

Minutes from virtual PPG meeting Tuesday February 23rd 2021 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), Graham Ward, Karen Berry, Hilary Chester, Stephen King, Julie Davies, Ruby Watson, Dr Barathan (GP)

Apologies - none received

JF - welcomed everyone to the meeting, discussed the protocol for meeting, minutes from previous meeting were agreed.

JF - asked if there were any matters arising that were not on the agenda

Practice Update

HC asked if it is possible to see a GP at the practice face to face? as she believes this is happening at other surgeries in the area.

SS stated that in line with national guidance following a triage system if necessary, a patient can be brought into the surgery.

JB said that alongside national guidance a telephone consultation is better for both parties currently and that a face to face consultation is at the discretion on the consulting GP. She stated that every surgery is different, MW surgery have taken this option, patients would be seen if necessary, face to face. She stated that phlebotomy clinics and nurse clinics were still running, it was in the patient and staff's interest to try and protect everyone. She said that this was national guidance and it may change in the future; most patients can be dealt with over the phone and for some patients this works best.

SS - Staff update - Dr Key goes on maternity leave on March 15th, Dr Mathias leaves today, Dr Koshy is leaving in May, Jackie Lyons will be the new practice pharmacist joining Marion and there is a new receptionist Julie.

SS - vaccine update, all those eligible at the practice can attend Beverley Racecourse, 2357 patients registered at the practice have received their 1st vaccination, broken down

444 - 80+ age group

305 - Health and social care workers

405 - 75-79 years

638 - 70-74 years

127 – Covid high risk

254 - 65-69 years

92 - 16-64 years with underlying health conditions

24 - 60-64 years

31- 55-59 years

39 - 50-54 years

The current age group being asked to attend Beverley Racecourse on March 2nd is 65-69 years and 16-64 years with underlying health issues

Some of the practice and admin staff have been assisting at the vaccination hubs which is meaning time away from the practice.

All residents at Northgate House have now been vaccinated and all housebound patients are being vaccinated starting this week.

The feedback received has been very positive

SK – commented that 2 doctors are leaving would they be replaced?

SS – replied that there has been an advert placed since before Christmas to replace Dr Mathias, someone was interviewed last week and is coming to look around this week. Dr Koshy only gave her notice in last week, an advert has been placed.

SK - asked about locums

SS - responded that there would be a locum covering for Dr Key's maternity leave and Dr Mathias vacancy.

JF - asked about the appointment situation currently

SK – stated that the recent NHS survey about the practice that only 45% thought that the availability of appointments was good which nationally and locally stands at 65%

SS – responded that they have no idea who the survey is sent out to however, they had a return of 51% and that 45% were happy with the appointments and 40% with the choice of appointments. Appointments are available online with all clinicians and that these are often used inappropriately, they get booked up and often not completed with a reason why the patient wants an appointment. There are nurse appointments are also available online. There are some same day and pre booked appointments available, the same day appointments go very quickly.

SStr – commented that when she needed a medication review as Marion was at the vaccination centre, she was offered a GP appointment in 5 weeks' time which she felt was too long.

SS – stated that Marion has been away at the vaccination centre since before Christmas with no backfill for medication reviews however, she will be back soon and Jackie Lyons the new practice pharmacist will be doing medication reviews and so this will free up GP appointments.

SStr – stated that when she had rung for her appointment the receptionist couldn't go further ahead and it took her days to get an appointment online.

SS – stated there are same day pre bookable appointments available but that sometimes the GP's may need to book follow up appointments with patients which in turn reduces availability of appointments.

JF - commented that perhaps the whole system needs reviewing as a percentage of appointments go to 111 and asked who decides that number?

SS - stated that there are no set number of appointments allocated to 111 but following triage an appointment must be found within a defined period, this could be within 3 hours, 6 hours, 12 hours or up to 24 hours.

JF - asked that if you ring 111 and need an appointment 111 can get one at the surgery so why can't the reception staff book an appointment?

JB - commented it is down to triage, appointments and increase demands, 111 do triage and receive allocated slots at the surgery. She stated that the reception staff are not medically trained.

SK - commented that a town council colleague had received new medication which they had effects from – they rang the surgery and there were no appointments available and they were “farmed out to another surgery”

SS - stated this was not an appropriate term “farmed out” and explained that a patient may be seen by a GP from another surgery through the Improving Access Service.

SK – the patient did not feel the response was quick enough

JB – stated it was difficult to comment on individual cases and that whilst side effects are concerning not all are urgent and not all are the same.

SK – asked what the procedure would be in this situation, what is the response expected from the receptionist?

JB – responded by stating that the receptionists never make a clinical decision and they would ask if possible, the GP who prescribed the medication to review, or ask the duty doctor.

JF – stated as there were fewer doctors it appeared that continuity of care is reducing and asked if this was a problem

JB – agreed that continuity of care is declining and it is a sad situation but GP's have lost that continuity of care

JF – suggested that as a practice after Covid perhaps the practice could aspire to improve continuity of care

JB - stated that anyone with ongoing health issues they do try and make sure they see the same GP and that they are able to book designated appointments for these types of patients

GW – stated that continuity of care is something to aspire to by adapting or adopting new procedures, compared to previous times perhaps to put forward a strategy that patients can engage with. GW felt that there has been a failure to get the message over to patients around appointments reason, patients not triaged and wasted appointment time. He commented that he didn't feel the 2 explanations of 111 appointments married up.

SS – explained that if a patient rings 111 some may be advised to contact a pharmacist for over the counter medication, some may be given an appointment at the practice within 6/12 hours or 3 days but how 111 operate is out of the practice control.

GW asked if patients contact the surgery are they triaged?

SS – replied to say that the reception staff care navigate to ensure the most appropriate point

SL – stated there it used to be the Doctor who took calls each morning and the CCG made the decision that care navigators were brought in to find the most effective way of GP time

JF - stated that if patients want to speak to a GP they are still waiting for a long time.

GW – maybe a different strategy needs to be used but perhaps 111 do all triaging, some are getting the impression that the practice is hiding behind 111?

SS – It was not her decision to make and it would need wider consideration with the CCG. Anyone can ring 111 and it is an option available for patients.

HC asked if the duty doctor could increase their hours?

SS – the duty doctor doesn't directly answer the calls, they are supported by another GP and work 8am-6pm and are extremely busy but have unprecedented demand currently.

SStr – perhaps more promotion of the consult online which is a very efficient service could be one way forward.

SS – in January 427 engage consults were carried out but they still need triaging as some were inappropriate – the Humber practices are using this system.

JD – suggested inviting someone from the CCG to a PPG meeting

JF stated it was a consideration perhaps someone from public engagement. We didn't hold a PPG AGM in 2020 perhaps this is the way forward to spread the word

SS - Patient engagement through the website updates, texts but need the PPG support for communications to change the perception of the practice. Friends and family data 100% feedback was brilliant.

JF – stated that family and friends survey is completed after an appointment so perhaps the patients were happy they had an appointment.

BP – asked whether the practice/CCG should galvanise local delivery and that people are willing to help. In other areas and surgeries, they actively use Facebook - it's simple and free of charge.

JF – stated that the practice wouldn't need an individual FB page but used local FB groups.

SS – understands the discussion but it is quite tricky with what the practice can/can't do and were advised by Humber it was not appropriate for the practice to have a Facebook page as Humber have their own Facebook page which they keep updated and the community updated

JF – stated that most people are not aware Humber have their own FB page

HC asked regarding the survey 100% responded as good but asked how many don't reply?

SS – Friends and Family questionnaire results 161 responded in Jan, 343 in December – April 2020 – Jan 2021 3,382 total responses which is quite high.

SS - 427 GP engagements with 228 appointments through improving access/push doc

JF - asked for an update on the phone

SS - demand in January was high calls doubled, updated message and website re vaccination information. Message to call for results after 11 seems to be working but the calls are still busy in the afternoon, busy times 2-3pm in November and 3-4pm in December. A high volume of incoming calls doubled in Jan to 6803 and 3444 in December and the time taken to answer November 8 minutes, December 7 minutes and January 13 minutes

SK asked if another line could be installed

SS – The surgery is at the maximum amount of lines available, they are trying to run a normal service with reduced staff due to annual leave, vaccination centre support and shielding.

JF - asked if anyone had any other concerns other than the appointments?

JF- asked if there was AOB – and stated they have the additional names for the PPG and that one lady wished to have her name be removed. JF asked if anyone would be interested in being Vice Chair for the PPG to let her know by 8th March. JF asked regarding the AGM do the PPG want to hold this virtually or wait until later in the year Oct/Nov when it maybe possible to hold face to face?

SS – commented that the surgery staff are still receiving unnecessary abuse both on the phone and face to face, everyone is trying their best in unprecedented times alongside supporting the vaccine programme and that everyone is working so hard.

GW – stated that Covid numbers are still high and should remind people the NHS is still struggling.

SS – stated that mental health issues are coming through and this has a knock-on effect and we are doing our best in tricky circumstances.

HC – there is a lot of goodwill in the practice

SStr – stated that the practice is doing a fantastic job and appreciates all the hard work and is disgusted how people behave.

Meeting closed at 13.38

Next meeting Tuesday 18th May at 12.30 via Teams