

Minutes from virtual PPG meeting 3rd November 2020 at 12.30

Attendees

Joan Fletcher (chair), Susan Smith (Practice Manager), Erica Cross (note taker), Barbara Pace, Stuart Curwen, Sue Strangeway(SStr), Susan Loft (Assistant Manager), Janet, Graham Ward, Dr Barathan(GP)

Apologies

Karen Berry, Hilary Chester, Stephen King, Julie Davies (Ruby Watson unable to access meeting)

JF welcomed everyone to the meeting, discussed the protocol for meeting & minutes from previous meeting

Matter to be discussed practice telephone action plan

EC asked what happens when patients currently ring the practice?

SS replied 2 options available appointments/secretaries, the results option has been removed so patients can ring anytime for results and could take up time when patients waiting to get through to book an appointment. Time taken to answer calls discussed - examples were given by EC of her husband waiting for 40 mins, GW got straight though and JF took 21 mins.

SS responded Humber and KCom in charge of comfort message which starts 45 secs after connection and queue position starts 65 secs after connection and agreed was happy to review.

All agreed queue position was important to keep on.

SStr agreed that listening to the message is important but the repetition could be removed, keep the queue message and the comfort message played just once.

GW agreed for the need for a message, but repetition was too much, and this was due to waiting times and wanted to address why patients are waiting 20-40 minutes and asked what the expectations of the system were. GW also noted that he could not understand how the 3150 calls received the week before the last meeting could have an average wait time of 5 minutes. SS replied she was in the process of querying that with KCom.

JF asked what time limit expectations and average time taken to answer were.

SS responded nothing to adhere to, some waiting times are longer/shorter, Monday mornings are busy, no parameters set out, not all calls need to come to the practice and information has been made available via texts sent to patients and also information is available on the website to try and reduce calls.

GW stated he was amazed no figures available, how practices measure up, what a normal week looks like, all practices need data as how can things improve, staff levels etc and measuring vs improvement.

SS replied she has asked for stats and has now got access to these stats; she had a meeting on Oct/November 26th with other practices in the area and all the practices are different.

JF commented about the understanding for exceptional circumstances and requested if additional staff are available if the phone lines become busy and that when patients got through to the surgery it was generally good feedback of the service given.

SS replied ~~she~~[they](#) looks on the call board and if calls are increasing then additional staff are asked to cover.

JF asked if there are enough staff to cover if calls numbers increase?

SS replied that most admin staff can answer calls and are staggered in the day and all are trained to answer calls.

JF asked how many staff can answer the calls at any time?

SL replied that calls aren't the be all and end all [and that all other](#) roles within the practice [are important. and it can't override everything.](#)

JF responded it is a major access to the practice and phones are as important.

Janet responded there are other deadlines for other things within the practice.

SS looking at staffing levels within the practice, one call discussed took 45 minutes to deal with.

GW stated that the patients are generally judging the practice on the telephone situation, with the telephone acting as a barrier and we need to find a solution and the public interface needs changing.

SS gave an example of this morning - 8-9am 4 people on the phones, plus 1 person on reception, 2 doing prescriptions, 1 doing secretarial duties and 1 doing medical reports.

EC asked what today looked like regarding calls

SS replied 117seconds wait to answer and 217 seconds longest wait this morning.

BP questioned the data was that connection time.

SS replied average connection.

JF asked what the figures meant was it the total time on the phone or from when the phone answered.

SS to find out what the figures mean. ([The average time a caller spends in the queue. This is the total wait time plus the total ring time for the calls answered during the interval, divided by the number of calls answered during the interval.](#))

GW stated as a PPG we are trying to help how we can improve the practice.

SS replied she will query the figures given, current state 2 staff currently on the phones with 1 person in the queue.

JF agreed with GW that patients want an instant reaction and that once through the feedback is good about the practice.

BP stated that for older people there is no other point of access and the general perception is not good of the practice with patients who have no other communication.

EC suggested that a results message could ask that patients to ring later in the day when the lines would be potentially quieter.

JF suggested a separate line for results.

JB responded and stated she didn't feel a separate line was worth it, patients can get results online and suggested ringing for results later in the day. Appointments should be a priority, results that need actioning are dealt with and results could be given in the afternoon.

JF suggested a message for results to be given after 2pm.

SS replied and said she would see if this could be actioned.

BP suggested perhaps a holding message from one of the GPs within the practice rather than a KCOM message would make it more personal.

GW suggested an alternative message of ringing back later if a long wait.

SStr suggested queue position with additional message, results later in the day and announcements by GP.

BP stated a general lack of connection with the patients and they could feel a bit more personal if GP did outgoing message.

GW stated that as a PPG we need to help Humber and the PPG are there to support the practice.

SS replied she had attended a ~~there are~~ PM buddy events with Hull and East Riding practice managers and that more and more patients are expressing concerns about getting through on the phones. ~~not getting through to other practices.~~

Janet stated that calls are generally taking longer, people are lonely and wanting to chat.

13.20 JB left the meeting and JF thanked for attending.

Update from the practice SS

Practice website updated with all staff names and triage information.

Text message patient survey sent to all patients and is also available on the practice website over 700 responses which are currently being collated by Humber, unfortunately the text message only works on smart phones.

In the process of finalising the practice newsletter.

Humber collating facts and figures about the practice that will be made available soon.

Manager at Tesco in MW has agreed to support the practice communications.

Public engagement meeting on December 7th

BP - commented that the recent Covid survey sent out on a text or via the website was only available to those patients with a smart phone was less than ideal.

GW - suggested targeting the correct phones through the database, he had also noted on the trust website it still had the practice address as Londesborough Road.

SS stated she would action the website details.

SC stated that he felt the meeting had hit all main points waiting times and repetitive messages.

SSt stated that the PPG is a critical friend and wants to lift the opinion of the people about the practice as there are excellent services available and it needs sorting.

JF thanked all for attending and meeting concluded at 13.30, the next virtual PPG meeting will be held week commencing 30th November 2020 via Microsoft Teams and an invitation to be sent from Susan Smith