**Patient Forum Minutes – 020.10.23**

**Attendees: David Burton, William Graham, Maureen Graham, Iris Connaughton, Patricia Thomsett-Jones, Marion Vause, Judith Hardy, Mary Venables, Bill Venables & Sheila Harris.**

**Rebecca Seaman– Practice Manager**

**Paula Goldstraw – Admin & IT Manager**

**Angela Hill – Quality Coordinator**

**Apologies: Steve Mahoney, Edwina Russell, Susan Falconer, Thomas Morrison, John Surridge, Adrian Rudge, Moyra and Jackie Carey.**

1. **Matters Arising from the last meeting.**

Becky noted that she had nothing to discuss. The members did not have anything to discuss either.

1. **PCN PPG Feedback.**

John Surridge attended the PCN PPG but he has been unable to attend this meeting at the last minute and so will update the group at the next meeting.

1. **Update on current situation at Balmoral Surgery.**

Dr Fikky, who has previously been a registrar at Balmoral as well as a salaried GP, became a GP Partner on 01.09.23. She will be working 8 sessions per week.

Dr Osondu has joined the practice as a salaried GP working 6 sessions per week. He was also a registrar here.

We also have Dr Dey who has joined us as a salaried GP.

Dr Viney will be taking medical retirement at the end of November and we are in discussion with a new salaried GP who we are hoping will join us working 8 sessions a week. We will then be back up to full staff.

We also have built a good relationship with a locum company who supply remote locums for telephone consultation clinics. Some patients still want to have telephone consultations sometimes instead of face to face. The company can also supply us with a locum within 30 minutes if need be to cover any sickness.

Lesley retired at the end of August and Becky took over as Practice Manager on 01.09.23 and is being supported by Paula, Admin and IT Manager and Angela, Quality Coordinator. Paula and Angela will rotate in taking the minutes for these meetings.

We have also needed to look at how we work and we have managed to strip some work away from the GPs by upskilling some of our admin staff. Previously the GPs would have looked at every patient letter that came into the practice. Now some of the admin staff can look at these and action some of the things in the letters, which mean that the letter is sent to a GP for information only. We are advertising for a new receptionist to backfill these upskilled staff. One member of the group asked if when recruiting we could make sure that the person has some empathy and understanding. We assured the group that we always take this into account.

It has not been easy to recruit receptionists in the last year or so. We can invite 8 applicants to interview and only 2 will show up. It is not an easy job and sometimes we have recruited and after 2 weeks of induction they don’t come back. We do try to pay a competitive salary but it is an employee’s market at present.

We have also had an issues employing and maintaining ACPs. One of our nurses is is training to be an ACP and is in the process of completing her prescribing course. She will be running minor illness clinics. Our long term vision for the future is to have minor illness arm to the practice. We would not say no to another ACP if we were approached.

1. **Results from Patient Satisfaction Questionnaire.**

After receiving the results from the National Survey we did our own practice survey. Most of the results from both of the surveys are good. One area where we scored low on the national Survey was regarding how easy it is to get through to the practice on the phone. We have previously needed to move from analogue to internet lines as this allowed remote working during COVID. The government have pushed all practices to internet lines. We had a lot of issues with the telephones in the summer and were constantly contacting the company only to be told that they could not see any issues. Things do now seemed to have settled down. In the local survey conducted in August/September we asked the same telephone questions hoping that the results would be better but they weren’t.

We have taken some actions following these results: We have more staff answering the telephones between 8 and 830am. We put a poll on our website asking patients if they would prefer to hear the engaged tone or be held in a queue. 93.5% of patients said that they would prefer to be in a queue. Prior to the poll we had 3 people on a call and 5 in the queue, we now have 3 people on a call and 10 in the queue. We will monitor this. If you are number 11 or above in the queue you will get the engaged tone. Our telephone company do not supply the call back feature but we will keep our options open regarding this. There is a government list of telephone suppliers to choose from. Paula is also going to speak to Sandwich Medical Practice as they have a similar list size to Balmoral and use the same company but they scored higher than us so maybe we can learn something from them.

We are going to change our phone message asking ideally if between 8 and 830am calls are for appointments only.

At present a lot of the appointments are bookable on the day as they are with locums. Going forward we will have more pre-bookable appointments because they will be with our own GPs and the risk of the GP not being able to work is lower.

We would normally have waited until this meeting to discuss an action plan regarding the telephones but we felt that this couldn’t wait and we needed to move forward quickly.

We will be sending out another text message to all of our patients reminding them that there is a practice website. We can get information on our website very quickly and feel that this is the best way to communicate with our patients.

We are considering a social media presence. The fourth member of the management team has a keen interest in IT and will be looking into this. It will not be a two way thing, it will be for information sharing only.

1. **AOB**

**CQC -** We have recently had our CQC Monitoring Call which we are pleased to report went very well. The last one was in 2019. They found no need to make a visit to the practice. It was a very positive experience. They do not share their wealth of knowledge with practices but the inspector did offer a little insight into the shared problems that practices are facing.

**Ear Syringing –** Ear syringing is going to be provided as part of Enhanced Access at Deal Hospital on behalf of some of the practices in Deal & Sandwich PCN. The staff are currently having training and the nurse on a Sunday will be doing ear syringing. Balmoral will have a share of the appointments. We do not have a start date at the moment. Becky will hopefully find out more information at the PCN Board meeting tomorrow.

**Car Park Lights –** One of the forum members lives at the other side of the surgery car park and advised that the car park lights are on each night until midnight. We will look at this.

**Blood Tests at Deal Hospital –** we received an email on Friday advising that blood tests are to be reinstated at Deal Hospital There is no date at present. When the service was pulled from Deal Hospital we were assured by the ICB that if the service was reinstated we would not be destabilised. We employed staff to carry out blood clinics for our patients. If the service is set up properly and fills the gaps we currently can’t offer, i.e. seeing children, offering early appointments, then it will be a good thing.

**The next meeting will be Monday 05.02.24 at 1.15pm**