# **Patient Forum Minutes - 11/7/2022**

**Attendees: Iris Connaughton, John Surridge, David Burton, Marion Vause, Moyra Carey, Jackie Carey, Alan Prior, Sheila Harris, Colin Hartley, Cynthia Rosser, Patricia Thomsett-Jones and Alan Wright**

**Lesley Betts – Practice Manager**

**Rebecca Seaman – Assistant Practice Manager**

**Apologies: Edwina Russell, Steve Mahoney, Joyce Lambert, Judith Hardy, Adrian Rudge, Sue Falconer & Patricia Binsted**

1. **Matters arising from the minutes of the last meeting**

None.

1. **Covid – 19 – How we have responded and our current appointment system**

Throughout the pandemic we have tried to communicate to our patients how we are responding as much as possible, so we thought it would be useful to give another overview at today’s meeting.

Becky explained that despite restrictions being lifted for face coverings in General Practice, we have risk assessed this and have decided that we will still ask patients and staff to continue to wear masks. We have a responsibility to be able to provide a service to our patients, and as such as we would like to reduce the risk of staff being unable to work, as much as possible. Staff are also still lateral flow testing twice a week, we are using a separate entrance and exit for patients, and we are still trying to not overcrowd the waiting room at any point.

We have brought back online appointment booking for some appointments. We are offering patients a mixture of telephone and face to face appointments. For some patients telephone appointments is a much better option, and therefore we are trying to be flexible and give patients a choice, as much as possible.

We have brought the waiting room blood pressure machine back, however Becky explained that it will no longer be appropriate for patients aged over 80 years old to use this, or diabetic patients, as these groups now need to have a sitting and a standing BP done with a HCA.

Becky moved on to explain that we are aware that our telephone system and appointment system is not perfect. Despite regular attempts to improve both, sadly demand constantly outweighs capacity. As a training practice, we have been lucky in the past to withstand recruitment issues that many other practices have faced, as we have often recruited our trainees once they have qualified. We currently have two whole time equivalent GP vacancies, and unfortunately we have been unable to fill both of these posts this year. What we are experiencing is a problem which is being experienced nationally, and subsequently the British Medical Association (BMA) with the support of the Local Medical Committees (LMCs) have launched a campaign to “Rebuild General Practice”. Becky gave all of the members a copy of the letter from the BMA which we intend to use on our website and in our Newsletter, which explains the problems that General Practice is facing, and informs patients how they can help address this problem.

As a practice, we are trying to encourage patients to also use the local services that we have access to, such as the Urgent Treatment Centre (UTC), improved access appointments, eConsult, 111 and if necessary 999. Becky told the group that the UTC is available form 8-8pm and will accept walk in patients when capacity allows.

Sadly we are not an emergency service and therefore we cannot always see patients straight away. However, we have trained our receptionists to identify “red flag” symptoms which may indicate that a patient needs to be seen quickly, and we also have a duty receptionist (who is now also working on a Monday afternoon, as Monday is such a busy day) who will triage a patient’s problem and liaise with the GP. If the GP thinks that a patient needs to be seen that day, they will book them an appointment for that day. Therefore, we will always try to see patients who clinically need to be seen, but we cannot always quickly see patients who want to be seen.

To try and reduce the impact of the GP vacancies that we currently have, we have tried to upskill our current team as much as possible, to ensure that only work that needs a GP’s attention is sent to them. We have recently recruited a second pharmacy technician. This role is extremely useful to the practice, as the pharmacy technician deals with a lot of medication related tasks that used to be done by a GP. However, Becky informed the group that it is still a GP who signs a prescription and is responsible for this.

1. **Partnership changes**

Lesley informed the group that Dr Sparrow retired at the beginning of May. We also still have a full time vacancy from when Dr Ansari left the practice. We have two Registrars who were due to qualify in August, who both applied for the two vacancies that we had. We were keen to take both of them, but sadly one did not pass her last exam and therefore she will not qualify for at least another six months. We are pleased to announce that Dr Fikky Ogunleye will become a salaried GP here from the beginning of August. We have again advertised for another GP to join the practice, but so far we have not received any applications.

We had also recently recruited another Advanced Clinical Practitioner to assist gaps that we have since Dr Sparrow and Dr Ansari left the practice, and she was due to start in August, but has since withdrawn from the post and will not be joining us.

Lesley explained that it is not the first time recently that we have gone quite far along the recruitment process, only for staff to then withdraw. In addition we have had staff join general practice recently and then leave as they cannot cope with the workload. Unfortunately recruitment and retention of staff has become a real problem, and as Becky said earlier in the meeting, we are not alone in experiencing this, it is a national problem. Lesley added that our staff have also received an increased level of abuse since the pandemic, and whilst we support staff as much as possible and enforce our zero tolerance policy, some staff no longer wish to work in General Practice.

She told the group that we have also recently needed to recruit a Healthcare Assistant. She explained that none of the applications that we received were from already qualified Primary Care Healthcare Assistants and the new member of staff has got to undergo quite lengthy training before she will be able to see patients and perform certain tasks on her own. Sadly this sort of scenario, has an impact on how many appointments we can provide and long patients need to wait for an appointment.

1. **Patient Satisfaction Questionnaire**

Becky handed the group a copy of the proposed questionnaire of this year. She explained that we have changed some of the questions this year, and have removed ones that we know that are already are already challenges for us. e.g. getting through on the telephones and access to appointments. We have done this as unfortunately, despite the answers that we get from the questionnaire, it is very difficult at the moment to improve this situation. Instead we have included questions which, if we receive negative answers we may be able to do something about.

Becky asked the group to have a look at the questionnaire and let her know if anyone has any feedback or suggestions for further questions.

We will plan to hand out the questionnaire for two weeks in August. Patients will predominately be directed to our website to complete this, but there will also be paper copies of the questionnaire in the waiting room. We will make sure that these are easy to access and return.

We are going to encourage patients who have had an appointment recently to complete the questionnaires, as we believe that this will provide us with more accurate answers, which are based on experience rather than perception.

1. **National Data Opt Out**

Lesley spoke to the group about the new National Data Opt Out. She has given all of the group a copy of the campaign leaflet from the Information Commissioner’s Office (ICO). She told the group that this opt out can be added to your record either by your NHS App (when it goes live) or by ringing the telephone number in the leaflet.

There are new codes which will need to be added to your record to stop an extraction taking place. Lesley believes that one previous opt out code may still be applicable, but she advised patients who do not want their data to be used, to have all codes re added.

Lesley told the group, that once we get the date that this starts, we will publicise it in the waiting room, on our website and in our newsletter.

1. **Any other business**
2. **Enhanced Access**

Lesley explained to the group, that from 1st October our existing extended hours sessions and our improved access appointments (provided at Deal Hospital) will merge together to become Enhanced Access appointments. She explained that the extended hours appointments were introduced originally to help patients who worked and could not attend the practice during its core opening hours, and the improved access appointments were then introduced to give patients even more out of core hours appointments.

Deal and Sandwich PCN are responsible for creating a plan on how this could be provided in our local area. As Channel Health Alliance (CHA) have already been providing our improved access appointments, it is likely that they would be asked to provide the new enhanced access service and therefore CHA and the PCN have worked together to create a proposal which will need to be agreed with the local CCG and NHS England. The plan must include certain things, such as access to baby immunisations outside of core hours and this has been incorporated into the plan.

Lesley was keen for the group to give feedback on the proposed plan. She gave them of a copy of a proposal to have a look at. She gave the group time to look at the plan and then asked the group the following questions.

* Do they feel the mix of appointments by the different clinical roles is appropriate? Are there any gaps?  *Yes, they felt the mix of clinical roles was appropriate and would provide a good service.*
* Would they be happy to attend appointments at a different location i.e. another practice? Deal Hospital? *When asked whether they preferred the service provided from GP Practices in rotation or from Deal Hospital, they were very clear that Deal Hospital is their preference.  They feel it is central, served well by public transport, is easily accessible by taxi and the available car parking makes it preferable to some of the Practices.*
* Does this differ if it means they can be seen quicker? Does this vary by appointment type – i.e. urgent same day, Physio, Nurse, GP etc.   *No, it was the same response for all options.*
* How far would they be willing to travel for an appointment?  *They preferred not to travel too far and so felt Deal Hospital’s central location in the town made it perfect.  They understand this may not be so easy for Sandwich patients.*
* How likely are they to use appointments at the following times:
	+ Between 8.30am-6.30pm Mon-Fri
	+ Between 6.30pm and 8pm Mon-Fri
	+ Saturday 9am-5pm
	+ Sunday 9am-5pm

*They felt that patients who needed to be seen would attend at any time offered and didn’t have particular preferences over the times we offered the service.*

* Of all these appointment times what would be their preferred times?  *As above*
* Do they feel our proposed delivery adequately meets the needs of the local population?  *Yes, they felt the hours offered provided a good service to all of the local population. They mentioned publicising the service but Lesley explained it is pre-booked appts via the Practices so patients will be made aware as and when it is relevant to them.*

The group asked why not all of the slots were covered by certain health professionals (e.g. GPs) and Lesley explained that CHA still need to be able find GPs to work the sessions, and therefore they have only proposed sessions on the plan which they know they can staff. Lesley explained that the reason for providing a nurse on a Sunday was because often practices have patients who need daily or regular dressing changes and there is currently no provision for this at weekends, or over bank holidays and therefore it was thought that adding a nurse clinic for a Sunday would be extremely beneficial.

One of the group asked why there was so little mental health provision in the enhanced access plan. Lesley told the group that in addition to what is on the proposed plan, the PCN have seconded an adult’s and a children’s mental health practitioner to work with the patients of Deal and Sandwich. The plan will hopefully be for each of the practitioners to have one day a week in each practice. The enhanced access plan includes a mental health practitioner on a Saturday, because the seconded practitioners will only work Monday to Friday. So the enhanced access provision will compliment what we will already have.

The group noticed that some sessions on the plan, were only staffed by nurses and they queries if this was safe. Lesley told them that even if there isn’t a GP on site, there is always a GP that the nursing team can speak to on the phone.

1. **PCN Patient Forum Meeting**

Iris and Cynthia had recently attended a PCN Patient Forum meeting as representative of the Balmoral Surgery group. Lesley asked them if there was anything that wanted to share with the group and they said that a lot of time in their meeting had been spent talking about the Enhanced Access plan, which Lesley had already discussed.

1. **Planning Permission**

A member of the group asked whether there are still plans to develop the third floor. Lesley said that she had a call from the landlord recently and he said that this would be imminent. Lesley checks weekly to see if the planning application has been listed, but up until now, it hasn’t been. Lesley has already written a letter to oppose the application and we will distribute this locally, when we see the application.

A member asked who owns the building. Lesley informed them that when the building was first built, it was owned by a company called GP Premises, then it was brought by Paydens and now it is owned by a company called Assura.

Date of next meeting – 17th October @ 1.15pm