encourage people to join.

It was also noted that we should once more begin adding the minutes to the website, which has not happened for a while, owing to the infrequency of meetings during the pandemic and the resultant lack of interest in attending.

Staffing

It was suggested that perhaps patients might be allowed to volunteer at the surgery to help manage the burgeoning workload. It was explained however, that the surgery has to DBS check anyone working here, even if they are only volunteering. The surgery also has a duty of confidentiality to patients' records, so cannot allow anyone not officially on the staff or other relevant body and not DBS checked by the surgery to have access to records. Also, staff are usually not allowed to also be patients at the surgery, so we could not allow patients access to areas where they might inadvertently have access to other patients' records, even if only seen by chance. All of these factors therefore make it difficult to have patients volunteering in back-office environments. We are happy to have volunteers helping out in the waiting room with specific projects such as helping other patients to navigate on-line access, which is something that has been already discussed in the past. It was suggested that issues where patient confidentiality are not an issue, for example where a current logjam arising out of a program used by the surgery and managed by an outside contractor is not being effective in some way, members of the PPG might suggest "fixes" that could be fed back to the outside contractor.

Communication

It was mentioned that the greeting message is too long and that the call-back option might be offered sooner in the call-flow. The surgery can investigate this to see if any improvements can be made. This could allow for non-time sensitive issues to be resolved, in other words separating the urgent from the important.

It was suggested that there might be a separate email address created for people to enquire about non-urgent issues, such as test results or repeat prescription requests. This might help reduce the number of emails overall and separate out any urgent ones from those that might be less urgent. This is something the surgery could look into setting up.

Informing Patients

The issue of how to get information to all patients was explored. It was suggested that we might send out bulk text messages or emails. It was explained that this can be problematic as our appointment system, AccuRx, does not have this facility. Instead, for bulk-texting, we currently use Iplato, which is paid for and provided by the ICB, but the contract for which is currently up for renewal, so it is unclear currently, whether the service will be continuing or not beyond the end of the month. It was suggested that we lobby the company (copying in other surgeries in the LW group, as well as any other group with an interest in this change), to allow for mass texting at a reduced rate, as this is known to be a form of communication that is very inexpensive to operate.

It was further explained that the surgery has to seek consent from patients to send them text messages or emails and not all patients are willing to give such consent, so not all patients are available to be contacted by either method. A slow but sure process of asking at each patient Reception interaction, whether the patient has signed up would over time bear fruit.

The cost of stamps means that sending bulk letter campaigns has also become prohibitive and so the surgery has to utilise the phone greeting message and posters on the doors along with the website to disseminate general information. It is accepted that this must mean that not all patients will be equally up to date with what is going on at the surgery or with changes to surgery procedures and services. See above.

In response to a discussion about the slowness of the clinical system, the Chair asked whether the phone system links to the clinical system to automatically bring up the caller's record when they ring the surgery from a number recorded in their notes. It does not currently do this, but it was acknowledged that this might help speed up call response times and make things easier for clinicians. We can explore with AccuRx and the phone system provider whether this might be something that could be developed in co-operation with the clinical system provider. It was suggested that pressure be brought to bear on the supplier (AccuRx) by copying in other interested parties.

Surgery Funding

A discussion was had about how surgeries are funded and it was explained that primary care has no influence or voice in wider NHS funding policy decisions. We can decide how we utilise the funding provided, which is largely based on patient numbers with some small additional sums available to be earned via participating in specific campaigns and enhanced services, but have no ability to negotiate the level of basic funding provided via the NHS and ICB.

It was explained that various different models of funding and management have been introduced by different governments over the years and although each has had its issues, some were made to work well once the problems had been resolved. This, however, was not recognised by incoming administrations and then a new model would be adopted and imposed, usually without any prior input or consultation with primary care. Surgeries are then simply expected to implement the changes imposed and learn to work with them.

Website

The efficiency of the website was discussed and a suggestion made that it might help to make booking an appointment the final option after other steps that might lead patients down alternative routes to obtaining assistance. This might include inviting patients to book services they require in other ways eg. smears and child immunisations can be booked in advance and do not require the AccuRx system to do this; chronic disease management checks can also be booked over the phone into dedicated clinics for this; patients who might be able to get help from the pharmacy or self-referral to those services that allow this could perhaps be filtered out before they book up a consultation with a clinician. In this way it might help free up appointments for those patients who need to see a clinician.

It was explained that we do already filter as many appointment requests as we can to others, eg Primary Care Network (PCN) staff such as social prescribers, physios, health and well-being coaches, care co-ordinators and the mental health practitioner, wherever possible, alongside our own advanced care practitioners, practice nurse and health care assistant.

The surgery still receives a higher demand for appointments however, than we are able to provide capacity for. This is partly due to the dwindling number of doctors willing and available to work in the NHS, funding constraints and difficulties in recruiting staff, whether clinical or non-clinical. This is why we try to train up nurses to be Advanced Care Practitioners and have begun using non-clinical staff for things that do not require clinical training, such as the PCN staff members.

We recognise that it is frustrating for patients trying to book an appointment, who then find that the system closes so quickly in the mornings because all appointments fill up so fast. However, we do triage requests and do prioritise those with the most urgent need, but this will leave other patients with less urgent issues possibly having to try to book an appointment several times over several days.

Future Meetings

Finally, it was noted that altering the time of the meeting to later in the afternoon had not encouraged more attendees to come along, so it was decided that we should revert to the earlier meeting time of 2.00 pm for the next meeting.