



**Patient participation group meeting  
Thursday October 22<sup>nd</sup>, 1-2pm  
On Zoom**

**MINUTES**

1. **Introductions:** 8 pts present, plus Camilla Hawkes and Kay Noble for the practice. Apologies from Dr Gordon who had hoped to join us but is working from home unexpectedly today.
2. **Covid 19 pandemic update**
  - **Staff:** We have had staff off sick / self-isolating / having to be at home with children who have been sent home from sch as their bubble has closed. Generally the team is feeling tired and a bit apprehensive about what lies ahead this winter. We are supporting each other and there are lots of MH resources out there for us all (staff & pts) to use. We have implemented a lot of working from home which has helped with the impact of absence and made things easier for staff.
  - **The building:** Camilla sought feedback from those present if anyone had been in our building recently, if they felt safe? Feedback was all positive. Everyone had been able to find hand gel as needed, and there were few people around. This was reassuring – there are ongoing concerns re pts who are declining to come in for example for necessary blood tests because they take high risk medication.
  - **Appointment availability:** incoming demand is higher than the usual autumn and the routine apt wait time has been up to 23 working days. Our aim is 10 working days. So we are not happy at all about this. Many patients have been waiting for some months to call us and so have several things that need sorting out which takes longer. Also thro September we worked our way thro our list of pts whose appts we cancelled back in the early days of lockdown, and have re-contacted them all again to deal with those issues. This has caused demand to go up as well. Due to the wait time quite a few pts are asking to use the same day service (which is for acutely unwell people), even if their apt reason is a routine one – simply as they do not wish to wait so long. This is entirely understandable. However it means that the “same day service” list of patients becomes very long – sometimes too long for that day’s assigned GP to deal with safely: this then becomes an issue.
  - **Incoming phone calls** – are up at least 30% on this time last year. We have rearranged rota to put more staff on the phone, which has caused other tasks to pile up so cannot be a permanent solution. We are

conscious that people have been waiting for their call to be answered for longer than we would like.

- **E Consults:** we have been looking at how to manage our poor appointment availability at the same time as not loading too much more on to the clinicians. So we have opted to start “marketing” our new eConsult system. We have been contractually obliged to offer this since 1<sup>st</sup> April however we have not marketed it at all till this week – it is now front & centre of website, plus is mentioned in the “welcome message” that people hear when they call, and all pts have been sent a text.

Questions raised

*How about a feedback survey, can invite all pts who have used the eConsult option to feedback on their experience.*

Agreed as a good idea. **Action Camilla**

*What about pts who can't write / write in English, wont they be disadvantaged?*

It is a choice to use eConsult, not a requirement.

The aim of eConsult is to provide an alternative choice / option, which we hope will lead to higher satisfaction for those who choose to use it.

We are aiming that the use of eConsult reduces the wait time for a routine apt and this will benefit all pts.

By providing alternatives and increasing the number of different ways that pts can choose to interact with us, we aim to manage our work more efficiently and lead to higher satisfaction for pts and clinical staff.

### 3. National annual patient survey results

Really good results – very motivating and heartening for staff.

The survey is carried out annually by Ipsos-Mori for NHS England each January. Results published July 2020. 28% response rate (this is good!) See <https://www.gp-patient.co.uk/> for the full results / compare with other practices.

Last year's results were already good, this year's are improved & we score above local average in many areas. SMP can be really proud.

#### Snapshot of results

##### Phone service

82% find it easy to get through on the phone (local average 68%)

97% find receptionists helpful (89%)

77% have a “good” experience making an apt (65%)

72% are satisfied with the apt times available (63%)

##### Clinical teams

91% respondents found their healthcare professional (HP) good at listening (86% last year, local average 89%)

97% had confidence & trust in the HP they saw / spoke to (last yr 93%, local av 95%)

95% felt their HP recognised / understood their MH needs during the apt (90% last year, local average 86% - this last one we score markedly higher than others). Really outstanding!

##### Where we can improve

Just 17% of respondents “usually see / speak to their preferred GP when they would like to”.

Local average is 44% (national average 45%).

SMP has markedly dropped as last year both our score & the local average were 44%.

After Xmas, we will start work to review & consider this

#### **4. Flu vaccination campaign**

Socially distanced clinics on a Saturday morning, one way system through ground floor waiting room. Have had excellent feedback from pts (inc those present) re safety – pts are in and out in of the building in under a minute Final clinic for the over 65 age group coming up, also still booking into November for the “under 65 but at higher risk” age group. Demand is not as high as expected. It is probably a bit up on next year but we have few empty appts for the Over 65s and lots for the at risk group. This is echo-ed in Chapeltown but we hear in other areas of the city they have had extremely high demand. Many people go to the pharmacy but we have allowed for this in our figures as the pharmacies inform us when they give a vaccine.

#### **5. Raised blood pressure (BP) readings**

Dr Gordon is leading work to improve how we follow-up patients who have a raised blood pressure (BP) reading. If the same pt has subsequent high BP readings then this may go on to be a diagnosis of hypertension (high blood pressure). Currently follow-up is done by the GP, but in future the nurses will manage it, working to strict protocols which tell them what to do in every situation. The nurses would do routine cases – in other cases the GP would be more involved.

Hypertension has become a much more routine matter in past years. For example in the past people would come to the GP just for a BP check whereas now we expect people to own their own BP monitor. This makes it very suitable to be managed by nurses, who are good at being consistent and methodical, and sticking to protocols. Our nurse team already follow a similar process as they do the follow-up of all raised HBA1C (blood sugar) results, and our management of these has been more consistent since nurses took it over a few years ago.

Thank you to several patients present who were willing to comment more on these proposal should we need it.

#### **6. New website**

Is nearly ready aty last (rather later than first planned)– thank you to 2 volunteers present who offered to have a look and comment.

#### **7. Any other business**

Camilla passed on the sad news that Dr David Adshead had recently passed away. He was a “founding father” of St Martins Practice in its current form and wrote the original practice ethos which is still in place today. No funeral was

held but cards can be left at Fishers funeral director, Regent Street, Chapel Allerton.

*A question was asked re Covid vaccination: had the practice been asked to do any planning in prep for this?*

Short answer: no. Longer answer: the healthcare system has been working with other healthcare professionals being trained up to do vaccinations eg dental students.

8. **Date of next meeting** - 19<sup>th</sup> Jan 2021 6-7pm