

Additional Virtual PPG Meeting

held on Tuesday 13th October 2020

Present: - Sue Strangeway, Stuart Curwen, Erica Cross, Karen Berry, Graham Ward, Stephen King, Julie Davies, Joan Fletcher (Chair/Notetaker), Susan Smith (Practice Manager), Susan Loft (Assistant Practice Manager), Susan Wardlow (Service Manager, Humber Teaching Foundation Trust), Mandy Dawley (Head of Patient and Carer Experience and Engagement, HTFT), Lisa Arnold (HTFT), Maggie Bean (HTFT)

Apologies: - Deborah Tomkinson, Ruby Watson, Hilary Chester, Alison Couch, Barbara Pace

- **Welcome** to Mandy Dawley
- **Presentation by MD**, (from notes by GW) – MD described her role within HTFT, as ensuring that feedback from the community is both listened to and acted upon. She praised the Practice for its implementation of digital access. . Initial complaints can be made via telephone, in person or by letter. The Practice has its own internal complaints procedure and any complaints received will be dealt with through the internal process first.. If necessary, patients can go directly to the Patient Advice and Liaison Service, (PALS), or the Practice can forward the complaint to PALS. It may take 30-60 days to process. Lisa Arnold had analysed the Family and Friends feedback and it had revealed a 90% positivity rating. The negative feedback mostly related to waiting times and delays in call backs.
- 5-10pm JF joined the meeting at the surgery, having been unable to get online at home. 3 other members of the PPG were also unable to do so and sent their apologies.
- It was decided that the discussion should primarily concentrate on two topics which have caused the most concern and are related to each other. They are the Telephone System and Appointments.
- **Telephone System**: - Discussion took place regarding the following concerns: -
 - The time taken to actually speak to the Reception Team – Examples, additional to those received by Mr Hemmerman, were given. EC gave an example of 40 minutes and said that this problem had been going on for a long time. JF had waited 21 minutes. SSm said that from their analysis from the previous week the average waiting time was 5 minutes and that there had been 3,181 in coming calls in total. Members expressed surprise and agreed that this had not been their or other patients experience. GW asked if there were sufficient members of staff, both to man the telephones and to provide an adequate number of appointments. He enquired as to the funding being provided to the Practice. SSm replied that there were sufficient staff. GW asked whether members of the Management team experience the work of the Reception Team. SSm replied that they do so on regular basis. She, herself, had been on the front reception desk thisweek

- SStr expressed concern regarding the competency of the Care Navigators to make important decisions. SSm replied that they had received extensive training and each person had documentation in front of them to assist them in making the right decision for individual patients but they would never make a clinical decision.
- JF commented about the message on the phone. It continually asks patients whether they know that they can go on-line to book appointments etc. SC and SK expressed concern that many people do not have internet access, so for them online services were not an option. All members agreed that the message does not require constant repetition.
- SW suggested that as members of the PPG appeared unhappy about the telephone system, it would be a good idea to hold a meeting at which they could put together an action plan designed to improve it. This was considered to be a good idea and a meeting was arranged.
- **Appointments:** - Members discussed the difficulties expressed by patients about the availability of appointments. These ranged from the lack of same day appointments, cancelled appointments, lack of continuity and a perception that there was a lack of care.
 - JD said that patients would be very surprised at the number of Did Not Attends, (DNAs), where patients booked appointments, but were either not available when contacted, or did not attend the surgery when offered a face to face appointment. All these appointments were then unavailable to other patients. It was suggested that all these figures, (including the number of phone calls received), be publicised more widely within the community.
 - JF reported that the number of appointments online today at 1-00pm, for the period 13th October to 27th October, included none for GPs or Advanced Nurse Practitioners. Most were for flu injections and blood tests. This was a very limited choice and did not correspond with the message on the telephone that appointments could be booked on-line.
 - JF also felt that the website could be seen as confusing in the way it gives the options for consultations, as well as not including up-to-date practice news under the heading News.
 - Concerns regarding continuity and care were discussed. Members and those who have complained to Mr Hemmerman, feel that there is no longer the link between the Practice and the community which was present when the GP Partners owned the business. The PPG committee realises that times have changed, but regret that, despite being asked on numerous occasions, none of the present GPs have felt able to attend a meeting. They will again be included in the invitation to the next meeting. The committee acknowledged and were grateful for the continued staff presence of SSm, JD and SL. They provide much valued contributions to the committee.
 - Appointments, together with continuity and care, will continue to be a main topic for discussion and the production of an action plan.

JF thanked everyone for attending and the meeting closed at 6-25pm

Date of next virtual meeting: - Tuesday 3rd November at 12-30pm