

Attendance: Dr T Djordjevic , Dr R Charge, Y Samuel, (S J, J R, S D)

PPG members noting that invite meeting was sent over a month ago and request had to be made for the invite to attend meeting. Members asking if there is an alternative way to arrange the meetings. Mr Duckworth's email regarding subjects to discuss was not received by the practice, although it is showing as sent from his email address.

TD advised that Teams sends an automatic reminder for meeting and each member should have received the reminder.

TDs Welcome: Welcome to the meeting. JR as you cannot be heard please put your comments in the chat and we will try to address them. We will answer a questions and incorporate as much of SD's points as possible.

Reception

We have had a few changes and we are still going through changes. It has been very challenging working over the Covid period. We have had members of staff struck with bereavement and illness. Some have left. We do have replacements; we have two new members of staff recruited in February and they are currently undergoing training. It takes about 3 – 6 months to fully train staff. We continue to work with our usual structure of having a reception lead, senior administrator and managing partners. We also have a secretary. How do you feel this is going?

Feedback: What is the complaints procedure regarding staff. TD advised if there is a specific member of staff or a particular issue, the best practice is to take the member of staff's name and raise the issue in writing for it to be dealt with and addressed with them.

TD advised we continue to have issues around the appointment system and relaying the information about the appointment system which are more varied than they used to be. The other issue is requesting prescriptions over the phone which we cannot accept for safety reasons. In our weekly meeting we discuss all issues and plan steps to rectify them.

Feedback: Has the use of the website increased in order to facilitate patients reordering prescriptions?

RC advised that it has not even with e-consults even though we have pushed that this is a really good way to communicate with us. It is not specific patient group or age group, it is just that our patient's really do not like it and they want to speak with somebody, which is difficult. If they would use the technology, it is much more efficient for us. TD advised that access is not really the problem, EG. The frail and elderly and learning difficulty patients have an arrangement where medication can be requested through the chemist.

Feedback: Could we make the system on line a bit easier to use like using info graphics.

TD advised that we could do a graphic memo to use on the website. The problem is more paper access. There are more options for requesting medication. E-Consults are accessible at all times so requests can be made at any time, but it is not being utilised appropriately.

Feedback: What notifications are given regarding the services offered. There has not been a newsletter for a year, the only texts sent arte for vaccinations and I feel quite cut off from you as I do not hear anything.

TD advised we do have the website which is updated weekly. We have had feedback to say the younger patients say communication is good from the practice. We were rated as one of the best practices in the area. Points raised were not translating information into different languages.

RC advised that we received quite a few complaints from patients for sending too many texts and so we have pared back the texts that we send out.

Feedback: People do not always go to websites out of idle curiosity, they look when they need something.

RC advised that all Covid updates are on the website when patients call they are directed to the website for updates. We have looked at going down the routes of social media. The marker for us is that we have maintained our standard of care throughout the pandemic; our QOF targets – we have scored very highly on. The only thing that has dropped down for us is around child immunisations. For us that is the thing we want to work on next year.

Feedback: Regarding appointments, when I had covid reception worked really smoothly and got me an appointment at St Charles. I tried to use the website to book an appointment for a blood test which showed there were no appointments for a month, I called reception as this did not seem correct. I was told they could not book an appointment as they did not have instruction from you, please call back in three days. JR explained that this was not good enough and that Dr TD should be asked and was told the doctor is very busy. He was subsequently called back an hour later. I was also given a time frame for an appointment and when this had passed I called to confirm the appointment would still go ahead and was told that I had got the time wrong and I was given a different time. When I received my appointment call you (Dr TD) said the appointment was for a different time. It feels as though the process is more important than the patient.

RC apologised for the mixed messaging stating that over the last few weeks there have been numerous staff absences for illness including covid, chest infections. People that don't usually work on reception have had to cover and that is partly why you have been receiving mixed messages. The way appointments is still to say that we will call within a session; the advice that you may be called from 2pm is the right advice to be given. I am sorry you were given conflicting advice. This will be taken back to the meeting and discussed to make sure all staff are fully aware. With the blood tests, I can see why that happened within the system; the form may not have been processed, so when you called and the receptionist did not see the form, then strictly speaking that is the correct advice; they are not allowed to book appointments without the form. They could have been more helpful than saying ring back in three days-time, but we need to take this back to the new team and working to bring them up to our standard. We have not changed the way we are working.

TD advised that we need to iron out what messages we relay to the patients with the team at the next meeting.

Feedback: When dealing with the clinical side of things the service has always been very good and you have been very helpful. The problem seems to be somewhere in the administration system. The NHS can be very frustrating because it is so process orientated and it is really a people business. When they refer to you as the doctor rather than Dr Djordjevic, it is all so impersonal.

RC advised that we do need to have quite strict guidelines in order for us to work effectively and maintain patient safety. The other thing I would say about reception is that they deal with abuse and rudeness. We have had to phone the police. We want them to be more open and positive.

- **Appointments**

- ✓ We release appointments a week at a time. We will look at how the website is releasing appointments.
- ✓ National position is for telephone triage before F2F is given due to surging cases in illness.
- ✓ We were moving towards patient choice, but we are going to scale this back due to cases rising. Priority will be given to children under 5, patients with learning difficulty, hearing difficulties and the elderly.

- **My care my way**

- ✓ Available throughout the pandemic.
- ✓ They are a very integrated part of our practice.
- ✓ All patients over 65 are eligible to receive their care.
- ✓ Dedicated sessions were suspended due to Covid, but resumed in September 2021. There has been a short break in sessions over the Christmas period (3 months) due to rising numbers, but these have now resumed.
- ✓ It is the same team as before.
- ✓ We meet for care planning in a formal meeting on a monthly basis.
- ✓ Provision for 0 – 1 has resumed. We had a replacement for 2.5 days. She worked with us for a four/five months. She is not a permanent member of staff. We are moving over to a new PCN called West Hill which is more aligned to our size and we are taking the MCMW team with us.
- ✓ One of the reasons we are moving is to be able to recruit a full time HCA and West Hill have recruited a new HCA. There are no plans to scale it down.

- **Registration:**

- ✓ Registrations are going up by about 5% per year. Our list is mobile as families move.

- **PCN & PPG:**

- ✓ We are moving from Neo Health to West Hill PCN. We are more aligned to them in terms of practice size.
- ✓ In terms of recruiting staff case manager able to cover 2000 patients, all the tiers.
- ✓ Geographically it is the same, we will still use St Charles as a site for vaccinations it just that the practice sizes are bigger and hopefully this will help us reach our targets.
- ✓ The big drive is reducing the health inequalities and being able to employ members of staff like pharmacists, physiotherapists and social prescribers.
- ✓ Plan is to create a website and explain exactly what PCN is about and get the practices to link to that website so that when patients use the practice website can easily see the icon to explain what PCN is.
- ✓ Last year we had a lot of restrictions in managing paper work and the newsletters for example in terms of keeping them as paper copies, which we were used to doing in the past but now they all have to be in electronic format. For a small minority of patients its fine but vast majority tell us

they do not know where to look for it or they are not interested. Much more influential if we have a paper copy to give them so that they acknowledged existence of it.

- ✓ All moving to electronic format and the website is being worked on.
- ✓ Long term 10 years' plan. 7 years before that is reformed.
- ✓ We are always looking for new members. We did send a text at some point inviting patients to join. We will Ask patient to join as new members in the newsletter.
- ✓ Regarding our next PPG meeting, we will have to see how next year goes but if we are still in a national emergency we will have to adapt our expectations but in general, second meeting in 6 months is fine.
- ✓ The PPG is very useful as it helps us see our service from the patient's side.
- ✓ It would be helpful if you could look at the website with the view to making improvements either by adding or taking out information.
- ✓ There is very little interest for patients to come together to contribute. This is a productive PPG which gives us relevant feedback.

- **Covid Vaccinations:**

- ✓ We have started to offer the 4th booster to patients over 75. This is being run by PCN & NHSE from St Charles.
- ✓ At present it is being offered to over 75s but there is evidence that this may be available to everyone.

- **Progress on Building:**

- ✓ We need to ensure the lease. Kate Brady from the is mediating this with NHSPS. We have met with Mark but this has not been very productive. We have completed the form and sent it off. As we increase the list size we increase the need for appointments and clinicians. With the current list-size we will not be able to stay in this building. So the building issue needs to be resolved.

- **Conclusion:**

- ✓ TD concluded meeting by informing PPG members that we will send them the meeting minutes and create the newsletter, which we will also email for feedback.