**PPG Minutes 26th March 2024**

**1: Welcome and introductions**

Attendees: Ian Goodwin, Victoria Smith, Geraldine Burlington, Muna Johnstone, William Richards, O Peter Marvellous, Ademola Abu, Beryl Fletcher, Tricia Harrison, Prince Matthew (patients)

Helen Hatfield & Kate Porter, Maria Veronica Waren (practice staff)

Apologies: J Smith, P Dewberry, H Goodwin, P Jaganath, L Denham, S Hackett, H Wilson

Helen introduced the staff present at the meeting.

**2: Ground rules – Constitution:**

Explanation given that the PPG is to work through issues and not for complaints, but for constructive feedback. Copy of constitution given to new members.

**3: Health Care Assistant – Maria Veronica Warren talk/answer questions:**

Maria Veronica told us about her role within the GP surgery. She is the only HCA at Northumberland Heath Medical Centre. Her role is a great resource for the GPs. Her role will involve taking observations, Health Checks, taking BP, Diabetes prevention. The role is about prevention not cure, this can then filter work from the GPs and as a team they all work together.

To book a HCA appointment this can be done via the reception team or can be booked online.

**4: NHMC Brief update:**

**New Staff –** We have a new male receptionist and new Data administrator who have both joined the team recently.

A question was raised as to how diverse the reception team is? Helen explained that when an applicant applies for any job here via the NHS Jobs website the application is then sent to the management team who only sees job information applied for, no personal information is given. All job applications are only viewed on skill/knowledge applicable for the role they are applying for. It is only after an applicant has been called for an interview that personal information is given to the management team.

Overall as a practice we have a diverse team. It was asked if maybe we can do another survey at some point to ask patients including a question about the diversity of the practice. This is possibly something the PPG could put together for the practice to hand out in the waiting area.

Also to note we have a team of 3 clinical pharmacists, there appointments are either pre bookable or on the day. Reception can triage on the day to see if pharmacists or GPs can deal with the request.

Update regarding our two GP registrars who Dr Bennett-Britton has been working alongside with mentoring. Dr Gogate is due to finish her training at the end of this year and Dr Miah is due to move on to the next part of her training in the summer.

**Appointments –** The ICB,(Integrated Care Board) who oversees GP data for the Bexley area, has suggested that we are offering too many on the day appointments. We currently have half pre bookable and half on the day appointments for all our GPs. Plus we always have one duty Doctor working each day who deals with the on the day emergency appointments (these are never pre bookable) and these are requested by calling the practice at 8am on the day. They would like us to be more planned, and by opening up more pre bookable appointments, therefore having less on the day appointments.

There is also the option of now being able to get antibiotics from a chemist through the Pharmacy First scheme.

After a discussion, the feedback from the group was that they did only call up or come to the practice at 8am to get an urgent on the day appointment. We will trial to slowly release more pre bookable appointments.

It was also commented on that the phone service has much improved recently, even before the new system.

**Telephone System -** The new telephone system has now been delivered as of 21/03/24. This telephone system had to be installed by the end of the month, this was requested by NHS England and funded through government funding, as all practices should now have a cloud telephony system to create a modern general practice.

* Call flows can now go to different departments.
* You are now notified of your position in the call queue line.
* The phone now has a call back option if you are more than 7 in the queue. The team will attempt to call you back 3 times, if no answer then you will need to call again.
* The practice manager can now view all incoming calls, and so far this week no patients has waited more than 10 minutes for a call to be answered.
* We had around 500 calls on Monday 25/3, Missed calls are what we need to watch as a practice. We had a high amount of abandon calls, unsure why as these are calls that haven’t even made a choice or into any queue.

**AccuRx Triage –** Ask First has now been removed. AccuRx Patient Triage has now replaced this. It is similar to what E-consult used to be. You can find access to this on our home website page or the NHS App. You complete the online form and the reception team will receive this and Triage. All of the reception team have been on a care navigation course. This service went live on the 5/3/24. Appointments can be booked 3-4 weeks in advance.

Helen asked if the PPG can think of other ways to advertise the new AccurRx Patient Triage. It’s on our website and Facebook page. We could make up some signage in the waiting area or reception? Also suggested if a survey could go out in the waiting area.

**5: Prescription Request and Medication Review update**

It was asked at the last PPG how many prescription request we get and how. We get a high amount each day and via different sources.

We receive them via email, phone and paper requests.

The reception team and 2 care coordinators deal with these requests daily, there is now an option on the telephone to speak to one of the care coordinators who deal directly with the prescriptions.

On a daily average we would get about 20/30 paper requests, reception will receive around 70/100 requests via email, plus another 30 via the telephone. The care coordinators will receive up to 50/60 email requests each. Plus they will also deal directly with the local pharmacies who send over requests and the care homes who send over daily requests.

We aim to deal with all requests within the working day, but some prescription request may need a GP or pharmacy appointment and therefore cannot be sent straight to the chemist. Each patient needing such appointment will be messaged.

If a patient is due a medication review we have 3 clinical pharmacist that can do these, you may be text or sent a letter as a reminder, it can also be found on the bottom of you prescription slip. We are reviewing the process of how to contact patients who a due medication reviews on average there is over 300 patients a month who are due medication reviews.

**6: Any Other Business**

We discussed appointment data. Over 4 weeks we had 5675 appointments, 235 Did not Attend (DNA) of those appointments 3068 were face to face appointments and 2764 were telephone calls. We do also have the HUB to offer evening and weekend appointments, the HUB is based at our practice but shared by 7 other practices, which only allow us to have 2/3 appointments at each session.

Once a patient has attended an appointment they are sent a how did we do survey. We pay for a report which tells us that for last month 459 patients where surveyed at random via text and we had 146 replies. Mostly the feedback was good. If anyone did want to make a complaint it is better to do this is writing to the practice manager so it can be dealt with appropriately. This feedback and results are shown to all of the team at the GP surgery.

Blood Pressure – Did you know you can take your own blood pressure at home if you have a machine and send results into the GP surgery to be added to your record. You can take your own BP in the GP surgery waiting area and it prints of a reception which you can had in reception, or you can go to any local pharmacy who can take your BP reading and they will pass on the information to us.

Phlebotomy service based at the practice will stop at the end of March, which means we no longer have a phlebotomist coming into our surgery to take blood tests. Blood tests can still be booked for Erith Hospital, QMH and QEH. We did trial last month a diabetic walk in blood test clinic with our own nurses taking bloods, this will be reviewed to if it was successful and manageable to repeat.

Helen also mentioned that we have raised the subject before, but now that the PPG is quite established after reforming again after COVID, we do need to have a Patient Chair person. The PPG is meant to be run by the patients, so that discussions can be had before the meetings. It was suggested that possibly a WhatsApp group could be set up for the PPG members or to meet for a tea group. To be discussed more at next meeting.

**7: Date of next meeting & time**

Next meeting will be around June/July 2024. Date TBC, possibly an evening meeting to allow more access to new patients wanting to attend outside of working hours.