

# Eve Hill Medical Practice

## Patient Participation Group Meeting Minutes

Meeting held on 19/09/2023 7pm at Eve Hill Medical Practice

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

### Welcome and Introduction

KH welcomes the group and introduced staff in attendance.

### PCN PPG

KH explained that our Primary Care Network (PCN) is network group of 11 GPs practices in the Dudley&Netherton area. The PCN is able to provide a wider network of services to GP practices. The PCN have services such as social prescribing, integrated plus, here 4 youth. Soon there will be an LTC home visiting service commission by the PCN and KH advised that the PCN provides our PA's (Physician Associate) in the surgery who patients may have had a consultation with. KH informed the group that the PCN provide various contracting services across the GP surgeries. The PCN will be holding a PCN PPG all 11 practices within our PCN will be invited to the meeting. KH highlighted that all surgeries operate slightly differently, it will be a good way to understanding how patients feel about their GP surgeries, it will give all patients across the PCN practices to share ideas on how something may be improved or changed.

KH advised there will be a text message going out to patients soon inviting them to register their interest in attending the PCN PPG. The Venue is currently being decided as this will depend on how much interest is shown to how large the venue will need to be to hold the meeting. If patients register their interest they will be contacted. A member of the PPG noted that it would depend on how proactive other surgeries PPGs are. Another member of the group asked if KH knew what the format would be. KH advised it does depend on how many patient will be attending to how the room will be set out. A member of the PPG suggested it could be facilitated in a table format to get the best out of what practices do. Another PPG member raised concerns about the meeting possibly being a 'complaints board'. KH agreed that is not the intention for the meeting, we don't want it to be a free for all. The group discussed this in more detail. It was discussed that patients need an avenue on where they can talk and offer feedback and have involvement in decisions for their GP practice. Patients need to have an open air discussion but formatted to get the most out of the meeting. Another member of the group suggested maybe having 1 subject per table and then the patients move around the room so they can be informed and be able to discuss each subject open and fairly but it would need facilitating correctly.

KH advised the main focus of the meeting will be on access. KH informed the group that we love our PPG members/regulars who attend the practice meetings and would be grateful if they would come along to the PCN PPG to support the practice.

## **New Website**

KH showed the group what the new website for the surgery will look like. NHS England have stated that the country needs to meet a certain standard of website/online access to GP surgeries. The layout is similar to the format of NHS choices. KH navigated around the website showing the attendees some of the options available that they can complete and submit to us such as 'Ask a GP a question' 'Medication Request' etc. KH welcomed any suggestions on what we can add to our website. We have added a section on Mental Health and Wellbeing signs and symptoms which is linked to a direct NHS source to ensure patients are getting information from a trusted source.

A member of the PPG group asked if the website is live 24hours a day. KH replied that the website is live within surgery hours for safety reasons.

A member of the PPG group asked if when submitting a request for an appointment would this allow them to have an appointment later on in the week. KH advised that it would. KH explained if patients call for an appointment they will speak to the Patient Services Team and if a request is submitted through the website this will be picked up by the Clinical Administration Team.

A member of the group asked if they didn't consider their appointment need to be urgent could they request via the website. KH replied that yes this is a perfect example.

Another member of the group stated they have used the website to contact us and gave positive feedback from their experience.

KH explained that when requests are submitted via the website this is managed by the Clinical Administration Team who have completed Medical Terminology and are managed by Dr Martin. A member of the group asked if the website will replace Patient Access. KH advised that you can use Patient Access to request Repeat Medications and view Medical Records whereas the website has more options for patients to submit requests/request information and will keep evolving as time goes on. It will not replace Patient Access this can still be used but has limited options available.

A member of the PPG group discussed how they are not confident with technology. Recently received a text message from the surgery with a document attached and could not open. They would rather have a paper copy. KH advised that this would be fine. We will still continue to offer non electronic means of communication if preferred by the patient.

A member of the group mentioned that the less complicated it is the more people will use it and that not everyone has the same knowledge with technology but if patients could be educated in using, it may encourage them to use it more.

KH advised that the aim is for patients who can use the website or may prefer to contact us via this route can which will free up the phone lines for the patients who either would prefer to call and speak to a member of staff. KH assured the group that this is not replacing the telephone access, we are still here to

help if patients prefer to call the surgery but the option is there for patients to submit an online form should they wish.

A member of the group shared that their relative has a table and is having lessons but still struggles to use it. KH explained that its about what's right for the patient and what is acceptable for the patient based on their knowledge and understanding of online platforms. KH also informed the group that we can provide electronic documents or blood forms to family members who can accept via text or email with consent from the patient if this would also be preferred. KH acknowledged that online platform may not be for everyone but we will still have telephone access to the surgery.

## **Telephones**

KH advised that the surgery had a new telephone system on the 15<sup>th</sup> August 2023 which has been provided to us by the NHS to meet current standards. KH presented early stats from the data we were able to review which showed the total answered calls, total unreturned call (if patients call isn't answered or they hang up and don't call back) average wait time, maximum wait and talk time. The statistics also showed percentage of calls answered from 15 seconds-300 seconds. KH advised that the max wait statistic was a Tuesday after a bank holiday. KH explained that talk time can vary depending on the time of day or complexity of the call for example from 8-9am calls are usually appointment requests.

A member of the group said that the stats are a good guide but when patients are advised to 'Ring at 8am' understands the surgery is busy but when told they are number 17 in the que this is where patients can lose faith. KH acknowledged this and informed the group that we do have 5+ members of staff answering phone calls from 8am from Patients Services Team, to Clinical Administration Team and General Administration Staff to help reduce wait time for booking appointments.

A member of the group asked how does the new system differ to the old one and has it improved the data the surgery can review. KH explained that yes we can get better and more accurate statistics now than we could with the old system. We can be more informed of the telephone statistics and help us see which areas need priority.

A member of the group asked when calling through to the surgery and there are options for them to select is this identified. KH advised that it is. KH ran through the options available to select. The group then had a discission regarding wait times and number of staff answering phone calls.

A member of the PPG group stated that they used to work in a telephone call centre and recognises that the statistics are very good.

Another group member advised that they waited less than 1 minute to get through to us.

## **Scripts for Patients Services**

KH explained that the surgery has many different typed of clinicians patients can see. We have composed scrips for Patient Services to use when explaining the title of the clinician and their specialities for example GP Registrars, Advanced Nurse Practitioner, Pharmacists, First Contact Practitioner for Physio, First Contact Practitioner for Mental Health, Physicians Associate, Health Coach etc.

The members were split into 2 groups to discuss/review the scripts we have put together to ask for their feedback and help with rewording should this be needed.

The group made some very helpful suggestions on the wording for the scripts and offered great feedback. The surgery will review.

## **Flu and COVID Campaign**

KH advised that we have both covid and flu vaccines in stock. If patients would like to have this to please call and book.

## **Practice Updates**

KH advised that Dr Desai will be retiring mid Feb 24.

Dr Smart will also be retiring as Partner but will be back as a salaried GP in May.

Dr Davies will be a new Partner in April.