King's Medical Practice

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PPG Meeting

12 September 2024 at **12:30**

Attendance

Dr Joe Firmin (GP), Michael Land (Operations Manager), Nicola Synnott (Management Assistant), Joanne Douglas (Head Receptionist), Chloe Wassell (Admin Supervisor), Pippa Longdon (Admin & Reception Manager), BJ, MF, PD, CM, JH, JM,

Apologies:

MF, RH, CO'S, BO'S, JW, BW, MJ, JJ

Minutes

1. **White slip**

JH explained that when a clinician needs a patient to book a follow up appointment, they would previously give the patient a white slip to take to reception, stating when & who the appointment needed be with. They are no longer using the white slip. JH has mentioned this before. ML advised the clinicians should all have the white slips in their rooms and should be using them. **Action: ML to follow this up**.

2. **Abbreviations**

The group have previously mentioned the use of abbreviations in communications from the Practice. For example, RSV – what is this? ML explained that Respiratory Syncytial Virus (RSV) is a virus which causes coughs and colds. It usually clears up on it's own but can become serious for some babies and vulnerable adults.

3. **Reception area**

JH has previously mentioned the "flow" of the reception area, and the location of the check-in screens. ML explained that changes will be happening to the reception area prior to the launch of the new Care Navigation system. This will include making the area more private and changing the flow of traffic around the check-in screens.

4. **PPG Members**

The group feel that members of the PPG are dwindling, as mentioned in previous meetings. The group needs to be promoted/advertised to attract more members.

Some of the group also feel that nothing is getting done, agenda items are discussed within the meeting but nothing is followed up/actioned.

5. **Prescriptions**

ML explained to the group that due to long term sickness and staff members leaving, the medications team has changed. We have looked at the process from start to finish and have been able to identify areas of improvement and implement changes. CM mentioned how frustrating it is not being able to speak to someone from the medications team. ML agreed with this and advised that queries are now being dealt with by Chloe and Dan, who will be communicating directly with patients (for queries only). The team also have a list of emergency medications which must be dealt with on the same day.

CM raised the issue of medications being stopped without discussing with the patient first. ML apologised for this and explained we have a new protocol for staff to work from which will stop this happening.

PD suggested we have a direct line for prescriptions, ML advised there will be no direct line to order prescriptions, however, Chloe and Dan are speaking to patients who have queries/issues. PD also mentioned that if a specific drug isn't available, the prescription is being issued with the drug missing and no explanation as to why it is missing, eg, out of stock, due for review etc. ML explained some chemists only issue certain brands of medication or it could be that the drug is due for review and cannot be issued until it has been reviewed by a GP. JF advised that all medications will be due for a review after 12 months for safety reasons. MF mentioned that patients are supposed to have their medications reviewed on their birthday but this still hasn't happened. ML advised the new medications team are working on implementing this.

6. **Telephones**

PD raised the issue that when the admin team leave a telephone message for a patient, they don't leave confirm their name/dept. or give a brief description of what the call is about. Therefore, when the patient rings back they don't know who they need to speak to or what it is about. PL explained the team should be leaving their name and department for the patient to call back, they should also add notes onto the patients record to explain what the call was for. **Action: PL to take this up with the admin team.**

7. **Appointments**

There was some confusion withing the group regarding pre-bookable appointments. In previous meetings the group have been told that pre-bookable appointments are available and should be offered. However, some group members have been told recently that there are no pre-bookable appointments. CW explained that we have a limited number of appointments per day and once the pre-bookable appointments have all been taken, there is nothing else available for admin/reception to book.

MF asked how many call handlers we have on the phones. PL advised it will vary depending on the time of day, but on average we have 4 or 5 staff members taking calls at any one time. Between the hours of 08:00-10:30 we only have the appointments line open, from 10:30 onwards all other lines are open.

8. **Care Navigation/Modern General Practice**

PD & JH expressed their concern at the lack of privacy in the reception area. Patients shouldn't be expected to discuss personal health information in such a public area. ML confirmed we are looking at ways to make the area more private, eg, booths/partitions. Patients also have the option of contacting us by telephone or online. ML also mentioned that at all other health care settings such as A&E, dentists etc, patients are required to explain to their symptoms/reason for being there to a receptionist.