King's Medical Practice

King's Medical Centre, King Edward Street, Normanton, WF6 2AZ
t: 01924 223 909 · w: kingsmedicalpractice.co.uk · e: kings.medicalpractice@nhs.net

PPG Meeting

03 June 2024 at **12:30**

Attendance

Pippa Longdon (Admin & Reception Manager), Chloe Wassell (Admin & Reception Supervisor) Michael Land (Operations Manager), Nicola Synnott (Administration Assistant), Dr J Firmin (GP), JS, BW, JW, JM, JH, BJ

Apologies:

CO'S, BO'S, PD, RH, MF, MF, CA

Minutes

1. **PPG**

JH explained he does not believe the PPG meetings are being run correctly. The group feel a member from the PPG should chair the meeting. He also mentioned the minutes should include any actions and a deadline should be given for the actions to be completed. JS added that the group also take their own minutes and the ones produce by NS do not always match the ones produced by the group. Both ML & JF agreed it is a good idea for a patient from the group to chair the meeting and take the minutes. It was agreed that the group will meet 45 minutes prior to our next meeting to discuss how they will chair the meetings and take the minutes going forwards.
JH advised the group sometimes feel that the meetings are just a "box ticking" exercise from Practice due to us postponing the previous meeting. The meeting was postponed due to the Practice having nothing to update the group with, however, as JH pointed out, the group may have had topics to discuss with the Practice and therefore the meeting should have still gone ahead.

2. **Requesting a specific GP**

JS explained she had tried to book an appointment with a specific GP, however, the GP had no appointments available that day. She then asked when that GP next had appointments available and was advised by the call handler / receptionist that she would have to call back at 8am on a day when the GP was next on shift and request an appointment with them. ML and PL advised that this is incorrect. Patients can request an appointment with a specific GP and although our guidelines are to offer an appointment within two weeks, we can offer appointments out of this timescale if appropriate to do so**. Action:** PL to address this with her team.

3. **Pre-booking appointments**

JM advised he has been told by our receptionist / call handlers that we can no longer pre-book appointments. ML & PL both explained this is also incorrect and PL will address with her team. JS asked how can patients pre-book appointments via our telephone system when the patient does not know what each clinician does, eg, what does ANP mean? What can an ANP do?

4. **Appointments requested by a clinician**

BJ asked why a clinician can't book follow up appointments themselves, instead of sending you to reception to book. JF explained that clinicians have a limited time for each appointment and although it seems logical for a clinician to book an appointment if they need to see you again, this could take a couple of minutes which could mean the appointment runs over.

5. **Double Appointments**

JH advised that his wife wanted to see a Dr regarding two different issues but was unable to book a double appointment – she was told she couldn't book one. JF explained it may have been due to clinical availability on the day. PL explained that if there are no double appointment available, the patient should be offered two separate appointments, the first one being for the most urgent issue. **Action:** PL to address this with her team.

6. **Language Barrier**

JS recently had an appointment with a GP who was very difficult to understand. JS felt rude asking them to keep repeating themselves. JF explained to the group that there are not enough GPs in the UK and therefore GPs from overseas are being recruited. ML added that you can request a copy of your medical notes if you do not understand what the Dr/clinician has told you.

7. **Recall Text Messages**

JM received a text message advising him to book a GP appointment. When he attended the appointment, the GP did not know what the appointment was for. JF advised there should be a triage note explaining why the appointment had been made.

8. **Modern General Practice**

ML advised the group that Modern General Practice is part of the core contract for Primary Care. Therefore, all GP Practices must adhere to a triage system to receive funding. BJ asked if we must continue to take on new patients, can we decline to register new patients? ML explained that we are not allowed to decline new patients and if they are in our catchment area, we must allow them to register with us.

9. New Telephone System

ML informed the group that our new telephone system is now in place and asked for feedback. JS said there is no hold music, ML confirmed this will be added back on. JH asked if the new system is expandable, PL confirmed it can be adjusted as needed to meet our requirements. JS asked if we have enough staff, PL explained the new phone system is routing calls to the correct lines, therefore patients are spending less time queueing on the phones, as the appointment line is only being used for appointments. PL also added that between the hours of 8am – 10:30am the phones lines are open for appointments (and home visits) only, calls for results, queries etc are only taken after 10:30am.

10. Security

JM mentioned he receives a text message every time he logs onto SystmOnline to confirm it is him who's logged on. What would happen if he responded that it wasn't him that had logged on? ML advised his online account would be frozen.

11. Medical Letters

BJ received a letter from the hospital which contained medical terminology. She asked if someone at KMP could explain the contents of the letter to her. JF advised that unfortunately, we do not have the scope to do this. He also explained that hospital letters to patients should be written in "layman's terms", however, it is the responsibility of the hospital to correct any letters and/or explain the contents to their patients.

12. Pharmacy

Michael confirmed that the two pharmacists currently work from home. He is trying to negotiate for them to come into the office one or two days per week, however, as their contract is with the PCN (Primary Care Network) he can't enforce this.

13. AOB

JH advised the check in screens in reception no longer inform the patient which room their appointment is in.
JS mentioned that we should have a computer in the waiting room for patients without internet access to use.
JS said the signage within the Practice could be better, patients aren't sure which corridor to go down as the signs are difficult to read.
JH mentioned the reception area. The location of the check in screens is right in the middle of where patients' queue.
JH asked if patients should receive a text reminder for appointments. ML confirmed they should receive a text reminder 48 hours prior to the appointment with a link to cancel if you are unable to attend.
JH suggested we display posters in the waiting room to promote the PPG. **Action:** NS to design and display posters.
BJ asked if she could plant flowers in the garden area in front of the Medical Centre.