**HIGHPARKS MEDICAL PRACTICE**

## MINUTES OF A MEETING OF THE PATIENT PARTICIPATION GROUP

Date: **25th July 2022**

Time: **1.30pm – 3.00pm**

Place: **Emmanuel Centre, Cliffe Woods**

**Present:**

Dave Bowen

Kevin Creasey Joint Practice Manager

Jerry Doyle Chair

Jenny Dunster Secretary

Jill Fanner Joint-Treasurer

Sandra Fenney Joint-Treasurer

Dr Asser Ghozlan GP Partner

Kath Johnson

Sue McDermid

Jasvir Selvan Deputy Practice Manager

Pat Tomlinson.

David Townsend

Caroline Wells Joint Practice Manager

The meeting adhered to the government and NHS Covid-19 guidelines of the day.

The Chair welcomed everyone to the meeting.

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|  | **Item** | **Action** |
| **1.** | **Apologies for Absence**Received and accepted from Jane Cartwright, Christine Cavender, Mike Cavender, Kath Gilbert and Rita Horn. |  |
| **2.**  | **Notification of Any Other Business** 1. Blood test procedures
2. Access to medications
3. Letters from hospitals procedure
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| **3.** | **Declarations of Conflict of Interest**None declared |  |
| **4.** | **Membership of the PPG**1. No change to membership
2. AGM – it was agreed that the AGM on October 19th 2022 will be held from 1.30 to 3.00pm at the Emmanuel Hall. Jenny to book the hall.
 | **Secretary** |
| **5.**  | Minutes of Previous MeetingMinutes of 13th April had previously been agreed by all participants via email and have now been posted on the Highparks’ website. |  |
| **6.** | **Matters Arising and Action Points*** p2, 6 - ToRs have been posted on the website
* p2, 7 - all paperwork and pre-reads are discussed with the practice ahead of the main meeting
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| **7.** | **Chair’s Report*** Dr Bell had recommended that Jerry join the local Clinical Commissioning Group (CCG) PPG Chairs’ group. At his first meeting it was announced that CCGs would be disbanded nationally from 1st July 2022.

Kevin said that Integrated Care Boards (ICBs) are being set up to replace CCGs but with a different composition of practices. This has been done to address patient inequality.Primary Care Networks (PCNs) are still in place.* Communication between the practice and the PPG – the support from Medway Healthwatch has been instrumental in moving the PPG forwards.

Communicating with patients still needs improvement. |  |
| **8.**  | **Practice Report**Members had received the report prior to the meeting. 1. ***Appointments***

 Dr Ghozlan and other practice staff drew attention to the following:* from April, phase 2 (ie opening up as normal) was put into place across the whole practice, post pandemic;
* bookable appointments are available and are triaged;
* patients can request face-to-face appointments;
* online services (e-Consult) are a key part of what the practice does, patients receive either a text or phone call in response;
* patients are encouraged to use e-Consult for routine appointments.

Q: How long does a patient who asks for a routine appointment have to wait?A: 2-3 weeksQ: Can e-Consult be made more user-friendly?A: There have not been many complaints and the provider has been contacted in a few cases, but there is a limit to what the practice can do to change the e-Consult process. If using e-Consult, a patient might be signposted to alternative services where appropriate. The duty doctor looks at all e-Consult contacts on the day; emergency appointment slots are available if needed.Q: What is done if a patient rings up and cannot wait 2-3 weeks?A: If the duty doctor deems it necessary, the patient will be either directed to an appropriate service at a hub or, at the doctor’s discretion, an afternoon appointment could be given.Afternoon appointments are generally reserved for elderly and younger patients, and those receiving palliative care. Q: Did e-Consult ‘light’ ever exist as a restricted version?A: It did but was replaced by telephone triage.Q: When appropriate, can receptionists’ training be highlighted on the website as patients may not realise that they are a skilled group of staff?A: Yes, this can be done but perhaps when the new website is in place.The practice is seriously considering changing appointment times in the afternoons from 10 minutes to 15 minutes for routine face-to-face appointments, afternoons only. This is recommended by the BMA and it is the practice’s choice to implement them for a trial period. They will be available by booking in the normal way and will be advantageous to both patient and clinicians - more time can be devoted to talking with the patient possibly avoiding a follow-up appointment and it will also improve continuity of care.Q: 15-minute appointments will reduce the number of slots available in the afternoons, how can the practice justify this?A: Some appointments will be clawed back when extended access is in place. Urgent on-the-day appointments will still be available. The BMA recommends 25 face-to-face patient appointments a day, the practice currently runs at 35 per day.. Morning appointments will remain at 10 minutes ie 6 patients per hour. Q: What is the number of GPs available each weekday?A: 5-6 across the 4 surgeries.Q: Is a GP available every day at Cliffe and Wainscott surgeries as patients might not be able to travel to Higham or Cliffe Woods?A: GPs are rota-ed and, when resources allow, the practice plans to have GPs at Cliffe and Wainscott. If patients are unable to travel, the GP can often deal with the matter via a telephone consultation. However, there are already dedicated routine appointments at Wainscott and the practice is looking for the same at Cliffe. Dr Ghozlan explained that, as a legacy of the merger, Cliffe and Wainscott are essentially branch surgeries. During the pandemic it was necessary for patient safety, to run just two surgeries (Higham and Cliffe Woods) but now GPs and clinicians are moving out to all 4 surgeries on rota.Q: Please explain the phrase ‘patient safety’.A: During the pandemic it was necessary to maintain resources and impose risk-technology to keep patients and staff as safe as possible from infection, so it was more efficient to do that at just 2 surgeries.Q: Can a patient raise more than one issue at a 15-minute appointment?A: It depends on the seriousness of the conditions.Q: Can GPs increase their number of sessions (ie mornings/afternoons)A: It’s important to recognise that GPs are currently working many more hours outside their public-facing role. If they were to be asked to increase their sessions, there is always the risk that some might decide to leave the practice. Work-life balance and staff health and well-being is paramount. It is also important to recognise that there are many more clinicians within the practice who can deal with patients’ conditions eg physiotherapist, associate physicians, paramedic etc.The patient demographic is ageing which puts further demands on staff who are already working more than the hours that the BMA requires.Q: What is meant by ‘routine’ appointments and how many patients are in that category?A: ‘Routine’ appointments are mainly for long-term and chronic conditions. National data shows that 60-70% of patients fall into this category. Should a patient contact the practice with an acute condition which needs to be urgently addressed, they will be given a face-to-face appointment.Q: Will 15-minute appointments give GPs more ‘breathing space’ and, if an appointment isn’t fully utilised, can another appointment be slotted in?A: The practice doesn’t currently have unused appointments and doesn’t expect this to change. However, if this was ever the case, the GPs still have patient admin which involves processing prescriptions, patients’ referrals, reviewing hospital letters along with dealing with emergency situations and providing support to other staff.1. ***EHUB Pilot***

The practice had been asked to join the pilot but had declined as it was felt that eConsult was working well within the practice. After 2 months of operation, EHUB fed back to the practice who still felt that eConsult was working better at Highparks than through the hub. EHUB is still looking to recruit more practices and might invite Highparks again but, for the time being, the practice continues to monitor the effectiveness of eConsult.Q: How does EHUB work?A: A GP triages all contacts and directs patients to appropriate hubs for treatment but not to their own practice unless it’s a complex case. It’s felt by Highparks that use of eConsult within the practice is currently more effective as GPs know their patients whereas EHUB GPs would not. 1. ***Vaccination Programme***

All the practices within our PCN have agreed to participate in the Covid booster programme. The Moderna vaccine will be available for over-50s from 1st September. It is hoped that the annual flu vaccinations will be available at the same time so that both vaccinations can be co-administered, but patients can opt for separate vaccinations if they wish. No evidence of health issues linked to co-administration have been identified. Caron Waters (Lead Nurse) will be co-ordinating the programme.Q: Which sites will be used?A: Wainscott will be registered as the main site but vaccinations will be offered across all four sites. Most appointments will be offered on Saturdays but some weekday appointments will be available. Nurses will be working in their own time. Patients will be advised to wait until they are invited by the practice but a small number of appointments will be available through the national booking system. Pharmacies will also be providing both Covid boosters and flu vaccinations. 1. ***Did Not Attends (DNAs)***

These are regularly monitored. If a patient misses an appointment they are contacted by text or phone. Patients who miss appointments frequently are monitored. 1. ***PPG communication with patients***

Caroline will look at the feasibility of placing a PPG noticeboard in each surgery. The subject of having a generic email address for the PPG was discussed but it was agreed that it’s not feasible at the present. The website contract ends in April 2023 but the practice might be able to make some updates before that. Caroline and Dave Bowen to liaise. Setting up a PPG Facebook account was discussed and it was agreed that one with no capacity for incoming comments would be appropriate. The account would be used to post information about the practice. Caroline and Dave Bowen to liaise. 1. ***Complaints***

 A report had been circulated to members prior to the meeting. | **Practice Manager****Practice manager and DB****Practice manager and DB** |
| **9.** | **Any Other Business**1. ***Blood test procedures***

A blood test must be requested by phone followed by a conversation with a GP or clinician who will then authorise a test if appropriate. Clinicians are being updated about the processes around blood test forms.An additional phlebotomist started on 25th July and this will increase capacity.1. ***Access to medications***

Q: Why do some patients seem to be given more than one month’s supply of medications at a time?A: At the time of the merger, this was looked into and taken to the CCG whose policy at the time was one month’s supply with no exceptions. There are safety issues around some medications.Dr Ghozlan will raise the issue again with the CCG. 1. ***Letters from hospitals procedure***

Issues around hospital consultants prescribing a new medication or a change in dosage was discussed. Hospitals are contractually obliged to provide the first issue of a new medication. They must also inform the GP surgery of a change in existing medications however there is sometimes a delay in actioning the change. The Highparks’ admin team is dedicated to ensuring work-flow by logging hospital letters and referring them onward to a clinician if appropriate.  | **Dr Ghozlan** |
| **10.** | **Confidentiality**Specific complaints from patients. |  |
| **11.** | **Dates of Future Meetings**  Wednesday 19th October, 1.30pm at the Emmanuel Centre |  |

Jerry thanked everyone for their attendance, apologised for the over-run and closed the meeting at 3.23pm.

Signed ……………………………………………………………………………….

Date……………………………………………………………………………………