

## RUSHBOTTOM LANE SURGERY

### PATIENT PARTICIPATION GROUP MEETING

#### Minutes of Meeting

Held on 10<sup>th</sup> June 2021 (On-line meeting) (Final)

**Present:** Dr Chana, Dr Kumar, Sabina Janaqi Deputy Practice Manager, Cheryl Kirby (Chair), Brian Porter, Jill Reeves, John Hall, June Sales, Marie Howard, Rachel Kilsby, Terry Clarke, Tina Lane

**Apologies:** Katherine Smith Practice Manager, Debbie Dennis,

	Subject	Action by
1	<p><b>Welcome, introductions and apologies.</b></p> <p>The meeting was held virtually via Microsoft Teams as we could not meet in person due to Covid restrictions.</p> <p>CK welcomed Dr Kumar from St Georges Medical Practice and new PPG member Tina Lane, both attending for the first time.</p> <p>SJ thanked the PPG for helping to man the Surgery door so that patients can have access to the Surgery. This demonstrated the good relationship between the PPG and the Surgery.</p>	
2	<p><b>Election of Chairman</b></p> <p>The PPG Chair is normally elected at the final meeting of the year but had been deferred in 2020 with Cheryl Kirby continuing as Chair into 2021. Cheryl was formally voted in for 2021 at this meeting and will continue as Chair until the election at the end of 2021.</p>	
3	<p><b>Telephone System</b></p> <p>SJ informed the PPG that significant work had been undertaken with the communication system provider Daisy to reconfigure the Surgery system and train the users to optimize the facilities within the system. As from 7<sup>th</sup> June the single telephone number has been changed to separate numbers for the two Practices which increases the number of calls that can be queued at any one time (25 on each line) and prevents callers from being cutoff. If the number of calls coming in at any one time exceeds the queue allowance the caller will receive a message that their call cannot be taken at that time and to call back. Patients with mobile phone numbers registered at the Surgery received a text about the new number and the old number will be kept live to inform callers of the new number.</p> <p>An additional Care Navigator has been added to answer telephone calls during the 8-9am busy period. Ongoing the call data recorded by the system can be reviewed to map workforce to demand.</p>	

	<p>SJ is looking into having a message on the call queue so that when all on-day appointments have been taken the caller is informed and then has the option to continue with the call to speak to a Care Navigator if the matter is urgent or to terminate and phone back another day. The PPG are keen to have this message implemented especially as many of the complaints on social media are because callers may spend a long time queuing and only then find there are no appointments.</p> <p>DrC emphasized that it has been a huge piece of work to identify the reason for comms problems and find solutions. The new system may have bedding in issues and patients can help by reporting problems to the surgery giving their telephone number and date/time of call so the issue can be traced. The PPG will assist by monitoring social media and report issues to the Surgery.</p> <p>CK raised the statistics of the huge increase in telephone calls to the Surgery with 13,000 in March compared to around 8,000 calls per month prior to March and asked whether anything can be done that could reduce this volume. DrC responded that recently the number of patient calls at times has been exceptional and one morning 1,000 calls were logged between 8 and 9am. Many patients continue to call about Covid vaccinations despite being asked not to, patients also phone asking about the delay in being seen by the hospital which the Surgery can not do anything about. Both of this type of call should reduce over time.</p>	<p>SJ</p> <p>PPG</p>
<p>4</p>	<p><b>Difficulty in getting appointments</b></p> <p>A key complaint on social media patients is the difficulty in getting an appointment despite phoning at 8am.</p> <p>SJ responded that the Surgery along with other Practices across the country has seen a huge increase in demand. One reason is that during the height of Covid patients held back from contacting GP practices over general health concerns. Initiated from NHS England, all general practices in the country are partaking in an appointment mapping process, including Rushbottom Lane Surgery. Both Practices also hold an overflow triage board that the on call doctor looks at and triages accordingly. Unfortunately, our issue currently is the demand is hugely outweighing the capacity of the Clinicians and available appointments.</p> <p>Nationally the average number of GP Practice appointments per week is 6.2% of patient list. Both Dr Khan and St Georges Practice appointments are above this.</p> <p>DrC emphasized that they don't like being in a position where patients have to wait for appointments, and they want to see those patients that need to be seen on the day and are looking at how to manage demand from those patients that don't need to be seen on the day. Both</p>	

	<p>Practices have a triage list for same day emergency appointments which are additional to the bookable appointments and regularly review 20+ patients.</p> <p>Patients can use the Doctor Link system to input their symptoms and Doctor Link will make an appointment at the Surgery if appropriate. A set number of appointments are set aside up to 8am for allocation by this service but are then released into the appointment pool. If patients use Doctor Link for their child they cannot book an appointment but the information does get through to the GP to review.</p>	
5	<p><b>Reasonable adjustment of surgery procedures for patients with special needs</b></p> <p>TL set out the importance for the Surgery to have a process in place where Care Navigators are informed by a notification/flag on vulnerable patient records that the patient has specific special needs so that the patient or their carer does not have to explain this each time. SJ said this was being looked at to see how to flag patients special needs and it will be incorporated into the ongoing Care Navigator training.</p> <p>DrK said there are specific flags on System One which are used for those clinically trained and they could explore if this would be helpful as a flag for the Care Navigator.</p> <p>CK stated that this would be carried forward to the next meeting to get a progress report.</p>	<p>SJ</p> <p>SJ/DrK</p> <p>CK</p>
6	<p><b>NHS Digital collection of data from patient records</b></p> <p>TC asked if the Surgery was providing forms for those patients choosing to opt out from the NHS initiative to collect patient data from GP Practices.</p> <p>SJ stated that the Care Navigators can send patients a text giving the link to the NHS website where patients can opt out. Patients can either complete the opt-out online or download the form and send off to NHS England. The link is on the News section of the Practices websites. The Surgery can also record on patient records if patients request to opt out if the patient informs the Surgery by letter or by sending the Surgery a form that can be downloaded from the NHS Website</p> <p>DrC anticipates that the NHS will shortly undertake an information campaign about the data collection so that patients can make an informed choice.</p>	
7	<p><b>AOB</b></p> <p>DrC raised concern that Rushbottom Lane Surgery, along with GP Surgeries across the country, are experiencing high level of abuse from</p>	

	<p>patients in particular levied at Care Navigators &amp; Reception Staff. Although it is appreciated that patients are experiencing difficulties to get appointments that is no excuse for the sort of behaviour that staff can experience. DrK emphasised that clinical staff have been working throughout the pandemic and want to help patients. DrC asked PPG feedback on a video “If I die it will be your fault” which has been shared by some surgeries and CCGs which contains examples of verbal abuse and criticism from patients. The post meeting feedback from PPG members was that whilst the video sent a strong message to patients to consider their behaviour it was too aggressive and offered no sympathy or explanations for patients concerns.</p> <p>DrC pointed out that the surgery is open to listening to patient complaints and this can identify something where changes can be made. However patients copying in their MP or CQC without first giving the Surgery the opportunity to resolve or respond to the issue, leads to additional administration time for GPs which worsens patient access.</p> <p>CK suggested that a quarterly Surgery newsletter pointing out new initiatives and other good things that the Surgery is doing would go a long way to counter the negative publicity about what the Surgery does not or cannot do. This is an admin burden and has been considered in the past but there is a stronger motive now.</p>	
8	<p><b>Date of next meeting</b></p> <p>TBA</p>	