



Eve Hill Medical Practice

Patient Participation Group Meeting Minutes

Meeting held on 16/05/2023 7pm at Eve Hill Medical Practice

Present: Dr V Smart (VMS), Kelly Houseman (KH) Practice Manager, Kim Skidmore (KS) Minute taker, Grace Williams (GW), Paige Humphries (PH), See attendance list

Welcome and Introduction

KH started by thanking the PPG members for attending this evening meeting. KH introduced herself and the team to the group.

Patient Survey

KH informed the PPG members that since 24th March 2023, the practice has been sending out a survey link via Microsoft forms. We received a total of 199 responses. We require feedback from patients to enable us to make improvements to develop the service we provide.

KH presented the data we have received from our patient survey.

Appointments: length of time you had to wait for an appointment.

KH advised the group that they can ask any questions as we go through the data.

90% of patients said the convenience of the date and time of their appointment was good or very good.

A member of the group asked if this was the patients choice of appointments. KH advised that the results will be a mixture of nurse appointments, appointments booked in advanced and same day appointment etc.

82% of patients said the length of time waiting to see the doctor or nurse was good or very good.

Preferred GP

KH presented the data 47 responses 'No experience', 89 responses for 'very good', 34 responses for 'good', and 29 responses for 'poor'. KH explained that the surgery has 4 GP Partners who have been at the surgery for many years. They are now part time and have a large patient following.



A member of the group commented that they found our Registrars to be very good. KH acknowledged this and thanked the PPG member for their comment. KH clarified that the data is for Preferred GP and not GP experience.

Another member of the PPG raised that it's important to remember that you may not be able to see the GP of your choice but you can see a doctor compared to some GPs in the Dudley borough. KH stated that as our list size grows we invest in our clinical workforce to help with the demand of appointments.

A PPG member stated that they used Patient Access in the past to book appointment but cannot access this now. KH informed the group that this changed when COVID-19 started, access was suspended and has not been restarted, as all clinical requests follow a pathway to ensure that patients are booked in with the most appropriate professional, length of time and model of delivery (i.e. telephone, face to face or video), which unfortunately this technology has not been updated to enable this. We now have a new way of contacting us via our website 'Footfall'. This is monitored daily by a member of staff who has been trained to deal with patient queries. This is a different way of accessing us but have found this to be very useful.

A member of the PPG highlighted to us that maybe we could change our pre recorded message on our telephones to make it clearer to patients that they can use our website to request non urgent appointments with the GP as currently it implies that they can still do this via patient access. KH advised the group that we are having a new telephone system and we will be having a new message. We will be having a screen put in our reception area to show real time data which will show how many patients are in the call queue etc. Data shows us if we have the right level of staff required to manage demand.

PPG member asked how many lines we have into the practice. KH advised that we have a capacity of 25 lines into the practice.

Prescription Requests

121 patients out of 199 have requested a prescription from the surgery. 90% of patients who have requested a prescription from us said it was ready within 24 hours. 85% of patients who have requested a prescription from us said we handle prescription queries good or very good.



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A PPG member informed the group that they used to use patient access to request repeat prescriptions but only issue they found was if they wanted to request anything else in addition or request a change to the current medications they would write this in the 'notes' section but found that this would not be actioned on most occasions. VMS responded to advise that its difficult to see the additional requests our end when signing the prescriptions as firstly its very small and easily missed and once the request has come through to us it doesn't allow the GP to edit the request to add this item, it would involve rejecting the request to them amending which can be difficult due to large volume of prescription requests. KH also added that if the change to the medication is likely to be a regular change then patients can contact the practice to ask for this to be permanently changed on their record to avoid any missed requests.

VMS suggested that the practice needs to look into how the surgery can affectively deal with any additional requests/amendments to prescriptions when being submitted via patient access. The surgery will feedback in future meeting.

A PPG member asked "What if patients aren't computer literate, do you still accept request in the box or via pharmacy?" KH advised that we do still receive paper requests from patients/pharmacies. Some pharmacies are stopping the automatic ordering facility so you need to contact the pharmacy to request your prescription. The options are via patient access, website or in writing.

Another PPG member mentioned that they waited over 1 week for a prescription to be signed. KH advised that should would need to look into this specifically as our system is set up for this not to be the case. Our GPs are allocated prescriptions at 12pm everyday and will not leave before all prescriptions allocated to them have been signed. We are aware that there have been issues with local pharmacies advising patients that their prescription hasn't been sent to them when in fact the GP has sent this but the pharmacy haven't pulled this off their system. We are currently liaising with the local pharmacy manager to try and resolve this issue. KH advised that there is an option on our system for 'any pharmacy' if patients have having difficulty with their current pharmacy this means that once the GP has signed the prescription, the patient will receive a bar code (token), the pharmacy can then retrieve the prescription from the system and dispense for the patient.



KH advised the group that if they experience an issue with the pharmacy they can contact the practice and we will provide them with the barcode attached to their prescription to give to the pharmacy, to ensure they can find the prescription.

Test Results

KH presented the data to the group. 55 patients out of 199 have had to contact the practice recently to obtain test results. 78% of patients were told when to contact the practice for test results. 80% of patients results were available when they contacted us. We advise patients to contact the surgery in 2 weeks after having the test for the results. The results are reviewed and will document what action is required.

Telephone Statistics

KH presented the data from the telephone statistics from January 23 -March 23. Our average calls per day is coming down as more patients are now using our online platform. KH noted that not only do we receive a high demand of incoming calls we also make just as many outgoing calls.

We are unable to see from our data if patients are reaching queue full message then call back afterwards. We have a call queue which will allow 25 patients at one time to hold for a member of our patient services team to answer. We will soon be having a new telephone system which should allow us to look into our telephone statistics in much more detail than we have currently.

Group discussion/feedback

The PPG members were split into 3 groups lead by KS, GW & PH. Each group had 1 question each to discuss.

Group 1 discussed: Length of time waiting/convenience of appointment - based on the previous results, what are your expectations and how does this differ to any experiences you have had?

Group 2 discussed: Speed at which the telephone was answered initially - based on the previous results, what are your expectations and how does this differ to any experiences you have had?

Group 3 discussed: You may at times be given an appointment with a non-partner. What is your understanding of the medical training of the following positions? And what would be your concerns in seeing these clinicians? Physicians Associate, First Contact Physio, Medical Student, Registrar.



Feedback was then discussed as a whole group.

In summary we received positive feedback on footfall, many patients had used this and found this to be convenient, efficient and a great way to contact the practice.

The group found the greeting message when they call to be too long, wording on patient access needs to be changed as it refers to booking appointments which is no longer active on the site and reduce the amount of options to more categorised list.

The group also didn't fully understand what was meant by Registrar, Physicians Associate etc and what their role is. It was agreed that educating patients on other clinicians within the practice would benefit both the surgery and our patients.

During the discussion KH advised the group that she would be happy to work with the PPG members on designing our new telephone system. 3 PPG members accepted. The surgery will be in contact to arrange a meeting for this.

A member of the group stated that the PPG meetings allow patients to get an understanding of how the surgery runs and how patients can work with it. KH thanked the patient for her feedback.

New GMS Contract 2023/24

KH informed the group that there has been changes to our GMS contract. Any patient who contacts the practice via face to face, telephone or online we must respond appropriately and offer an appointment, provide advice/care by another method or direct the patient towards the appropriate service. The practice has put systems in place to make sure we are doing this. NHS England can now monitor appointments that are booking in 14 days (unplanned appointments). 98% of appointments should be within 2 weeks by the end of the year.

A member of the group stated that this will make sure that other practices around the country are up to standards and will make a difference to GP practices. They are happy with our surgery but knows this is not the case everywhere.

A member of the group asked how we make use of the social prescribing services. KH & VMS advised that we are big users of the social prescribing services. We are apart of a wider Primary Care Network group made up of 10 other local practices who share social prescribing services.



Integrated plus is a great service for patients who fall between health & social care, feeling lonely etc. Here for youth is for under 25s and we have a migrant social prescriber we can refer to for patients who are new to the country and require support in accessing NHS services but help with social aspects.

Listening and Guidance Service is a chaplaincy service who can listen to patients concerns with any loss of any kind whether that be a family member, friend, pet or job etc they will listen.

A member of the group stated that they have seen the benefit from social prescribing. The member explained the story of how this has helped someone they know.

The group suggested that maybe we could add links onto our website to other services such as 'White House Cancer Support' 'Stroke Association' any service patients can research themselves via referral from the website. KH advised we will look into this. Our patient services team can send information to patient via email/text messages with website links, information on a service and contact numbers when speaking to patients on the phone if they are referring or suggesting another service.

AOB

No further questions were asked. KH advised the group that we welcome suggestions for future agendas.

Date of next meeting: **19th September 2023 7pm**