

## **Patient Forum Meeting minutes 21.10.2024**

**Attendees:** Rebecca Seaman, Angela Hill, Paula Goldstraw (minute taker) Patricia Thomsett-Jones, Shelia Harris, John E SurrIDGE, Linda Chapman, Christine O'Sullivan, William Graham, Maureen Graham, Colin Hartley, Marion Vause, Bill Venables, Mary Venables & Michael Emson.

**Apologies:** Judith Hardy, Iris Connaughton, Edwina Russell, Adrian Rudge & Steve Mahoney.

### **1) Matters arising from the last meeting**

Becky wanted to update the group on Enhanced Access. EA is discussed at every board meeting and it is going well. Overview, we provide 8-8 service which is provided in house. Each Surgery takes it in turns for one evening and Saturday opening. It is working well, IT integration is better than expected. Becky stated that the only issue we are finding is that our patients do not want to travel to Sandwich and vice versa. So these appointments are not always being used. The Care Navigators are not clinical but do try to triage the incoming calls so that the patient is seen by the most appropriate clinician, ie pharmacist, paramedic or ACP, Enhanced Access, ensuring that chronic, ongoing illness is reviewed by the GP.

### **2) Results from annual Patient Satisfaction Survey**

#### **Telephones**

We had the results beginning of July. We designed our own survey as the national results were quite poor. The national survey was done at one of the busiest times of the year, in January and it was found that the phones in particular were poor, the national survey stating 'patients found it easy to get through was 18% and on our own survey, the result was 45.5%. At that point we were limited by our telephone company and what they could provide. The government now want more reporting with regards to the phones system and the telephone company has now upgraded due to this fact as without an upgrade we would have had to changed telephone company to comply with our contract. Thankfully our telephone company has now upgraded but we were limited due to them fitting us in for upgrade.

One of the new features is that we now have a call back feature. The patient can opt for this when waiting in a queue or 4 or more and the system will call them back when they are 1 in the queue. This saves waiting on the phone listening to the music/options. If the call back is missed by the patient then the system will try once more, if an answerphone is connected then that is deemed as contacted and the system will not try again. The new system comes with more data reporting which the management team can use to monitor usage, and look at where we can improve or change our processes if required. It also integrates with the clinical system and when a patient calls in, it shows on the screen with a patient match, only if the phone number is on our clinical system. This is useful for trying to keep phone numbers updated. We rely heavily on mobile numbers being up to date, as we do send text messages in replacement of postal mail where we can, due to costs.

One of the patient forum members brought up an issue with the '0' option, in that it just takes her back to the main options. Paula & Becky will look at the setup of the '0' option and try to amend this. If it is not possible to amend, we will feedback to the telephone company.

#### Preferred health professional was 11%

We are trying to provide continuity of care, and the doctors now have blocked appointments that only they can book, if they want to review their patient again. So if the doctor receives a letter or result, the GP can then book the appointment themselves, instead of telling the patient to book an appointment and the patient being told by one of the Care Navigators that we do not have any appointments with that particular doctor.

Patient forum member asks, how we are coping with all of the new housing. Becky explained that when we went to safe measures we did close our books and stopped taking on new patients. We are now stable and clinically fully staffed and have opened our books again to new patients. We are currently at around 11,200 patients, but this number is still lower than before and we are trying to get our list back to where it was previously, usually at around 12,500 patients. So no, the new housing doesn't appear to be effecting us at present.

Patient forum member asks, how far ahead do we go with our booking system. Becky stated that we usually run our appointment book 4 to 5 weeks in advance. It is not possible to go too far in advance due to lots of factors, but mainly availability such as leave, and training etc.

We do now have a stable team of clinicians. Dr Puthoor has remained and we have Dr Camm as a partner now. We now have a good team of 5 partners, 2 salaried GPs, 2 Advanced Nurse Practitioners, Paramedic and Pharmacist. 3 Practice Nurses and 3 Health Care Assistants.

#### Practice Website

Do you find our website informative – Yes = 47%

We have changed the website to make it more accessible, a meeting took place with the website team who suggested that our website is too wordy and too long. The average reading age is 9-11 years old and so we have to strip it back and make it more accessible to all. So the main parts of the website are now much clearer. We are still reviewing this but it does take time and there is still work to do.

### **3) Telephone upgrade**

Discussed previously

#### **4) 'Flu & Covid**

This year we decided to offer both the 'flu and Covid vaccines this year due to losing patients to the chemist last year. An excessive amount of 'flu vaccines went to waste and had to be thrown away last year. This season we had two Saturdays booked and it was lovely to see all of our patients supporting us. The team worked very hard to ensure this ran smoothly and it was very positive for our practice.

Patient forum member asked, can she attend for Covid only as she was told by a member of the team that this is not possible. This is not the case and patients can have the Covid vaccine on its own. We will remind the team that patients can have Covid or 'flu separately if required and to book them into a 'flu & Covid slot but to make a note if it isn't for both.

#### **5) Any other business**

##### Collective Action

Becky wanted to update the group on the Doctors, re collective action not industrial action. This will not affect the patient, in that, the GP will do what they can to provide the service to the patient, but if there is a case of something should have been done by secondary care and it is done by ourselves in primary care, the GP will be writing to the secondary care specialist telling them that this falls within their remit and not ours. At the recent LMC conference, the GPs were encouraged to do this or nothing will change with regards to secondary care work being done by primary care.

##### Ear syringing

We are hoping that Michelle, our current CHD clinic nurse, will do her ear syringing update which will then enable her to mentor our Practice Nurse who is keen to undertake the ear syringing course. Until then unfortunately this service cannot be provided by ourselves due to the training required.

##### Incoming letters, how are they filed?

Patient forum member asked, how incoming mail is dealt with. This comes through electronically from outside source, it is then is filed using intellisense software. This matches patient details to our clinical system, but there is still a need to double check the patient details before filing the document. A letter was sent in error to Balmoral, this was not our patient but it was filed into one of patient's records in error. It was explained that this was human error and unfortunately filed incorrectly. We are always sending reminders to the team to ensure they always check name and date of birth of the patient but occasionally human errors do happen. It is always discussed with the person who made the error to try to ensure that it doesn't happen again.

**Date of the next meeting: 24/02/2024 at 1:15pm**