

PPG Meeting 20 April 2023 1pm

Present: Diane Taylor; Valerie Stanislas (joined the meeting following a discussion concerning the phlebotomy service); Anne Wade; Asaria (Buxsy); John Carroll; Grace Balogun; Caroline Wulff-Cochrane; Keith Perrin; Gaynor Lloyd (note taker)

Apologies: Audrey Wade; Ian Preskett

[Afternotes are highlighted in yellow]

Agenda:

1 Matters arising from last Minutes (29 September 2022) - dealt with under individual headings.

2 List size: 8218. The list numbers are slightly down but that is because there has been an exercise in looking at the list to ensure it is up-to-date. When letters are sent to the patient's home by the health authority, and returned as no longer at that address, this triggers checks called FP69. The Practice always double check before removing patients from the list, during this exercise. Patients will be reinstated if they contact, e.g. after moving house. A move to a new GP triggers notification to the practice and the files are transferred electronically to the new practice.

3 Staff: changes (if any), news on Mental health nurse?; physio ; clinical pharmacist ;any other professionals - can we prepare an agreed updater for patients on these alternative professionals where appropriate?

There has been no change in GPs nor nurses. As confirmed at the last meeting, we have a new Advance Nurse Practitioner (Nwamaka). On Thursdays and Fridays, the practice has two community pharmacists. These are particularly helpful in cases of patients with hypertension. The clinical pharmacists are very valuable to the surgery. It would be useful to have a paragraph about the clinical pharmacists to put into an updater: Diane provided a list of the GP/Nurse/Allied Professional staffing following the meeting * * see end of Notes . Diane to provide details re clinical pharmacists - roles and appointments.

The Practice would still very much like to have the services of a Mental Health Nurse; unfortunately there is a shortage of such nurses but it is still an aspiration. The practice is written very well aware of the mental health needs of our patients.

The practice has a dietician (Amelia), who comes in on Mondays and Wednesdays . She looks at diet and health, in particular in relation to patients with diabetes and long term conditions. Referral to the dietician is via the GPs. Again, it would be useful to have a paragraph about the dietician to put into an updater: Diane to provide details re dietician - roles and appointments (via GP).

We have a first contact physio: Nirani (Tuesdays) Similar point as with the other professionals to provide some information for a patient email updater. Anne raised a points about how information is provided to patients who have seen the physio and been given exercises. Providing Web links for the exercises may not be helpful to all patients and, in any case, they ought to be very specific to the particular problem so as to avoid confusion as to what exercises are intended. The view was expressed that often paper sheets of exercises are preferred. Diane will discuss with Nirani

Phlebotomy service: the Practice operates a walk-in service. Patients can come from anywhere; they will bring a blood test request generated by their own surgery. (This is in addition to the Practice's own phlebotomy service for our patients.) At present, a simple process applies to these walk-in patients, who have to be recorded as temporarily registered. The evidence they require a blood test is in the paperwork they bring. However, it seems that the new requirements to be made of the Practice will involve a great deal more administrative work, with the potential to delay in processing at reception; the payment to the practice generated for running this service will not cover the greatly increased administration work and need for staff.

This could give rise to a particular problem at the moment, as the Practice is very short on reception staff. One receptionist is on long-term sick leave (Diane confirmed this was not work-related stress); there has been one resignation, and there is one non-return from maternity leave. Valerie has been operating reception on her own on certain days. We have good locum receptionist, Vanessa. There is a huge amount of pressure on the receptionists. The practice has to use agency staff at the moment. Unfortunately there is no commitment from agency staff, and they, for example, do not want to work and school holidays. The practice does not want to drop standards; salaries have been increased. Valerie and Diane are interviewing this week.

Afternote: Recruited two staff, who started w/c 15/05/23.

We discussed the pressure on reception, and, for example, the reaction of some patients when receptionists ask for some information on why an appointment is being requested. The GPs have created a template script for the receptionists to use. Often, the receptionists are signposting patients to another professional other than the GPs..

4 Appointments - availability and DNAs

Up until recently, most appointments have been mainly on the telephone. However, there is being a change of practice and opening more appointments up to face-to-face. So far this is going well. The GPs will always see people face-to-face, if they think it is necessary from the telephone triage, and in the case of small children, breast lumps, often on "gut instinct". Following Covid and changes of practice, the Practice will revert to the 60/40 proportion of face-to-face to telephone. The Practice does find that many patients do like telephone appointments.

Because of the large proportion of telephone appointments, DNAs had reduced substantially. We will have to see how it goes now that more face-to-face appointments are being opened up. It is not really possible to monitor DNAs with telephone appointments, because they are not set for a fixed time - or, if they are set for a fixed time, they might not happen at that time and then show as a DNA .

5 Complaints and comments; survey?

There have been seven complaints since we last met in September. Issues which arise include when patients ask for medical certificates, which the GPs do not feel are appropriate. If, in their professional opinion, they do not feel it appropriate, they are steadfast in their refusal. **The percentage of complaints and the previous numbers showing trend from previously : 71% GP related (5); 28% Phones and appointments (2); 14% Prescriptions (1).** Anne mentioned some complaints on Nextdoor about one member of staff, which Diane said she would take up. Anne was concerned in

case there were problems with this staff member which arose from personal issues, and Diane noted Anne's concerns.

6 E-consult

The filling out of a form on the website re: a patient's conditions prior to making appointment was now going well. There had been original hitches with the system Patches but this had been changed back to E-consult. The completed form comes through from the website, and an automatic acknowledgement is generated which says that you can expect a response within two working days. Interestingly a complaint had come in that an E-Consult request had not been dealt with within the time suggested. The Practice was able to follow up the issue and see that the patient had been responded to by text within 16 minutes.

Caroline commented that people are so used to the Internet and an expectation of immediate responses.

The text message response to an E-Consult form also states that in an emergency the patients should contact the surgery.

7 Vaccinations and cervical smear and bowel cancer checks

there is low take-up for smear tests and some immunisations. Partly, the issues are cultural but certainly in connection with vaccinations, many patients have these carried out abroad but do not bring in the evidence. Vaccinations need to be put in the records that cannot be put in unless evidence is provided. We had a discussion as to whether there is anything that the PPG can do to help, and talked about the bowel cancer information day we had had when St Mark's came. It is hard to know whether it made any difference but it was agreed it was a useful initiative.

Valerie suggested that perhaps Brent Health Matters might be able to run an event raising awareness of the importance of cervical smears. She will contact them.

8 Telephone system

we are getting very close to a new telephone system. It is now between two firms. Rather last minute an issue has arisen when everything seemed to be settled, and it seems possible the Practice may have to change the telephone number. It seems that it may be possible to divert calls but Diane wants to have it as a cast-iron guarantee in writing before taking the step. The problem is that the current telephone system "belongs to the building". The NHS has 10 pre-approved suppliers for the Practice to select from. It is cloud-based telephony. The practice has been given consideration to having calls recorded but that will have a cost implication. However, it would be very useful in case, for example, of certain complaints based on contested accounts of what was said in consultation.

In addition, because of all the problems we've had over the years with the queueing system, the new system absolutely must be right. Cloud-based telephony is alleged to be easier to maintain. However another advantage will be in being able to monitor the system, for example to see when the largest volume of calls tend to come in, and be able to try to staff accordingly. It will also assist on monitoring missed calls.

Afternote: In talks with NHS Property services re contractual issues for current agreement. We have quotes from Surgery Connect and Yo Telecom.

9 Patient information events? (Like the St Mark's Bowel cancer testing initiative) E.g., diabetes – see above (paragraph 7)

10 Expanding core group membership - ideas. (Any possibility of using a SMS practice message to advertise the PPG , to ask for sign up to the email updater)

we discussed the difficulty of recruiting people to the core group membership. Gaynor mentioned that she had had five different people expressing an interest in joining but, on detail being given, they felt they would be too busy. We discussed a desire to get younger members in the core group, and Valerie said she could think of a couple of young mothers who might be interested and would speak to them. An individual approach to people who have the Practice know might be likely to be interested and want to participate seemed the best idea for the moment. Gaynor said that she was involved in a new PPG forum at Northwest London level, and it seemed to be a universal difficulty for practices getting membership of a core group increased.

11 Timing of meetings

this discussion was held over to the next meeting, although all were very keen that we should be able to accommodate Ian, who has commitments during the day. Diane and Valerie explained that evenings were difficult for them. We agreed to discuss it again.

12 PCN texts re research projects

Gaynor had distributed to the core group the correspondence she had had with Mr Moore of the Primary Care Network. She said that she had been following up on the SMS text messages for the research project, to which she had been alerted. Diane and Valerie confirmed that they only heard about this after Gaynor had raised a query with them, and they had raised it with Mr Moore at the Primary Care network.

Next meeting date: July 27 1pm

**** see item 2**

Staffing - GPs, Nurses and Allied Professionals

Role	Names	Comments
GPs	Dr Omodu Dr Akumabor Long term locums: Dr Obiyano Dr Vallipurathan	No changes

Nurses	Long term locums: Susan Georgia	No changes
HCA	Bhavana	
Phlebotomist	Hetal Fatma	No changes
Advanced Nurse Practitioner	Nwamaka	Sees all minor ailments.
Clinical Pharmacists (CP) CPs can consult patients in person and on the phone.	Thua and Ahmed Syed	Tues and Wed and Thurs remotely Syed – Tuesday They are able to do: health checks including Hypertension reviews, they can change medications and can complete complex medication reviews.
Dietician	Amelia	Monday and Wednesday The dietician can support in making healthy decision relating to weight loss and gain.
Social Prescribers	Zohra Emma	Tuesday and Thursday Emma – Wednesday They are here to support patients with non-medical issues e.g. claiming funding, transport and other social needs.
First Contact Physio	Narayani	Tuesday Initial appointments to give advice and can refer to Physiotherapy services.
GP Assistant		Recruiting FT position New role coming to Primary Care. The person will come from a basic healthcare background.