## The Sidings Patient Participation Group Minutes of a Meeting held on Wednesday 12th March 2023

Chair: Phillip Bosworth Secretary: Sue Fidler

Present: - Tim Boardman, Mike Forbes, Pat Bowles, Gordon Allen, Alan Pickering,

Roy Humby, Gillian and Alan Brown

Kevin Murphy: Director, Head of Primary Care Omnes,

Trudy Van Haren: Deputy Practice Manager,

Ian Scott: ICB Network Manager

Apologies: Susan Humby

## Matters Arising:

The Chair informed the meeting there had been three requests from the Deputy Practice Manager for minutes which were sent again. An overview was given by the Chair, some concerns and possible restrictions were raised and a short discussion took place.

It was agreed it was usual for the Practice Manager to be present at PPG meetings and also hopefully a GP as this had been the case in the past (lead |Dr or senior partner).

Late approval was given re; the Minutes for January (illness) February 2023. It was confirmed the Deputy Practice Manager, Trudy Van Halen would be available for the second half of the meeting commencing at 5.30 pm, to outline and discuss latest Practice news.

A short discussion revolved around the news that Dr Barrett would be leaving the Practice due to internal, potential support issues.

Discussions revolved around, in particular, the Evergreen APP and current performance.

A suggestion that the Practice sends texts to patients in the form of a reminder re: their appointment may reduce the issues around non attendance (DNA). A general discussion around Locums working within the Practice and the Omnes Contract to be seen re: KPIs.

Key Performance Indicators (not received yet) were queried as these were crucial indicators as to levels of service and the PPG ability to hold to account. There were concerns expressed again as to the existing telephone service, being perceived as to be not fit for purpose. Many complaints arise.

Concerns reported over the APP (Ask my GP)? It was felt that the Appointment app being closed early (am or pm) in the afternoon was also presenting problems. It was also noted that the surgery website had not been updated which was not helping the general flow.

Reference was made to recent newspapers articles covering findings from ongoing Times Health Commission. Workload pressures on staff and shortages of staff in GP Practices. 2/3rds of GPs stating they don't have enough time to see patients. 10 minutes not sufficient time. The imposition of New Contracts and new content re: GPs was also discussed and of concern.

Notes from meeting 5.30pm onwards- with Kevin, Ian and Trudy present.

Kevin informed as follows:-

Staffing updates (establishment) will be presented next week to PB via email. A clinical lead Doctor will be replacing Dr. Barrett on 9<sup>th</sup> May, this being a 37.5 hour Contract, translating into a 4 day week. Dr Mark Thornton a GP has also been offered a Contract, outcome is awaited. This Contract will commence on 12<sup>th</sup> June 2023, 37.5 hours translating into 4 days.

KM confirmed ideally three more GP full time equivalents to replace Locums would reduce costs.

A permanent contract stating 3 months notice period re: Advanced Nurse Practitioner was confirmed. All contracts contain a probation period. It was also confirmed two more admin posts had been appointed when the Administrative Manager left the practice there was an opportunity to review team performances.

All posts - Practice Nurses and Health Care Assistance have now been fully appointed.

Confirmation that the Practice telephone system was still proving problematic but an assurance that a review was in hand was given and ICB involved for funding. NHS Digital funding is likely to be pulled, phone systems poor and in need of an upgrade. It was hoped that the Cloud based systems were on the horizon. There were numerous choices re: phone systems to hand.

PB raised his concerns re: App closing early (morning and afternoon). There had been an exercise undertaken on  $23^{\rm rd}$  January and ending on  $3^{\rm rd}$  February 2023. Abbreviations asked to be clarified – Clinical appropriate? Confirmed by Omnes

An overview of Ask my GP given by Deputy Practice Manager TVH. Each case is looked at individually and starts with a Receptionist and appropriate Manager along with a Clinician of patient choice, the Clinician will make a decision.

A Care Navigator Receptionist is trained and shadowed by an experienced staff member re: appointment requests. Patient requests via the APP can at times cause some issue due to lack of supportive evidence/detail only a brief description has been presented and requiring extensive training and shadowing in particular by experienced staff. Every patient request will eventually been seen by a Clinician. Clinicians are paid per patient, chronic conditions required additional funding.

A brief discussion regarding registration at the surgery was raised. An example being someone not registered within the practice but requiring medical intervention. Would they be treated within the practice or sent elsewhere? Under these circumstances an assurance was given that a temporary registration with the Practice would be forthcoming.

It was confirmed that approximately 5,000 patients were now using the App – 11,500 not.

Appointment Audit, Phone Audit, Face to Face etc were being introduced within the Surgery highlighting patient management within the Surgery including reviews of follow up appointments re: elderly and vulnerable patients etc.

PB informed the meeting that the groups PPG member Certificate was no longer on the assigned Notice Board. Trudy to investigate for next meeting (notice board to left of entry door. Notice with PPG group members with Chair and Scretary and contact details - PPG email < thesidingsppg at gmail.com>

Non-attendance re: appointments was raised. Phone follow up, texts follow ups discussed. App only cancelled. There seems to be an issue around texts only one way with no reply possible re: cancellations. Texts to remind can be sent out re: appointments but cannot be replied too should a cancellation occur.

Practice stated - there seemed to be a drop in patients not turning up (DNA's) but no stats available to support this.

It was confirmed there was a set review time for prescriptions re: Patients with long term conditions. The review being set on their birthday month. Set guidelines are available. Patients not informed of a review when raised. Please clarify with the practice prescriptions review policy for all patients. (Action point)

No information stating why medicines are not available - patients having to go on line to understand why and discussion around patients not informed of a review.

System on-line not able to review, Evergreen App being the same. On Ask my GP a message can be left. Online text messages can be done and there is reassurance this goes straight through to the appropriate Pharmacist. Prescription checked on the day, sometimes 48 hours- is there some reassurance that medication is under review? General discussion took place.

Dr Barrett to be consulted on review practice re: one month delay when an outside (hospital) consultant is prescribing by letter to Practice. PB to provide relevant info on patient in order for Practice to review issue raised.

PB informed the group that a patient's husband received a letter asking him to contact a Nurse within the Practice and phone to make an appointment. Instead he was told to use the App by a staff member. This was felt to be a contradiction and needs attention.

PB mentioned group still awaiting a reply ref concerns regarding the Evergreen App Policy.

It was confirmed that Lauren would be returning to work by the end of the Month.

## Meeting ended at 6.30 pm.

Next Meeting April 19th Wednesday 5pm.