

Park Medical Centre PPG Meeting

Wednesday 17th January 2024

All Saints Church, Hoole, Chester from 2pm – 3.30 pm.

1. Welcome and Apologies:

Francis welcomed all those attending the meeting.

Present:

Francis Burgess (Chair), Nick Dent, Ian Lambert, Peter Maskery, Lesley Dooley, Gill Jones, Colin Summers, Gilly Davis, Peter Hyland, Dr Brindle and Registrar Dr Thein.

Apologies:

Kathy Ricketts, Anne Rigby, Jen Mudd

2. Introductions:

Colin Summers was welcomed as a potential new group member.

Also, Paula Rowan had asked to be taken off the Mailing List.

3. The Minutes of the last Meeting:

PM thanked Gill Jones for taking the minutes and this was seconded by **ND**.

The Minutes of the last meeting were discussed and approved and accepted.

4. Election of Vice-Chair.

There were no nominations for the position of Vice-Chair.

5. Update on recruitment and developments at the Surgery:

GD confirmed that the upstairs waiting room has been converted into Admin space and that Clinicians will be “hot-desking” there to do their admin work.

FB asked if this was because there are more staff. There are more clinicians now and more online and telephone appointments, removing the need for a second waiting room. Also, appointment times are staggered, which is why the waiting room often looks empty. **LD** commented that this might well give flexibility for clinical staff but is not the case for patients who might find it difficult to attend online or telephone consultations, whilst trying to work themselves.

Regarding telephone calls to the reception staff, **GD** said there is a 999-re-flag protocol and that patients should receive a call within one hour. If very concerned a patient should attend A & E.

GD stated that NHS 111 can be very helpful but that the NHS cannot give the same care as it used to. It will be interesting to see how the new same day care unit at the Countess Hospital will work out. From the 4/10/23 patient records should be accessible online, but retrospective records are not available at this time and records are in the process of being digitised, after which all paper records will be destroyed.

GJ confirmed with **GD** that all records from and the Lloyd George wallets will be scanned on to the patient record and saved digitally.

ND asked about retrieving information and the NHS app gives access to appointments, prescriptions etc.

FB brought up a point raised in discussion at the last evening meeting, that many changes are made with no consultation with the PPG group. Over the years many changes have been made without PPG comment. It is felt that the group does not get the respect it should have. **Dr. Brindle** said she understood and has heard the concern.

CS commented that the world had changed since Covid and has perhaps taught people how to streamline things more.

There are 3 new registrars and Dr Morris is leaving at the end of February. A replacement has already been found.

There are going to be 2 new GP assistants as 1 has left. One of the operations administrators has been promoted, one new person has been accepted from internal recruitment and a second has good clinical experience.

One clinical pharmacist, Rachel, is leaving and interviews are taking place to replace her.

One operations administrator, Becky has taken up the PCN co-ordinator role and another has been promoted to the new role of assistant ops manager.

Succession planning is in place to cover for when Judith, the finance and appointment co-ordinator retires.

There are 4 operations managers, plus 1 new assistant manager for the practice ops team, which will make 4 plus one assistant in all.

The practice management team:

Richard McLeod – Business Partner

Lynsey Roberts – Nurse Manager (responsible for the nurses; HCA and GPA team)

Gilly Davis – Operations Manager, Practice and Patient (responsible for the Operations administrators)

Jen Mudd – Operations Manager, Compliance, IT and Data Quality

New role - Assistant Operations Manager with effect from 01/04/2024

The ideal model would have 6 operations administrators per shift.

Dr Brindle stated that Registrars now have to do 2 years with GP's and 1 year in hospital so there is more demand for training positions, and they are funded by Health Education England. As the training is a drain on doctor's time, the normal duty session of 15 appointments is reduced to 12 as tutorial time is needed but registrars can do home visits.

Dr Mercer and Dr Dutton have moved on. Family and Friends surveys gave good feedback.

GD commented that there are not as many applicants for certain posts (Operations Administrators) as before and many do not have the right experience or skills.

In the case of patient complaints about staff attitudes, it is essential to get a name so that the issue can be investigated and if appropriate, feedback given to avoid the situation arising in the future.

This can prove difficult as there is a lot of pressure on the team from the first hour every day when patients are calling to book on the day appointments and depending on capacity, the practice is unable to meet demand. Staff have also left because they did not like all aspects of the work, including dealing with rude and abusive patients.

At the end of March, patients who have not attended the surgery for a while will be invited in for BP checks etc.

FB noted that recruitment agencies are not used because they are cost prohibitive. Experienced people can be taken on from other roles other than NHS.

PL mentioned that the role of volunteers to help patients with NHS app had been discussed at the last meeting and remains a possibility. Proxy accounts seem to have helped many.

A leaflet has been produced to help people to order prescriptions.

There is helping to be had with general IT skill at Story house in Chester.

Dr Brindle suggested Wednesday evenings would be the best time to offer to help patients with getting online and using the NHS app and **PM** stated that these volunteers would need some training if they were needed.

6. Report back from December PCN Steering Group meeting, leaflets and concerns about Ltd. Company.

FB attended but had not yet received the PCN minutes before the PPG meeting. Broughton Surgery sent 4 PPG members to the PCN meeting. A youth PCN PPG group is in the process of being set up. Dr McLeod is clinical director of the new PCN Limited Company and was present at the meeting. Sharon King said it was essential for the Ltd Company to have been formed from a financial and legal point of view and **Dr Brindle** mentioned the VAT implications.

ND questioned the need for so much money to be spent on preparing websites for all practices and the PCN and was it really necessary for patients. There was a thought 5 years ago that all 4 practices would one day become 1 and **GD** would like to see more collaboration on admin services as this would help with resource shortages at the practice. Some felt that it is difficult to see what the PCN offers that the individual practices do not already give and for example, would it not have been more cost effective for the PCN to print their recent leaflets in bulk rather than asking each practice to print them off.

7. Park Medical Centre's PPG Patient Survey:

GD stated that this should go out by the middle of the month.

8. Helping patients to get using NHS login and the app:

This has been mentioned under item 5. **FB** asked how many appointments were available online to book each day and it is 3 per doctor per session. Each morning the appointments are screened and sometimes there are duplicates as patients have booked online and rung up and there are still some occasions when patients do not show in spite of text reminders.

Nurse appointments cannot be booked online currently as each nurse has a different skill set and it is more efficient to phone.

Diabetic and asthma clinics are arranged by text. Pre-bookable GP appointments can be arranged 1, 3 and 7 days in advance.

It is sometimes more difficult to get slots in school holidays when services are stretched and the best time to book online could be afternoons as well as mornings as appointments are released twice daily. Eligibility criteria change often for certain things – e.g. Shingles age groups vary.

Due to the increase in cases of measles, under 25's are being encouraged to be vaccinated.

9. Keeping Patients informed of temporary changes etc:

Ways to make patients aware of things like when online booking is not available or triage only days, existing options are the practice website, texts and Facebook.

10. Availability of appointments:

Already discussed under item 8

11. Timing of future meetings and possible hybrid format:

Evening meetings have not been well attended and it was felt that evening meetings were not really needed on a regular, frequent basis.

It is hoped a hybrid meeting can be arranged for next time, but a decision would have to be made on which platform to use. The surgery can only use TEAMS, but ZOOM is preferred by most.

FB suggested a less formal social meeting would be good to get to know each other better and make arrange one in the near future.

PM suggested a meeting to go through the survey when results come in would be useful.

12. Date of next meeting:

Wednesday, 20th March 2024 2pm – 3.30pm