

CLARENDON LODGE PATIENTS PARTICIPATION GROUP

NOTES OF MEETING 14 January 2020

Present : Michael Pearson (Chair), Bridget Winn, Martin Blows, Gethin Williams, Maureen Hirsch, Dorrette McAuslan, Stephen Gallagher (Practice Manager), Dr Tom Harper.

Apologies: Sam Glover, Ann James, Marcia Davis, John Pickering.

Notes of last meeting

Agreed and to be put on the website.

Actions from last meeting

All these had been actioned except for:-

- Website meeting Martin/Dr Al-Zubaidi – **Stephen** to chase up
- Website feedback form – Martin reported this had been removed from website
- Meeting with Social Prescriber – **Stephen** to arrange for next meeting
- Frequency of meetings – these will remain as bi-monthly
- Maturity matrix – Stephen has sent out an abridged version. **Michael** will send out full version to all members.
- PPG website pages to be kept up to date – **Martin** now supplied with individual log in.

As only one PPG member attended the Charity event run by the practice the group asked for more notice of such events and a clearer idea of how they could contribute.

Any other business

Martin raised the issue of services no longer provided by the Practice e.g. ear syringing. Stephen explained that the the CCG (Clinical Commissioning Group) had arranged for Specsavers to provide this service free to patients as long as they had been referred by a GP. Apart from this all other services were being provided as normal. **Martin** to include this information in Newsletter.

Bridget reported that she had met with Ann regarding developing a set of questions to put to new mums on how they were being supported by the Practice. **These questions would be sent to Stephen and Michael prior to being used.**

Practice managers report

Stephen reported that two nurses had returned from sick leave and one had gone on maternity leave. The clinical pharmacist was also now on maternity leave. The ANP (advanced nurse practitioner) had resigned. Members expressed disappointment at this as they felt she had been an asset to the Practice. At the current time there were no plans to replace her due to other anticipated developments

- Stephen said that the GP situation had eased somewhat with a number of registrars now completing their training at the Practice and able to carry out consultations.
- Although a social prescriber and a clinical pharmacist were now in post within the PCN, it was anticipated that soon Physician Associates could also be employed also through the PCN (Primary Care Network). Stephen provided members with a paper explaining their role. Pas
- (Physician Associates) would be medically trained and able to diagnose and treat a range of clinical problems. Currently they cannot prescribe medication and must be supervised by a

GP. They must complete a full-time post graduate diploma and already have a degree in life sciences or healthcare. The plan is to eventually develop a multi disciplinary primary care team over the next two years which would also include physiotherapists and paramedics as well as the new staff already mentioned.

- Dr Al-Zubaidi, now a GP partner, is engaged with a University in training the Physician Associates and it is likely that they will be offered the opportunity to work at Clarendon Lodge to finish off their Diploma. The hope is that they will choose to remain in primary care.

Stephen stated that the CCG has now provided funding for all practices to develop a new website. The main reason being the requirement that 25% of patients must have signed up for on line services including consultations by April this year. However Clarendon Lodge were not taking up the funding as they have already developed a website which they believe fulfils all the necessary criteria. On line consultation forms have already been developed to assist patients access services without necessarily requesting a GP consultation. Stephen asked that the **PPG** assist with testing out these forms. The PPG expressed a willingness to help.

On a more mundane note The Practice has now been given a fresh coat of paint and is looking quite smart.

PPPG

The PPPG (Patients and Public Participation Group) is run by the CCG. PPG representatives (usually the Chair) are invited to attend. Clarendon Lodge does not, at present, have a representative. However, **Gethin** said that he is willing to take on the responsibility. This offer was unanimously accepted by the meeting. **Michael** will inform the CCG.

Friends and Family reports

Reports for November and December were made available to the group. Both reports showed that there was a continuing high level of satisfaction with the services provided by the Practice. However Michael pointed out that a few patients were concerned that they were unable to book appointment in advance. Dr Harper said that although advance appointments were not built into the new system GPs still had some discretion in this area. The group felt that although not being able to book appointments in advance was a problem for some patients the advantages not allowing advanced bookings was outweighed by the disadvantages - mainly in the area of no show.

New Telephone System

Stephen explained that as well as providing funding for a new website the CCG was also providing monies for a new telephone system As the telephone contract at Clarendon Lodge was almost up the Practice had decided to take up the CCG offer and will now be working with a new provider using a VOIP system. A press button option system had now been designed by the Practice and details sent off to the new provider for implementation probably by the end of February.

An illustration, via a flow chart, of the system had been provided to the PPG and Stephen explained the reasoning behind it. To assist with this he produced a graph detailing the number of monthly calls dealt with by GPs during 2019. The new appointment system was designed to cope with on average

3500 calls per month. However on at least six months during the year this number was exceeded, eventually rising to 4500 over the October-November period. This situation could not be sustained in the long term and action was needed now to reduce the pressure on GPs in order to prevent the collapse of the system.

The new on line consultation arrangements and the new telephone design were therefore designed to filter out those activities that could be best resolved by staff other than the GP. Examples were test results, medication requests, physiotherapy referrals, health reviews, sick notes and so on. Whereas the new appointment system had successfully reduced the face to face consultations by around 60%, patients were still able to request a telephone conversation with a GP without any triaging or filtering of the request. This was now causing a major problem.

Members fully appreciated the problem but were very concerned about the proposed new telephone system plan. The on line consultation forms could and would be tested by PPG members but the telephone system could not be tested before it came into operation.. Stephen advised the group that it would be introduced blind with no trial.

There was a detailed discussion on how patients could be alerted to the new arrangements which was another PPG concern. The newsletter could only reach 550 patients at present. The PPG notice boards and the TV system in reception could only reach a small number of patients even if they were used for this purpose. Stephen agreed to check whether the Practice could promote the newsletter through its email list of patients which currently stood at 4000. Martin suggested that the new website should have a sign up link at the top of the front page. Perhaps newsletter subscriber requests could be put on any formal communication the Practice had with patients.

Following a long discussion it was obvious that the PPG members were very apprehensive about the introduction of the new telephone system. Members unable to attend the meeting Marcia, Sam and Ann had also written in expressing their concerns.

To sum up the main issues for the PPG were:-

- The aversion of the public to using a push button system for information/services
- The length of the messages
- The complexity of the system with too many choices/options
- The proposed use of three different people doing the “voice over”.
- The hoops a patient had to go through to eventually request a GP callback.
- The duplication of the options for a medication review.
- The unhelpful naming of reception staff as admin or care navigator
- The problem of older people, people with disabilities and people not confident with finding their way through the options giving up on the system.
- The inability to “road test” the system before introduction
- The loss of patient goodwill through the inability to prepare patients for the change.
- The use of technical jargon such as “stock items”.

Stephen and Dr Harper agreed to feedback the PPG concerns to the Partners. Michael said that members would be willing to help with any further issues with the telephone system prior to introduction.

Other agenda items

The items on PCN/PPG meetings and the role of the PPG were not able to be discussed due to lack of time. They will be referred to the next meeting.

Meeting closed at 8.05pm

Date of next meeting - Tuesday 10th March

Additional note

Following on from the meeting the PPG were pleased to note that Practice has made a number of changes to the planned telephone system in line with the comments made at the meeting.

These were:-

Moving the GP option

Removing the term 'Care Navigator'

Revising some of the terms e.g. 'availability' replaces 'stock issue'

Removing Sam Day's message from the Care Home option