King's Medical Practice

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PPG Meeting

06 February 2024 at **12:00**

Attendance

Dr Joe Firmin (GP), Pippa Longdon (Admin Team Leader), Michael Land (Operations Manager), Nicola Hatfield (Practice Manager), Nicola Synnott (administration assistant), JH, PD, BJ, JM, BW, JW.

Apologies:

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

Minutes

1. Review of previous minutes and updates

The group asked if they could meet prior to the meeting without any Practice staff present to discuss any matters they want to bring to the table. One hour was arranged, however, the group feel that going forwards 20 minutes will be sufficient.

2. Patient Survey Results and the PPG Round-up

Nicola H went through the results from our patient survey in October and the PPG Round-Up (see enclosed documents). JH requested an index for abbreviations (eg ANP, VTS, DNA). BJ asked how to contact/access the Frailty ANP, NH advised to contact the surgery as normal to make an appointment with her. There is no direct access to her clinics/appointments. Michael also advised we can refer patients to the Care Coordinators who can liaise with the Frailty ANP and other services. The Care Coordinators will also provide their direct contact details for the patient to use in future: **Action:** Nicola S to produce index for medical terminology.

3. Recruitment

Nicola H informed the group we have a Frailty Advanced Nurse Practitioner that joined our team in July. We have also had Dan and Lauren join us in the admin team, with two more staff members due to start with us very soon, Jonathan and Katie.

4. Telephone Issues

BW explained he has had issues with the phone lines, he has requested call backs which he hasn't received. He also tried to order a prescription and was told "he didn't

exist". Michael advised he will be discussing the telephone system in more detail later in the meeting. Pippa advised she will check admin staff competencies to ensure the "doesn't exist" issue does not happen again. **Action:** Pippa to check staff competencies.

5. Normanton Advertiser

PD suggested the practice could take out a page in the monthly Normanton News circulation for useful telephone numbers and health advice. JF suggested the page could also include information about the PPG. **Action:** Nicola S to contact the Normanton Advertiser.

6. Requesting a new GP

BW explained his usual GP has retired and he had requested that Dr Espin (previously Dr Gurdin) now be his regular GP. He has been informed this is not possible. Dr Firmin explained that patients can request for any GP to be set as their usual GP, however, this does not guarantee that any letters/correspondence from hospitals etc go the specific GP you have requested. **Action:** Pippa to follow up.

7. PPG

JH has completed some research regarding PPGs, he has found suggestions that patients may be worried that joining the PPG could negatively affect the way they are treated by clinicians at the surgery. Dr Firmin offered reassurance that this would not happen. JH provided documents which could help the practice attract more members to the group. Michael explained Nicola S will be working on communications to expand our PPG. **Action:** Nicola S to send communications regarding the PPG, including documents provided by JH for the PPG to consider.

8. New telephony system

Michael informed the group we are getting a new telephony system. It's an internet based system and the company we have decided to go with has 35 years' experience of working with GP Practices. The new system is very sophisticated, it will identify the patient from the phone number they are dialling from and automatically bring up their record. It can also identify priority patients and move their call to the front of the queue, eg, a patient who is at end of life will be moved to the front of the telephone queue and not have to wait. It also has the facility to speak to patients in their own language, if English isn't their first language. Call back requests will work on the new system as it will be a staff member completing the call back, rather than a computer, this will solve the problems that patients with call guard have JH suggested we could have a separate phone line to report any issues/problems with the new system, Michael agreed with this for a limited time when implemented. The NHS contract has more get out clauses, eg, if it does not perform as expected we can get out of the contract, it also runs on a strong telephone network and has back up systems unlike the existing telephone system.

9. Modern General Practice

Michael advised the group that as from 1st April, all General Practices will have to adhere to a new triage system, otherwise they will lose funding. The reasons behind this are to move away from the 8am phone call queue and “first come, first served” process for allocating appointments. By collating consistent, structured information the new system will also ensure that patients are directed to the correct place for treatment (eg pharmacy, GP appointment or advised to go to A&E). We have three options, which are:

1) Do nothing and continue to operate as we currently are. This will result in a loss of funding for the practice which we are not able to fight. The group agreed this was not an option due to the risk of losing appointments and service.

2) Use the triage model set out by the ICB (Integrated Care Board) which requires every patient to complete a form, either online or in paper at the surgery reception desk. The form is then sent to a clinician to be triaged and the patient will have to wait up to six hours for an outcome (which could be, make an appointment, contact your local pharmacy etc).

3) Create our own triage model: the patient contacts the surgery, the receptionist/call handler will ask a set of specific questions created by Dr Walsh which will determine the right care by the right health care professional (again this could be to book a GP appointment, contact your local pharmacy, attend and urgent treatment centre etc).

The agreed that number three was the best option, our clinicians and admin staff also agree with this. . Dr Firmin added this is a positive change which will free up appointments at the surgery.

We have arranged a short PPG meeting 27th February (see enclosed invitation) to go through our triage model and show you how it will work

Next meeting: Tuesday 27th February at 11:30am (organised to demonstrate our new triage model to the group).