

Eve Hill Medical Practice

Patient Participation Group Meeting Minutes

Meeting held on 11/09/2024 18:30 at Eve Hill Medical Practice

Present: Dr L Martin (LM), Kelly Houseman (KH) Practice Manager, Kim Skidmore (KS) Minute taker, Ella Webb (EW). See attendance list

Welcome and Introduction

KH introduced herself, KS, EW & LM to the group.

Practice Updates

KH informed the group that following Dr Smart's (VMS) retirement from Partnership, GP in attendance to the PPG will be on rotation between Dr Martin, Dr Shukla & Dr Davies (New Partnership). KH advised that we feel very lucky that VMS has continued to work with us as a Salaried GP.

Dr Desai retired in end of April and he is doing well.

Our Patient Services Team Leader left us in August and has been replaced with Clare who has worked in A&E department.

Dr Oloidi is moving to Canada with his family. This is a big loss to the surgery he has been with us for some time from being a GP Registrar and continuing with us as a Salaried GP. We are in the process of recruiting a replacement so far we have had 20 applications and the advert closes on Wednesday next week.

We have had a new Apprentice Administrator Falak join the team. Falak left school this year and has received excellent GCSE results. We have also had an Apprentice Patient Services Advisor Vikesh join us. Both are currently in training.

We have had our first Foundation Year 2 (FY2) doctor join the team Dr Aje who will be here for 4 months. LM advised we haven't had this level of doctor at the practice before but it's a good opportunity for the doctor and we hope that it can influence a career choice in General Practice. We also have Dr Ashrad and Dr Ali who are with us for their GP Registrar training.

Collective Action

LM informed the group that the recent Junior Doctor strikes also affected us in General Practice. Collective Action is GPs action in response to the industrial action. We have 1 contract

with the NHS and GPs cannot strike as we work to this contract. Collective Action is a similar approach to demonstrate that GP Practices are also in difficulty.

Why?

LM advised that every year we have a contract provided by NHS England. Income hasn't kept pace with rise in expenses. LM informed the group that one practice overnight closed due to bankruptcy. Collective Action isn't for us individually but for GP practices on a whole. LM stated that the government is good at saying 'we have given a 6% pay increase for funding but really this only covers 1 area of the contract. This doesn't take into account that consumables increase and wages to pay staff.

KH advised that GP practices roughly get £100 a patient per year but this doesn't cover much if patients are frequent attenders. It equates to around 5 appointments per year.

How will collective action work?

LM advised there are 10 parts to Collective Action and are not in breach of the NHS contract. The approach we have decided to take will not disrupt patient care. We showed the group collective action webpage. LM advised that we have stopped using referral forms to send patient referrals excluding fast track cancer referrals. LM informed the group that we have over 100 different referral forms that clinicians have to complete in order to refer into a service. Referrals often get rejected if forms not done/completed correctly. LM informed the group that all we need to do to safely refer a patient to a service is provide a clinical reason for a referral to that particular service and provide relevant medical history in the form of a patient summary. We have been doing this for a few weeks now services have tried rejecting referrals and we advise the services that we are making a professional referral and including all the information they will require in order to triage referrals. LM stated that this doesn't mean that we aren't going to do anything in the future but we are taking this approach for now.

Some parts of Collective Action advised can limit access to 25 patients, we are not doing this as we do not want to burden services that might damage patient care. The approach we have taken will not impact patients care we provide.

RSV, Flu & COVID Vaccinations

Flu campaign will run as normal but we cannot start vaccinating until 03.10.2024. In previous years research has shown that peak of flu is Jan/Feb and in some people the flu vaccine may only last 3 months and the idea is to try and make the vaccine last the full length of flu season. We will be running both day and evening clinics and can administer flu and COVID together.

KH advised that RSV mainly affect babies and the elderly. We are able to vaccinate 75-79 year olds and pregnant patient who are 28+ weeks. It can be given at same time as shingles and

pneumonia vaccine but need to leave 2 weeks between having flu and covid vaccination. We have sent invited to the eligible patients and around 45% of patients have been booked in.

One of the group members advised that they received a link to book but this has expired. KH advised that we will be sending out the link again to everyone who didn't respond to the first invite. If patients cannot use the self book link invite please call reception.

National Patient Survey

KH advised that the national survey is sent out every year around January time and is then published in July. This is sent to a random selection of patients. 413 surveys sent and 100 were completed. KH stated its not a great representation but we always do well on the national surveys however we are conscious that its only 100 patients and some may not have been to the practice recently.

The group were given a copy of the results on a document. KH showed the group percentages we scored on each question on a powerpoint.

KH advised that we sent our patient surveys on the 16th August to 2035 patients who had an appointment in the last 4 weeks and we have had 604 responses so far. The questions were in line with the nation survey in order to allow us to benchmark.

One of the PPG member advised they received the survey and completed this but some of the questions could have been worded differently for example they could only answer one where multiple answers were relevant. KH advised that we copied the national survey it may not be worded in the way that we would have done it.

KH explained we have a high number of patients choosing to contact us via phone. KH asked the group how can we encourage the use of our online website.

Group responded we could look at the age group of who use our website to make contact with us and could target the same group. PPG member shared with the group a good experience they have had with the use of our website. KH explained to the group that we have a member of staff who is highly trained who monitors and actions requests that are submitted through our website, there is a lot that can be done/requested via the website and we want to encourage more patients to use.

A PPG member shared that they use a variety of contact methods, phone, will come into surgery and has used the website as well as emailed into the practice and has a good experience of how quick their problem was actioned.

LM suggested maybe we could use our patients experiences to help encourage the use of online contact so that it has a more personal approach ?write a patient story.

KH asked the group if they have or use the NHS App. The group responded that they do. LM advised that often the oncall GP is asked to release test requests but this can all be viewed via the NHS App and we try and advise the use of the NHS app as requests such as this come in to us.

One of the PPG members asked if the NHS app can be used for family member if they are a carer. KH advised that there is a proxy access option. PPG member asked for more info on proxy. KS will speak to PPG member about this more after the meeting and answer any questions they have.

KH advised that patient access doesn't have the same level of verification as the NHS app and we would recommend patient download and use the NHS app rather than patient access.

KH highlighted that we scored 95% on feedback for reception staff which we are very proud of.

How is this impacting us?

KH informed the group that Dr Smart has a big following but is only in surgery Mondays and Tuesdays. We have multiple different skilled clinicians available to book in with from Registrars, Physicians Associate, ANP, First Contact Practitioners. For example if a patient called in and wanted Dr Smart but the reason for the appointment is cold and flu symptoms this can go with our Physicians Associate. This allows us to book patients with the GP who can only see the GP for the problem they have.

A member of the group asked if patients call up do we refer to the pharmacy. KH advised yes when patients call up with symptoms that meet the pharmacy referral criteria we will refer to the pharmacy team.

We scored 90% overall experience which is better than national survey which we are very proud of.

KH advised that our survey and the national survey allows us to do an action plan on how we can improve the surgery and the services we provide. We will do this every year. We are formulating an action plan.

One of the PPG members suggested creating a PPG email for PPG advice, communication, suggestions for future meetings. KH will contact our IT department regarding this.

LM asked if the group they have suggestions for future meetings or is there anything they are looking to take away from the meetings. The group advised if we can create a PPG email they can send any suggestions they have.

One of the PPG members said it would be nice if they could join via a video link. KH advised that we have tried hybrid meetings in the past but we struggle with the audio. We appreciate that not all patients want to come out for an evening meeting as it's dark and late when the meeting

is finished, may not have child care/carer support to come to surgery. We would look into arranging day time meetings.

The group wanted to know how to request an appointment via the website- website shown to the group where to find but as this was outside of surgery hours the form would not load. Options available on the website shown to the group.

PPG members will have a look at the website and use the NHS app and provide us with feedback on if we can improve/make any changes.

KH thanked the group for attending todays meeting.

Next date is to be confirmed.