



PPG meeting held

25 Jan 2024

Woodbrook Medical Centre

4pm

In attendance: Anna Ingle, Practice Manager, Ian Hinett, Chair, Karen Burton, PPG Secretary. Ingrid Cunningham (PPG Member), Anil Ghelani (PPG Member).

Apologies: Graham Murray

### **Welcome and Introductions.**

All were welcomed to the meeting and apologies accepted. This was the first meeting to be held under the new reformed structure.

### **Minutes from the last meeting and action log**

These were accepted as a true and accurate record.

### **WMC Update**

#### **Recruitment.**

AI informed the meeting a long-term locum has been employed and Dr Patel has confirmed an extra session.

Nurse CD who comes with a wealth of respiratory experience has been appointed and will be working 30 hours per week. One of the established nurses is currently upskilling to high level respiratory and prescribing which has enabled the current minor illness service to 300 hours per week.

A long-term member of staff is due to leave. They previously took Flexi retirement but has now made the decision to leave in April. It was recognised that this role has changed over the years. Within the recruitment of this vacancy, it has been agreed to fill this position as more of an admin role. The advert will be published next week and the hours will be increased to obtain more flexibility within the teams.

IH questioned if there were any gaps? AI informed the meeting at present the reception is now fully staffed however there is one member of staff on long term sick. This has been covered by the successful recruitment made in August and extending the hours for that role. The practice recognised that the back-office staff required more development, and this was currently being addressed.

The current patient list stands at 11.000 which is a considerable rise from April last year. The PCN has offered support and it has been agreed that the large number of refugees which have been placed within Loughborough will be shared within all practices. AI kindly sent the breakdown of the patients following the meeting to KB.

- Over 75's –7.6% of the overall list
- 19-41 years – 35%
- 42-61 – 25%

IC asked what number of patients had been lost. AI informed the meeting this was a very small number and the usual expected.

### **TV Screens**

- These are to be replaced and the company carrying out the work was the same as provided the touchscreens for checking in.
- With regards to the giant iPad – this project was now not being progressed.

### **Phone systems**

- It was recognised that the present system was not fit for purpose.
- A bid was submitted to NHS England to replace this however this was sadly rejected.
- A challenge is being made re the £23k exit fee.
- AI resubmitted a bid to NHS England however was advised that the funding scheme has ceased. The ICB has now been contacted to challenge this decision as no information was given at the time.
- IH questioned which areas were deemed as not fit for purpose
- AI advised the following
  - Storage
  - Diverting
  - Messaging
  - No call back facility
  - Lack of data retrieval
  - Lack of support within the system e.g., unable to divert calls for example Christmas Holidays

### **From 1 February – no face-to-face same day appointments bookable in person**

AI gave a brief overview as to how this decision had been made.

There have been a number of projects tried to alleviate the issue of appointments being taken on the day before patients are able to call in. This has resulted in patients attending the practice very early in the morning queuing to make appointments. This has resulted in staff feeling very intimidated when arriving for work and often not being able to enter the car park.

KB advised that this was an obvious risk to staff safety

One solution tried was to give patients numbers when they arrived at reception to try to make this fair to both staff and patients, however this caused conflict and did not resolve the solution.

It was therefore decided that no face to face would be given to patients attending in person and these would only be available by telephoning the practice.. Patients are being informed of this decision and AI and Anne Jones are currently floor walking the practice daily to advise patients and promoted the NHS app which now allows patients to book appointments.

From 1<sup>st</sup> February receptionists will be manning the phones which is an increase as historically these were required at the desk to assist with the influx of patients arriving.

A conversation followed as to the Cohort of patients who may attend at that time, and it was agreed it would be very unlikely to be the patients with serious comorbidities.

In addition to this the appointment rosters have been increased to 8 weeks in advance. This has increased the number of pre bookable appointments from 30 – 70% and this is mainly the GP slots.

AG – How are patients being informed? AI advised that this is in the form of leaflets, posters and the NHS text service. IH asked what the goal was. AI advised that a 50/ 50 target was thought to be achievable. In addition, it was hoped that the increase of online availability would be achieved by April / May.

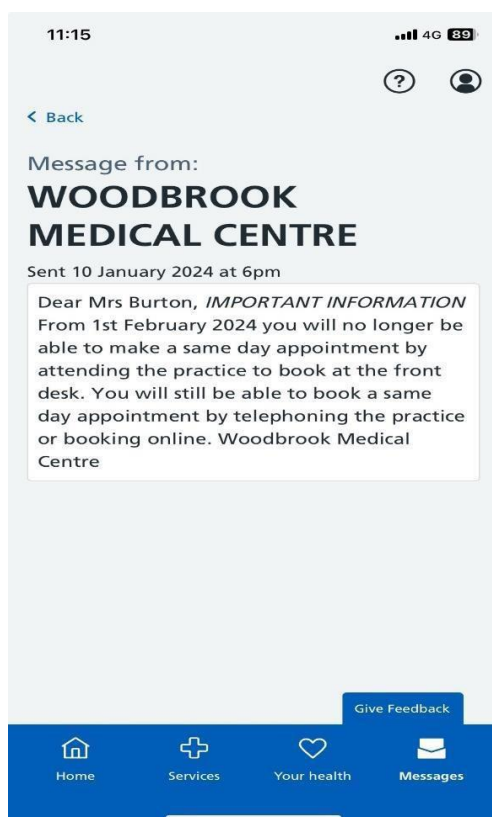
IH asked if this included bloods – AI informed at present this was not possible however it was planned to have this, and long-term conditions included in the future. AI informed the meeting that receptionists had now all had training to assist patients.

AG asked how vulnerable patients would be assisted. AI informed the meeting that these patients would be identified, and additional support given.

IH questioned if there were any processes in place to triage the suitability of the requests for online appointments. AI informed the meeting that staff have been assigned to review the appointments and where necessary, they will contact the patients and advise if the appointment has been moved with reasoning. In addition, where it is felt that signposting would be more appropriate the patient would be informed and advised of this. AI and the Drs have been working on text scripts and ensuring wording has been made suitable to each situation.

IH felt that to optimise this, the current website/Facebook should be reviewed, and this information included. It was agreed that IH would review and make suggestions to the Practice on how this may be achieved.

A copy of the NHS App message is copied below for reference.



## **From 1<sup>st</sup> February – Accelerated Access to Patients Records.**

AI informed the meeting that the ICO has now agreed that patients are allowed access to their records. It was asked to be noted that this would only be patients who have requested access to this information. Although a number have already made this request, the information is set to be released as of 1<sup>st</sup> February 2024.

### **PPG actions to discuss**

#### **Promote NHS App.**

AI informed the meeting that posters had been displayed within the practice and copies made available for patients. In addition, staff are sitting with patients to inform them of this service (where applicable). IH suggested a SMS be sent to patients with link to information on APP and possible download links. Also suggested were links from website to APP and removal of phone number from header of google profile, facebook and website. It was recognise the success of the APP

#### **Promote Community Pharmacy Referrals**

It was hoped that the new service could be promoted wider as this was a national project to encourage patients who had minor ailments to visit their local pharmacies as they were now allowed to prescribe for certain conditions. IC suggested that the surgery would perhaps be in best position to assist using the text service to patients.

IH asked if there was a practice budget for advertising? It was agreed that this too may be included within the review of the social media and websites for the practice and included within the ongoing project?

### **A.O.B**

AG was pleased to see the reduction in DNAs and hoped this would continue.

All were thanked for attending.

Next formal meeting

**28 March 202, 2-3pm, Woodbrook Medical Centre**