

SMP PRG minutes 11/12/24

4 patients present plus Camilla Hawkes and Dr Gordon for the practice

Staffing update

- Patient Support Team
 - Gina T started in PST last week
 - 1 person left – so to re-recruit
- Nurse team
 - A PN is progressing to ACP, mentored by the practice
 - An HCA is progressing to Nurse Associate, mentored by the practice
 - Funding is now available for this thro' a levy on large employers (LTHT)
 - Currently planning how to replace this time, likely to be a new HCA recruited

Did not attends

- Just 67 pts responsible for 472 DNAs in the past year
- Equivalent to one GP working FT for over a month
- The practice has Not got any organised policy currently
- Revised policy is being drafted now:

Concern expressed that this is a sensitive / difficult area. Simply by virtue of missing appts is an indicator in itself that people are vulnerable. Noone should be taken off list for this reason without a conversation with a human.

The practice will review our patient communication about annual long term condition reviews as many of the DNAs are for this. Do pts fully understand what is involve/ the consequences of not attending? Perhaps not.

The “3 strikes are you’re out” principle is widely recognised. But there must be communication after every instance, and information about the consequence. And for vulnerable pts there should be a conversation after every occasion.

Appointment hub - Launched 12th Sept

Dr Gordon gave an update from staff perspective which was very positive.

Camilla presented figures on incoming forms received and call answering times. NB can we get age breakdown of who is completing the forms.

Feedback points:

People that want to book a routine: if they are available anytime then they could just have an appt booked (put in form “just book an appt”, rather than being sent a link)

Can we make it clearer that we are booking routine appts ahead of time, this message may not have reached everyone.

Patient survey about new hub system to be carried out in Jan 2024:

Will be electronic but also to get a diverse respondents need to use other avenues as well eg the coffee morning, and inking with

Include a question about satisfaction with call answering time

Possibly also around DNAs?

Ask if the respondent has used the alternative (ie staff completing on their behalf)

AOB

Dates for future meetings – Camila to set for 2024 and email them round

Should meetings be face to face or on zoom? Agreed that zoom was more convenient

We would all like the group to be more diverse, and bigger. The practice to think about this

Q: How are plans for group consults coming along (as discussed in recent research project meetings) eg for arthritis. A: Dr Gordon currently working up plans for group consults for menopause and peri-menopause. Watch this space.