

Stanley Medical Group

Patient Reference Group – 1st March 2023

MINUTES

Attendees: Brian Bartle, Jane Cain, Jean Carter, Anne Taylor, Harry Rutherford
Dr J Bisson, Dr C Woolley, Allison Wray - Care Coordinator , Kay Beacham
Care Coordinator, Marie Towers - Admin Team Lead, Sue Little – Manager (Chair)

Apologies: Michael Simpson, Trevor Alexander, Ian Dockerty

1 Terms of Reference – Reviewed and agreed. Minor adjustment to make to change PCT to ICB. It was agreed to review at every meeting.

2 Appointment Data – The group were shown some appointment data, showing total numbers of monthly appointments, and the increasing trend over the last 3 or 4 years. It also showed the proportion of Face to Face / Telephone / Home Visit. This was in response to the various bad press GP Practices are receiving on various social media and press. The charts shows in increasing trend year on year, in terms of numbers. The chart also showed an increase of Face to Face appointments. We explained how our process worked, in terms of offering face to face or telephone as first line. Patients can request face to face if required. It was also noted that a patient will be seen if clinically appropriate after the telephone call with GP or Nurse Practitioner. Our system is working, in terms of capacity, for the majority of the time. There are always bookable appointments available to Admin each day. When this has been exhausted, the urgent patients are added to a list for the On Call GP to contact. If he or she reaches capacity, then any left are categorised and either given an appointment for the following , or advised to ring back the next day or ring 111 if the problem persists. We discussed at length the national issues with GP recruitment and retention, and also the pressure GP's are under to see more patients than is advisable by BMA. Stanley Medical Group currently have no issues with recruitment, and we are in a lucky position to have GP Registrars who are coming back to work, once fully qualified.

3 Telephone Data – this was brought to the group to discuss as the practice are facing unprecedented call volumes. We have increased our line capacity, and our call handler numbers, but we still acknowledge its not ideal. On an average day we handle 500 calls, and this increased to 600 on a Monday. We discussed the things that can have a negative influence on the demand eg, patient contacts for Covid Vaccine / Flu vaccine booking. Our recent vaccination campaign needed to reach over 3500 patients therefore we are trying to do as much of this as possible by text, with a link to book directly to the patient record. We are also looking at doing this option for those patients who get regular invites for their Long Term Conditions reviews (eg diabetes, hypertension) as this is over 300 each month. The difficulty being the various conditions require different lengths of appointment or a specific nurse therefore this is taking time to organise.

We explained that an engaged tone to the patient ringing in shows that there are 5 incoming calls in progress and up to 7 in the queue (patients are notified of this) Once we have reached 7 in the queue over 2 sites, then the caller hears the engaged tone.

Whilst we acknowledge we are not alone with this problem, it is not acceptable to us therefore will work as quickly as possible on online booking processes.

4 Care Navigation

This was brought to the group to show additional services that we are offering to relieve pressure from the GP workload

The NHS Agenda recognises the demand for GP appointments has increased, therefore has invested funding into alternative services for patients to be referred to. These services tend to be less complex, therefore leaving the practice appointment slots for more complex issues that need a GP's expertise and training. Examples of the services are:

- First Contact Physio
- Mental Health Practitioner – Adult and Child
- Women's Health Hub – predominantly contraception
- Optician
- Local Pharmacy referral for minor ailments
- Social Prescriber / Care Coordinator
- Sexual Health Services
- Citizens Advice Bureau

All of our Receptionists have been trained in Care Navigation, which means they can recognise if a patient can be diverted to any of the above as a first line option, when contacting us for a GP appointment. Most of the services above are remotely bookable so the patient will receive an actual appointment. Some of the services are relatively new, so there have been some minor process issues, but we are working through this with our ICB.

This was met with enthusiasm from the patient representation, and it was agreed that we need to find a means of communication to inform our wider patient population.

5 Care Coordinator Role

Allison and Kay attended the meeting to give an overview of a new role to general practice. The role was formed to allow more time for staff to deal with patients who need additional time or support, which often can't be met by our Admin teams who are fielding a fast turn around of calls, or in fact our clinical team who are perhaps not the most appropriate person to deal with social issues.

Some of the things their role includes:

Contacting over 65 yr olds on hospital discharge to ensure they have an understanding of any discharge plans, which tend to be medication changes, follow ups at surgery or hospital, or anything else they want to discuss

They can signpost patients to various services to help with financial issues, such as benefits.

They can help signpost or refer for mental health support

They contact patient with a new cancer diagnosis, to offer direct support and information of useful sources of information

They monitor those patients who don't attend for their targeted cancer screening appointments, to offer further information and support of any element of why the patient hasn't attended eg. Bowels screening, breast screening, cervical screening (smear test)

This was also met with enthusiasm.

6 Local PRG representation

Sue informed the group that Gordon Binney had stepped down from this role, as his other commitments were taking up much of his time. He has also stepped down from this group, along side Tony Waddell, who has moved out of the area therefore has had to change GP.

The locality role involves attendance at meetings on behalf of the practice with other PRG refs from other practices. The group were invited to take on this role, and we are pleased to report that Anne Taylor has agreed to be this person. Sue will contact to discuss next steps.

7 GP Changes

The group were informed that Dr John Bisson is leaving the practice at the end of March 2023, after 17 years. Dr Chris Woolley is taking over as Senior Partner.

8 Any other business

- **Social Media**

We discussed the use of social media platforms, mainly Facebook, for detrimental comments about the practice. We explained that we do not respond to Facebook comments as it is nearly almost impossible to give an accurate response taking into account patient confidentiality. We call upon our group members to help where possible, although without placing themselves in a vulnerable or volatile situation. It was noted that we do respond to poor google reviews, although this is often from anonymous sources so it still isn't ideal, and we are often faced with similar issues regarding patient confidentiality. We do have the right to offer a warning to patients, with a view to removing them from the list if it breaches our zero-tolerance policy of violence and aggression.

- **Car Park**

Sue agreed to speak to the management of the building regarding the car park, with a view to better managing of the barrier system

- **Future Meetings**

It was agreed that we need to have at least 2 meetings per year as a face-to-face group, but we will continue with email communication for any input to specific changes in the practice.

- **Patient Newsletter**

We have added this back into the agenda, with a view to having this as a regular means of communication.

Date & Time of next meeting – To be arranged

