Dawley Medical Practice

Patient Forum

**Minutes PF Meeting 26 September 2023**

**Attendees:** PatrickSpreadbury (PJS) Chair, Lynn Pickavance (LP) Vice-Chair, Neil Clarke, Diana Clarke, Brian Churm, Maggie Hunt, Denise Hallett(DH) Practice Manager, Jayne Stones (JS) Practice Admin, Sue Hodgkins (SH) Practice Admin

**Apologies:** Simon Meadows, David Hunt

**Minutes and Actions of Meeting June 2023**

The minutes of the meeting 3 June 2023 were accepted as true record of the meeting.

**Action completed**: PJS wrote to Cllr. Shaun Davies 23 June 2023. Confusing reply received from Cllr Davies 31 July 2023 in which he failed to address the concerns raised by the PF regarding his statements on FB on the ownership of the car park and the Practice’s refusal to finance the resurfacing of the car park leased to the Practice by Assura. The letter to Cllr.Davies of the 23 June 2023 was also shared with other local councillors who had been involved in publicity on social media channels about the refurbishment of the car park – Cllrs. Preece, Burford and E. Davies. No reply was received.

In a separate e-mail from PJS Cllr.Davies was formally invited to attend the September PF meeting to address the Practice’s and PF’s concerns face to face. Cllr. Davies’ PA replied to say he had other commitments and would not be able to attend. To date Cllr.Davies has not been able/willing to commit to any offer of / invitation to a face to face meeting with the PM, Chair and Vice Chair of the PF.

**Practice Update**

DH presented an update on developments at the Practice since the June meeting:-

**Staffing**:

Dr Hannah Bufton is still off sick following her cancer diagnosis, however, she has now started her treatment, and all is going well. Dr Lovett is due to return from maternity leave at the start of December. Dr Oluchi and Dr Davies continue to cover these absences and as a result the Practice rarely have to use an ad hoc locum.

The Practice has bolstered its numbers of non-clinical staff and replaced three receptionists who have all retired, or are about to retire.

Sue Walsh has joined the Practice as a PCN pharmacy technician. The PCN pharmacists are finishing their training and are about to start prescribing courses to become independent prescribers.

Steph Baylis is joining the Practice as an urgent care paramedic in October. She has over 24 years’ service in the ambulance service, so will be bringing lots of experience to the Practice urgent care team.

**Capacity & Access / GPIP/ urgent care hub:-**

The Practice continues to work on the 26 week programme with NHSE. The Practice is currently looking at capacity and access and digital solutions for our patients.

DH reported she had looked at data over a similar week in March to July when the Practice offered an average of 274 appts on the Mondays of which an average of 249 appts were used. The first 2 Mondays after the opening of the urgent care hub the Practice offered 373 and 407 appointments of which 292 and 336 appts were used, respectively. An increase of over 100 appointments being offered on a Monday and 200 more appointments across the week. It is now rare for the Practice to have no appts to offer at the end of each day now, whereas before the urgent care hub began together with other improvements there might not have been any free appointments to offer in the afternoons.

The urgent care hub was introduced for several reasons –

* to provide more acute appointments,
* to distribute the clinical workload and give GPs more capacity to do their clinical admin and see routine appts, more fairly
* to make better use of the Practice rooms (4 staff in 2 rooms instead of 4),
* better supervision of the non-GP clinicians (always an urgent care hub GP in attendance to supervise)
* and better access to a GP for the Practice team.

The Practice still has 2 to 4 GPs in attendance in the Practice every day, one of whom works with 1 to 3 other clinicians (paramedics, pharmacists and advanced practitioners who are all trained to manage acute care) in the UCH.

PJS stated that in discussions with the Assistant Director of Primary Care there had been limited take-up of the GPIP programme by other practices across S,T&W ICB / NHS. Time commitment enabling staff to attend sessions was a problem for many practices.

**Facebook:-**

Preparations are still ongoing and the Practice is working with NHSE to introduce an information only Facebook page for the Practice. It is hoped that this will be done by the end of the year.

**Update from DH**: The Practice is now looking at launching the Practice Facebook page in the new year and having a digital website, Facebook, new waiting room screen information, patient newsletter and notice boards all linked together over a 12month plan

**Practice website:-**

The current practice website scored very low on the recent NHS GP patient survey. The Practice is looking at this as part of the NHSE work and will be moving to a digital website, again, it is hoped, before the end of the year. It will be a new provider and the Practice will need to rebuild the website to include new features such as patient registration online, easier online consult booking, easier navigation around the site. Before the launch the Practice will be looking for PF volunteers to test out the new system and provide feedback and ideas. The Practice has a list of the 7 most searched items on a Practice website and the points NHSE want included. The Practice is also keen to know what its patients want to see on the website.

**Telephone system:** –

The Practice is working with the NHS procurement team and has given them its preferred supplier to negotiate with. It will be a cloud-based system with additional functionality for patients such as

* virtual call queue,
* priority queueing for palliative and special care patients,
* and most importantly, no more line capacity issues.
* It also comes with efficiency savings for the Practice team and integrates with the booking systems.

The phone supplier is quoting 10-14 week changeover.

MH wanted to clarify for patients who had approached her about the length of time it took to answer telephone calls and wondered how many staff were engaged in answering calls. DH explained that although not directly visible to patients waiting in the lobby or on the phone, there were a number of members of staff answering the phone in the back office. DH reiterated again that the current problem is linked to the capacity for inbound and outbound calls provided in the package from the present provider.

**Winter resilience plans:** –

Every year practices are offered additional funding to help with the cost of providing extra capacity over the winter period (Oct to March). The acute care increases hugely and practices have to work to keep patients from inappropriately presenting in A&E.

This year the practice

* has set up the urgent care hub (ahead of the period, so it is fully operational before winter pressure starts) providing over 200 extra appointments a week,
* pharmacists are regularly visiting our care homes – to make sure hospital discharges are handled correctly and timely to prevent readmissions and patients get the post discharge care they need.
* has recruited a 3 day a week paramedic who will provide an additional 96 appts each week.

DH hoped the Practice might be able to offer more group (advice) clinics for certain health conditions e.g. COPD , Asthma etc.

DH asked members for their ideas or thoughts on what other services might help Dawley patients and the local community.

**Update from DH**:– The ICB has now confirmed that there will be no additional Winter pressures funding for Practices this year. The Practice will therefore be expected to fund any improvements, changes, and additional staffing from its own existing funds.

**Buildings & Site Maintenance:-**

SM (e-mail received) - Raised a concern about the security of the plate glass security door into the main reception area.

The door is operated by reception staff, which SM thought could easily be tampered with to gain unwarranted access to reception. DH informed members that she had previously addressed this issue and had informed SM of the added security features of the security door. The door is fitted with a number of other hidden locking devices

which can only be activated from the main desk. Since the door had been fitted, there had been no unwarranted access to Reception despite the very rare attempts by aggrieved patients to gain access by force.

DH reported to members that a patient volunteer who had previously been willing to keep the staff car park area gardens / lawns tidy and roadside hedge trimmed would no longer be able continue. More recently another patient had kindly come and cut the hedge back so that wheelchair patients using the pavement were not injured by overhanging thorny branches.

DH informed the meeting that the landlords (both Matrix and currently Assura) were according to the terms of the lease contractually responsible for the other ground maintenance around the car park area. They had previously received payment from the Practice but had not carried out any such maintenance. The Practice has now withheld payments linked to this work. PS suggested that the practice contact the Clerk at Great Dawley council to see if Community Action Team might be able to help tidy up the verges around the car park. The town Council has now taken over the car park area on a 2 year peppercorn lease agreement with the landlord Assura.

Action: PJS to contact Clerk to Dawley Town Council to enquire if services of the Community Action Team could used to carry out some ground maintenance.

**PPG Data Privacy Notice:-**

Prior to the meeting PF members had received a copy of a suggested Data Privacy Notice for PPGs. The Practice Data Controller recommended the PF use this document. The general consensus was that the document was far too detailed and wordy. The group decided to look at the basic requirements of data privacy policy by addressing the following points:

* What the PF is
* What data is collected
* What the data is used for
* Where the data is stored
* Who has access to the data
* How a member can opt out

Action: DH/PJS/LP to draft an easy read shortened Data Privacy Notice to be shared with members for comment

**Appointments in General Practice:-**

The latest set of data for July 2023 had been shared with the group prior to the meeting. Members discussed the data and expressed some concern that Dawley’s F2F (Face to Face) figures still appeared to be much lower than many of the other Telford & Wrekin practices.

DH reiterated that the recent commissioning of the UCH in July 2023 and the increase in the number of appointments now available should have a positive impact on F2F appointments going forward.

PJS/LP raised the issue of the apparent discrepancy between practices in the number or lack of online appointments. If all practices should be an online service and all using the same data input criteria then why was there differing figures. PJS/LP informed the group that they had raised this issue with the Assistant Director Primary Care ICB/NHS ST&W (Emma Pyrah) and one of the Practice Support officers (Alec Gandy) to see if they had any further information. AG had been tasked with looking into ‘online appointments ’across the ICB footprint.

BC stated that he thought it would be more useful to only receive the appointment data for Dawley rather than the complete list of T&W practices. Trends at Dawley MP should be the main focus of the group.

It was agreed that we will continue to send out all figures but include a separate sheet to just show Dawley performance.

**Dr Andrew Harwood joined the group**

**Urgent Care Hub (UCH):-**

Dr Harwood invited members to go and visit the new recently commissioned UCH. This is located in one of the rooms on the first floor previously used by the Community Nursing Team. The UCH team is made up of a GP together with a mix of paramedics and Advance /Urgent Care Practitioners. They provide both F2F and telephone appointments. Dr Harwood explained the benefits of the UCH for staff and patients (see item in Practice Update).

**In-house patient survey:-**

A copy of the Patient Survey and summary of the results of the survey had been shared with members. PJS / LP had assisted with carrying out the surveys between 8.30 – 11.30am on 4 morning sessions (Monday, 2 x Tuesday, Thursday) in August and September 2023.The aim of the survey was to gain patient opinion on accessing the Practice. The data provided would form part of the GPIP project on Capacity and Access There will be a follow-up run of the survey in November / December 2023 to monitor any improvements in access.

In addition to the survey PJS / LP had found the conversations with patients very useful in addressing a number of other patient issues / concerns.

They were able to

* dispel a degree of misunderstanding about online access,
* explain the problems around the telephone lines
* talk about the 8.00am telephone stampede for appointments
* advise that there is often availability of appointments in the afternoons later in the week,
* inform patients about asking for a F2F appointment etc.

What was very pleasing was that in most cases patients were very happy with the service, care and treatment they received once they had got over the telephone hurdle.

**Reception/Waiting Room observations:-**

While conducting the surveys PJS/LP had the chance to make some observations about activity / conditions in the waiting room and listen to patients’ comments. These had been raised with DH who had already taken steps to remedy some of the issues raised as below:

* Reception staff keep patients informed if there are any long delays in clinicians keeping to appointment times (more than 20 mins)
* Reception staff to avoid unnecessary queue building up in lobby and at main desk
* Sturdy chair for the Blood Pressure (BP) machine
* Jayex screen to be kept up to date and sound regulated with radio.
* Provision of newly designed BP slips to be regularly checked. Better position than just left on the table.
* Print out roll on weight machine to be regularly checked
* Staff to always give name when answering the phone
* Initial phone message is now out of date – needs updating

**Super Saturday Flu-Covid Clinic Saturday 7 October 2023:-**

DH gave members details of the flu/covid vaccination clinic arrangements for Saturday 7 October. There would be a number of clinical rooms being used some doing both covid and flu vaccinations and flu only. Patients eligible for flu and / or covid vaccinations had been notified and had been able to book a time slot.

It was planned to have a homemade cake stall at the event to raise extra funds for improvements to the waiting rooms. Patients would be invited to enjoy the cakes on offer for a donation of their choice. The event in 2022 raised just over £100 and had been used to purchase some better more patient friendly chairs for the downstairs waiting room.

Any offers of homemade cakes etc would be very welcome. PJS/LP agreed to man the cake stall. If any other PF members were happy to offer to help with marshalling that would be much appreciated.

**Update:** DH reported that the cake-stall donations this year raised in excess of £250

**Shingle Vaccinations:-**

DH informed the group that the eligibility criteria for having a shingles vaccination had changed as from 1 September 2023. Any patient who had become 65 after the 1 September 2023 was now eligible to receive the new shingles vaccine in accordance with a Year of Birth calendar provided by NHSE/JCVI. The new vaccine consists of an initial vaccine injection followed by another one between 6 to 12 months later.

Patients who turned 65 before September would not be eligible until they were 70.

PJS/LP pointed out that the radio and TV announcements about eligibility for the shingles vaccine at 65 do not make it clear that there are further conditions.

**Practice Patient Handbook:-**

The latest version of the Practice Patients’ Handbook including the Health Literacy amendments, which LP had kindly inserted, was shared with the group for comment. LP suggested a few further minor amendments to the document and members were also asked to let SH have any other suggestions for inclusion by the mid-October. The final version will be issued to new patients and will be available on the Practice website and on the Practice FB page once the page is live. It was agreed that there should also be a shorter ‘easy read ‘version available for patients in reception. The group thanked SH and LP for their valuable input into the production of the handbook.

**Patient Forum Recruitment:-**

PJS/ LP shared with members the initiative by the ICB to try and revive / encourage interest in PPGs at every practice. To assist with this the ICB had produced a pack sent to every PM to be shared with PPG members/patients. The pack outlined the roles, responsibilities and organisation of a PPG. Sadly PJS/LP had been informed that in some cases the information packs had not been shared with existing members or interested patients. Part of the pack was a 2 sided A4 patient information leaflet. PJS/LP had suggested to the ICB that a one page tri-fold leaflet for patients would be useful. To this end with some new ideas and some of the ICB wording they had produced a version for Dawley MP PF. The final version of the leaflet will be shared with the group once photos of the PF and the Practice building had been inserted. The draft version was accepted by the group. It was agreed that copies would be available for handing out to any interested patients at the flu/covid clinic on 7 October. A supply will be displayed on the PF notice board in the waiting room. DH suggested that a copy should be given to all new patients.

**AOB:-**

There being no AOB items the meeting closed at 07.15pm.

Date and time of next meeting in December to be notified to members once finalised