Patient Participation Group Meeting – University Medical Group

Thursday 28th June 2023 – 6-7pm

Agenda

- **Update on business plan –** Dr Johnston
- **The role of the Physician Associates in the practice –** Dr Johnston
- **New phone system –** Fiona Mullin
- **Access plan –** Fiona Mullin
- **The practice DNA process –** Fiona Mullin
- **Q&A session with Dr Johnston –** questions from the PPG

Chair: Dr Johnston Johnston, Senior GP Partner

Minutes: Fiona Mullin, Office Manager

The meeting was attended by members of the PPG in person and virtually via MS Teams.

1. Update on business plan

Dr Johnston shared a power point presentation to the PPG members. The practice's business plan objections remain the same, namely:

- Provide high quality patient care
- Financial stability
- Stable, high calibre workforce
- Centre of learning

There are various sources where we are able to collect information and feedback from patients on the quality of care that they are receiving. These include Friends and Family Feedback surveys, Google and Facebook reviews, NHS Choices, emails and ad hoc feedback given by patients in writing, by email or verbally. The practice also holds regular complaints meetings where patient complaints are discussed amongst the teams for learning and development opportunities and to see whether any processes need to be changed. EJ is lead for the clinical complaints and FM is lead for non-clinical complaints for the practice. For such a large practice, we have a relatively low number of complaints. We are constantly reviewing patient care through learning events and clinical reviews and we look after a care home which receives a weekly ward round from the practice.

On financial stability, EJ asked the room some questions are how much they think the practice is paid for certain things. The answers were a surprise to some of the members. Each year, the practice gets paid £100 for each patient however this is weighted, more money is made available for older patients. Our current list size is around 31000 but the weighted patient numbers for payment is around 24000 due to the age of our patient population and we have a lot of students. £1.25 is paid per blood test. Zero is paid for an ECG and zero is paid for dressings. The £100 paid per year is for unlimited clinical need. Patients visiting A&E cost the NHS £100 per visit. People who use A&E frequently cost the NHS

a lot of money. Primary care is very good value for the NHS. QOF (Quality Outcomes Framework) is the measure of how practices are doing against targets set and are paid accordingly. The targets change each year depending on current priorities and importance. For example, more incentives are paid for patients with chronic diseases to ensure they are getting all the care they need. Question from PPG – can patients just ask for a test and be given it? EJ – Yes usually as there is normally a clinical reason for the blood test. Question – what about the flu vaccination? EJ – We make £5 for flu vaccinations. Ultimately, we want patients to be covered and the financial incentives are to encourage primary care to achieve the targets.

EJ asked what the biggest outgoing for the practice each month was. Correctly, the answer was salaries which are £145k per month. The most expensive item in a consulting room is usually the clinical couch which costs around £3000. EJ asked what costs would we wish to reduce? Some answers were cost of missed appointments and energy costs. EJ informed that the main cost we would wish to reduce is locum costs and having a stable, high calibre workforce is an important cog in this wheel. EJ shared a slide which detailed the breakdown of the clinical staff employed at the practice. These were 6 pharmacists, 1 pharmacy technician, 4 paramedics, 3 Physician Associates, 1 care-co-ordinator, 4 clinical coders, 16 GPs, 1 GP trainee, 4 nurses, 3 Health Care Assistants, 1 diabetes nurse, 1 First Contact Physio and 1 mental health advisor. A question was asked about what does the pharmacy technician do? EJ – some of their tasks include sending out blood pressure monitors to patients, dealing with queries, communicating with pharmacies.

Q At what point does the practice pay for prescriptions?
A Once the pharmacist draws it up – the ICB (Integrated Care Board) has a budget for this
Q What does the care co-ordinator do?
A Among other things, organising housebound covid vaccinations, housebound visits, administration and book contraceptive clinics, flu clinics, help with organisation of childhood immunisations.

First Contact Physio – this is a specialist physiotherapist meant to take the place of a GP appointment. They do an assessment and give a diagnosis but they do not provide the treatment. They advise of next steps eg whether patient needs to be referred on to a physiotherapist for treatment.

Clinical coders – They deal with the correspondence that comes into the practice. They all have a clinical background including an ex-GP and ex-nurse. They read all the letters and see whether it only requires filing to a patient's notes or whether there is action needed and forward on accordingly. The aim is to reduce the amount of admin that the GPs do so they can spend more time on clinical care of the patients.

Mental Health Advisor – This is a shared post with Berkshire Mental Health Team. Mental health letters get sent to her for review.

An ideal scenario would be to train up one of the pharmacists to manage minor illness.

Q – what about health visitors – EJ the health visits have never been under the GP practices.

One of the PPG pointed out that the staff slide only included clinical staff. FM was able to inform the group that there were approximately 20 further non-clinical staff. A member commented that they assumed that a lot of these roles were part time. FM advised that the majority of these roles are full

time. Update following the meeting of non-clinical staffing numbers – 1 Practice Manager, 1 HR Manager, 1 Office Manager, 2 Reception Managers, 3 secretaries, 4 administrators and 13 receptionists.

As a Centre of Learning, the practice will continue to train staff to the top of their licence. A Physician Associate is training in minor operations, the paramedics who haven't already are obtaining their prescribing qualifications, the pharmacy team are managing chronic disease areas, a Health Care Assistant is training to be a Nurse Associate

1. Role of the Physician Associates in the practice

EJ talked about ARRS (Additional Role Reimbursement Scheme) which many of the non- GP roles come under. Funding is available to practices to claim back against these roles. We have claimed everything that we can under this scheme for the practice. The Physician Associates come under this scheme. Their role is to back up the practices so GPs can see more complex patients. The Physician Associates get the letters for GPs that are on leave or off sick that would previously have been sent to other GPs. The Physician Associates can see most patients that may previously have asked to book with a GP. They are unable to do medication reviews or prescriptions however, they have a supervising GP each day who can do any prescriptions for their patients.

2. New phone system

FM talked to the PPG about the new phone system which is part of the NHS Access Plan, some of whom have used it and given feedback. All practices have been targeted to move to a Cloud Based Telephone (CBT) system by 2024. We have done this at the end of March and are very pleased with the performance and functionality of the new system so far. The old system only allowed 25 people in the queue, the practice was unable to tell how many other patients were trying to get through and how long for. It was quite a basic system and could be unreliable at times, sound quality could be patchy and the software would sometimes go down. They new system allows an unlimited number of people in the queue, could be 100+ on a busy Monday morning between 8 and 9 so should not have to redial. Once queue hits 40, patients are able to request a call back to save hanging on and they keep their place in the queue. The sound quality is far better, the reception team have access to a wallboard on their PCs to immediately see how many people are in the queue and how long for so additional staff can log in if queues jump up outside of peak times, all calls are recorded. The old system had a limit to the number of staff who could answer, the new system doesn't so ALL reception and admin staff starting work at 8am dial in to answer the phones in the mornings. This includes the Practice Manager and Reception Manager and typically there are between 8 and 12 staff answering the phones in the morning. There is a patient survey and currently 86% of patients have said they find it easy to call us and speak with a receptionist. We would like that figure to be higher. We are aware that with an unlimited queue, the waiting time or call back time can be longer and are working very hard to bring the queue times down. Ideally, we would like them to be under 10 minutes. We have implemented options so that non-urgent calls either are required to email in a request or call after 10am to ensure that the staff are dealing with the on the day requests for appointments first thing in the morning.

Feedback from the PPG – they have called at different times of the day and still been queueing for 7 minutes and had to hang up. Also that they have received the engaged tone. FM informed the PPG

that the practice is aware that there will be a second busy period at 10am and has adjusted staffing accordingly. We had also had feedback already from patients saying they were getting the engaged tone after 8am. This has already been fed back to the supplier – FM requested that if any members of the PPG or patients experience any issues with either of these 2 points, please can they contact her directly so we can monitor this and address anything. This is still a work in progress and any feedback on this will be greatly appreciated.

3. Access Plan

Access Plan - EJ informed that the on the day 'duty team' had been changed to be called the 'Urgent Care Team'. There is a GP from 8am-6.30pm, a home visiting paramedic from 10am-6.30pm, 2 minor illness paramedics from 9am-5.30pm, a duty pharmacist from 9.30am-5pm and NHS 111 are able to book patients in directly.

The question was asked about the Urgent Care Centre town in the Broad Street Mall. We are still able to book patients into this for minor illnesses although we have been told that this is not going to be in place permanently. The clinicians at the centre are able to write directly into the patient notes on our clinical system with their consultation notes.

GP appointments are no longer available to book online. This is to ensure that they are used for the patients who need them the most. Physician Associate and minor illness appointments are made available each day online.

We ran out of time to discuss the Access Plan in much detail at the meeting . The Access Plan is evolving but includes signposting patients to the correct clinician or service for their issue, our GP appointments are no longer available to be booked online so they can be kept safe for patients who need them the most, the phone system is part of the access plan and all practices have been targeted to move to a cloud based telephony system, online services – only 74% of our patients are registered for online services, about 5000 not registered. Blood tests can be booked up to 6 weeks in advance, smear tests, pharmacy reviews, minor illness, prescription requests. The Community Pharmacy Consultation Service, training sessions have been run for all staff, all newly registered patients are given a leaflet on the service and we will run a campaign later in the year for peak winter illness season. We have recently recruited more reception staff to ensure maximum numbers answering the calls.

4. The Practice DNA Process

Again, we ran out of time to discuss in detail but it is also part of the access plan to make sure we have maximum appointments available. FM briefly explained the purpose of the DNA policy. 'Every appointment counts' is our mantra and an average of 70 appointments are wasted each week due to patients not arriving or arriving too late. This cannot continue. The practice completely recognises that sometimes it is unavoidable and patients are not always able to let us know however the majority are avoidable. The policy is to educate patients on how they can cancel and the importance of attending for appointments. It is not intended to cause offence to patients who never usually miss appointments, however with 70 a week, we need to follow a process. The letters that get sent out invite patients to contact us if the information is not correct. The management team now listen to every telephone call relating to an appointment that is DNAd to ensure that the member of staff has made it clear where and when the appointment is and to avoid sending out DNAs to patients when it

is not their fault. When a patient hits the trigger of 2 DNAs in a 12 month period, they receive a telephone call from one of the management team to establish if there are any extenuating circumstances, do they need help with anything or whether it is an avoidable DNA. At that conversation, if there are no good reasons, patients are advised again of all the ways they can cancel appointment, registered for Patient Access if appropriate and if they do not have it to help make it easier. They are informed during that conversation that if a further DNA occurs with no good reason, they could be deducted from the practice list. The practice does not take this lightly which is why we have implemented the call and an extra chance on the third incidence. We do not want patients to be deducted however, 'every appointment counts' and this is one way that we can help by reducing wasted appointments. Patients who have valid reasons will not be deducted.

5. Q&A Session

Q: PPG member did not know that GP appointments were no longer bookable online. Where is this information being communicated and why isn't it being sent to all patients?

A: There is a message on Patient Access to say that GP appointments must be booked by phone and it is stated in 2 places on our website. However, this is a relatively recent change and we recognise that not everyone is either going to look at the website or will necessarily navigate to the right place to see this information. We will take this away to think how we can communicate this information to patients. Suggestions were a newsletter or a text message to all patients.

Q: With things being fragmented and different roles doing some of the tasks that the GPs historically would have done, what sort of picture does the GP have of the patient?

A: There is a challenge between access and continuity and we can't do both really well. The practice has prioritised access and therefore continuity of care is going to be affected. A full time GP will have around 135 appointments per week and each appointment is 10 minutes. We are recruiting another GP in September who will work 3 days a week.

Q: Question about family allergies, patient asked if child could be referred to an allergy clinic but was refused, how does one get round that?

A: No specific paediatric NHS allergy clinic in Reading. Could ask to be referred to paediatrics in the first instance.

Q: Are there any volunteering opportunities at the practice – PPG member's employer gives 5 days for voluntary work?

A: Not currently, we did use a lot of volunteers during the Covid Clinics who were invaluable. Thank you for the offer and we will bear this in mind for any future opportunities that may arise.

Q: 8am process for booking appointments – if a 16 year old wants to book an appointment but is in school (patient at another practice) at 8am, how are they supposed to get an appointment.?

A: Cannot comment for other practices but appointment could be booked by someone else on their behalf or they can book with a Physician Associate online from 7.45am.

EJ thanked everyone for attending the meeting and for their feedback and ideas. If anyone has anything they would like to bring to our attention, please email or phone Fiona, direct contact details are on emails that are sent out to the PPG.

Action for the practice: How can we communicate changes to patients other than using the website and Facebook.