

Dawley Medical Practice – Patient Forum

Minutes of a meeting of the Patient Forum held Thursday 15 September 2022 at 12.00pm

Attendees: Patrick Spreadbnury-PJS (Chair), Lynn Pickavance-LP (Vice Chair), Julie Prentice - JP, Dr Hannah Bufton-HB, Surinder Kumar (Pharmacist) - SK, Denise Hallett (Practice Manager)-DH Jayne Mackay(Reception Manager)-JM, Jayne Stones (Admin)-JS

Apologies: Neil Clark, Diana Clark, David Hunt, Maggie Hunt, Terry Whiten, Brian Churm, Simon Meadows, Sharon Clennell, Susan Woodvine

PS welcomed everyone to the meeting and informed everyone that the meeting was being recorded to assist with writing up the minutes of the meeting. There was no dissent.

Practice Update:

Staffing:

DH reported to the meeting that the PCN now had a team of 4 pharmacists working across the 3 practices (Dawley, Hollinswood and Wellington) overseen by SK, the full-time pharmacist at Dawley Medical

SK introduced himself to the meeting and gave a full account of his professional background before joining Dawley Medical a few years ago now. Prior to joining the Practice SK had worked for the NHS supporting clinical pharmacists working in general practice. Since joining DMP he now supports the needs of patients with complex needs by sorting out their medication. SK's specialist fields of expertise are minor ailments, cardiac problems and diabetes, with a recently awarded Master's Degree in diabetes management. SK outlined how he now supports DMP's doctors and nurses with up to date advice on medication issues and also now acts a mentor to the other pharmacists working across the PCN, some of whom are in training and soon to be qualified in prescribing.

At a patient level SK offers appointments, both F2F and telephone, to address medication queries and blood test results, with advice on changes to medication if considered appropriate. He also signs off many of patient repeat prescriptions requests..LP asked if a patient could request an appointment with SK without being referred to him. SK-this was always passible. HB made the point that, in many instances, the pharmacist was the more appropriate person for a patient to talk to than the GP as they are far better able to to give up to date advice on drugs etc. The doctors regularly ask his advice on prescribing issues.JM reported that very often patients will be quite happy now to be offered an appointment for a telephone or F2F appointment.

LP asked SK/HB about Practice policy on medication reviews. SK explained that his policy was that if a patient's condition was stable on their current prescription then the patient would not be required to have a formal medication review, however, the Practice conducted an annual medication review on all patients. Patients could have a telephone appointment for their medication review or, if required, for those patients using, for example, inhalers, patients would have a face to face appointment. If there were any indications that the patient was not ordering specific drugs over a period of time, then that patient would be telephoned or called in to discuss medication issues before further prescriptions would be issued. Advice from or drug changes made by the current POD system sometimes give rise

to patient queries directed to SK. It was stressed that no medication is withdrawn without prior consultation with the patient.

SK/HB advised the group that the Practice was now looking at a system of Repeat Dispensing Reviews where patients who were stable on long term drugs would be given post-dated monthly prescription to cover supply up to 6 months, or six months of post dated prescriptions would be sent electronically to the patients nominated pharmacy . This would save clinicians time as it would reduce the number of times a prescription had to be issued and checked/signed off. This system is already used in some practices but will require careful monitoring of each patient's medication renewal request over time. Dr. Harwood who recently joined the Practice has experience of this system and is advising other partners and clinicians how it can be applied.

PS raised the issue of encouraging more patients to install Patient Access or the NHS App to order their medication rather than POD as currently the take-up rate of Dawley patients accessing online prescription ordering via an app was very low at approx 29% **HB** highlighted the fact that this was due to some significant socio-economic factors within the Dawley and T&W demographic which meant that many patients did not have access to IT or smart phones unlike in more affluent areas such as Newport and parts of rural Shropshire.

Covid Protocol

HB explained why Practice was still insisting on mask wearing and why open access to Reception still restricted and patients required to use the intercom before being allowed into the waiting room. There is no longer any requirement to test but covid is still out in the general population and precautionary measures are still required to restrict as much as possible the infection of staff, which over recent months, has had an impact on staffing levels with 11 members of staff being away due to covid at one time which puts severe strain on the Practice. **HB** was urging patients to take the latest autumn booster, as, for many patients, their levels of immunity were much reduced after nearly 12 months since their last vaccination.

DH gave an update on the current covid protocols still in operation at the Practice. Patients will still be required to use the buzzer in the main entrance to gain access to Reception. (Di dI not explain this was because we manage the violent & aggressive patient scheme?). **JP/LP** stressed that mask wearing was still necessary to safeguard other vulnerable patients attending the Practice as covid and other winter viruses would still be with us.

Telephone Appointments

LP wished to know if DMP was planning to have any pre-bookable telephone appointments as some other practices offered. **HB** informed the group that this was not being considered as it had been seen previously with pre booked telephone appointments there had been a considerable number of DNAs, with patients not being available when the call came through, which were then wasted appointments. With the current system of all patients being clinically triaged this was in fact a telephone appointment on the day and more efficient. **DH** added that even if patients could book a telephone appointment these would not show on the booking system as a timed appointment. Also there would be no opportunity for more targeted signposting to the most appropriate clinician. **HB** reminded the group that, when there was the possibility to pre book appointments , they were being block booked for 2/3 weeks in advance and, as a result, there were no free appointments and patients were complaining.. The current system is felt to be much fairer. **HB** left the meeting at this point.

Practice staffing

DH gave an update on current staffing. Dr Andrew Harwood has joined the Practice at beginning of August as salaried GP and is currently doing 7 sessions a week. He has worked in other practices in T&W and has come with a wealth of experience. One Dr who does 6 sessions a week is off on

maternity and another Dr who also does 6 sessions is off on long term sick with another 4-8 weeks off before return. The Practice is 2 of the 5 GPs down so 3 regular locums are being employed every week and have settled in well. One of the locums, Dr Oluchi, has agreed to cover the 12 months maternity leave and also assist the other GPs with clinical admin. Sally Gallimore the ANP has decided to take retirement but has agreed to come back and help with vaccinations, contraception clinics and other clinics during the week supported by another locum ANP for 2.5 days a week. The PCN is still working with MIND to bring in some mental health support as the PCN clinical psychologist has left. Mental health is a very big issue at the moment which is an extra demand on the GPs. Some extra help is expected in October but more in a counsellor role – somewhere between the social prescribers and the clinical psychologist. The Macmillan co-ordinator, Helen, will still be in the Practice till October and the support programme for Dawley patients has been going very well. It has been a great support for both patients and staff. Members were directed to the ICB cancer self-help website. Helen usually contacts patients by letter 3-6months after patients have had their first diagnosis, to make them aware of the service offered and then lets them decide if they wish to pursue it or not. The Practice now has 41 members of staff – both clinical and non clinical and approx 10,300 registered patients. **PJS** mentioned that the lead for the social prescribers for T&W had given a talk at the September meeting of Telford Patients First Group and reported that each practice was different on how they used the social prescriber, even though there are contract guidelines. LP highlighted how important the role of the social prescribers is in helping to divert some of the pressure off other clinicians especially as patients can self refer to a social prescriber.

Buildings

DH reported that she had had 2 quotes for resurfacing the disabled section of the car park and was now waiting for the new landlord (Assura) to come back with their quote, for them then to decide how to proceed. Due to nature of the repair (digging out of the present badly worn tarmac and re-surfacing) this would most likely have to be done over a weekend.

PJS raised the state of the blue fencing and verge at the back of the car park and queried whose responsibility the upkeep of this land was. **DH** reported that during their recent visit to the Practice, Assura shared an aerial view of the car park/Practice site which showed clearly that the area behind the blue fencing did not belong to Assura. Further investigation will be required to ascertain ownership. **PJS**, on behalf of PF member Simon Meadows, raised the issue of state of the drainage of the car parking area in front of the main entrance and also the main road side of the Practice building which was overgrown with weeds. **DH** assured the meeting that these issues would be addressed.

Targets

DH outlined the planned changes to increase clinical treatment space and flexibility of use in the system by dividing one of large recently vacated first floor rooms into 2 smaller treatment spaces. In addition it is hoped to be able to update the main patient waiting room with new seating and redecoration.

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NHS Accelerate Programme (Time to Care)

DH reported that there would be another 8 week programme of modules which were designed to look at ways of streamlining administrative tasks and increasing staff resilience and efficiency across the Practice.

JM explained the new T-Card system that had been introduced for both Reception and Admin Office staff. The T-Card Board shows staff names across the top and time slots and tasks to be completed down the side. Tasks to be completed are in red and once completed by designated member of staff are turned over to green on the T-Card board. Staff have embraced the new system and there has been visible increase in efficiency in completion of tasks.

JP highlighted that patients would not be aware of these changes but that it would be beneficial if they were as it would illustrate the demands put on the staff that are not immediately visible to patients. General patient perception of the duties of practice admin and reception staff could be much improved if patients could see this in practice in a short video or photos. (see item on Facebook) **DH/JM** stressed that much of this was a learning curve for all staff and that further training was ongoing for all staff.

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Social Media – Facebook

DH reported to the meeting that the Practice was considering a soft launch of a Dawley Medical Practice Facebook page. Due to the time element required to manage/monitor a FB page it would initially be for information only, so commenting would be turned off. The intention is to launch the page later in the year with general practice information about clinics, services, staff developments/changes, special promotions/events, national NHS campaigns.

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Enhanced Access

DH reminded the members that as from the 1 October 2022 the then CCG/ICB managed Extended Access appointment scheme would be replaced by a Primary Care Network (PCN) managed Enhanced Access appointment scheme; this would be managed by Wrekin PCN - Dawley, Hollinswood and Wellington Medical Practices. PCNs would be required to follow the new GMS contract requirements of offering additional appointments every evening during National Standard Hours between 6.30 – 8.00pm and Saturdays 09.00am - 05.00 pm. In addition Dawley would also offer appointments once a month on a Sunday 08.00am-01.30pm. Hollinswood Medical Practice would cover Monday, Wednesday, Thursday and Friday evenings, Wellington would cover Saturdays and Dawley would cover Tuesday evenings. There would be a mix of face to face and telephone appointments delivered by a mix of clinical staff, A GP would always be present assisted by mix of ANP, UCP, Nurses, Physio, Pharmacist etc. All appointments would be available to pre-book by all patients registered at one of the three constituent Wrekin PCN practices by contacting their own Reception staff during core hours (0.800am – 06.30pm Monday – Friday).A telephone line is not contractually required during the Enhanced Access clinics, however, patients will be able to ring their own practice to cancel their appointment by following the answer phone message. The contract requires PCNs to offer a mix of pre-bookable face to face and telephone appointments for routine issues and same day online appointments only for acute conditions. Online same day appointments will be monitored and triaged to relevant clinicians by the duty receptionist. Patients with acute on the day conditions with no access to internet outside core hours would have to use the NHS111 telephone service. As there would be a receptionist on duty during the EA hours patients who were not able to do an online request would be able to turn up at the Practice and would not be turned away. NHS111 would have access to Enhanced Access appointments but no details were currently available about ratio of NHS111 appointments to patient list size as applicable during core hours. The proposed provision of appointments would be kept under review and adjusted to accommodate patient demand. **PJS** asked for any details of what publicity was being carried out in addition to any ICB publicity to inform patients of the new service. **JM** informed the meeting that the Practice would also be adding information about the new EA service to the Practice website.

DH/JM explained to the group that patients calling for an appointment should always be made aware by call handlers of any EA appointments available at other sites within the PCN in the event there were none available at their own practice. **PJS** pointed out that Dawley receptionists were usually good at directing patients to EA appointments but patients could not always rely on this being the case at the other practices. Patients needed to be aware of the EA service and ask reception staff for availability of other appointments outside core hours if not offered by the call handler.

LP sought clarification of the frequency of the Sunday EA clinic to be covered by Dawley Medical. **DH** replied that it would run on a rolling 4 week cycle but dates had yet to be finalised and would be notified accordingly.

JP/LP stressed the importance of clear publicity in different formats about the new EA service outlining the significant changes to the current service and how to access these appointments.

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Covid/Flu Clinics

DH informed the meeting that the flu vaccinations for the over 65s would be delivered to the Practice by 23rd September and covid vaccinations by 20th September. Due to an update by the Govt to the eligibility criteria for the free flu jabs, more vaccines had to be ordered. A combined covid/flu vaccination clinic by appointment was arranged for Saturday 1 October. Eligible patients would be offered both vaccines but could decide to defer the covid vaccine to a later date.

PJS asked if patients who had already had their covid booster or flu vaccinations were required to inform the practice before they attended the clinic on 1 October. **DH** expressed some concern that there had previously been some delay in Pinnacle updating patient records showing recent immunisations, which could result in over ordering and in some cases wastage of covid and flu vaccines. The Practice would have to do a search on Pinnacle software to check for eligible patients who had already had their covid autumn booster or annual flu jabs.

PJS wished to confirm that the Practice would like members of the Patient Forum to man a cake stall at the clinic on 1 October, where cakes to be available to patients against a monetary donation of their choosing. **DH** informed the group that any monies raised from the cake stall would be used to go towards the purchase of new patient friendly seating for the reception area.

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Enhanced Access to Patient Records

DH explained that after a number of delays, the previous NHS announcement that all UK registered patients were to be given online access via EMIS Patient Access or the NHS Apps to their medical record would now be happening on 1 November 2022. This would mean that as from 1 November all patients would be able see information about their medical history (medication, consultations, test results, appointments, medical conditions etc.). This would not be historic, so only information from 1 November onwards would be accessible. If there are any safeguarding concerns the GP may have relating to any particular patient having full access to their records, the Practice may decide to apply certain restrictions to full access.

PJS/DH in discussions it had been suggested that patients should be made aware of this change in access to records by members of the Patient Forum holding a ‘Listening Table’ in Reception during selected surgery hours to promote use by patients of the NHS and EMIS Patient Access apps and to explain some of the advantages for patients being able to have this access to their medical records. It might also allay some of the fears and anxiety some patients may have if they see information they were not prepared for. **PJS** suggested that some of the promotional posters and videos supplied by the NHS Digital and EMIS be displayed in the Practice to raise awareness. **DH/JM** suggested that Wednesdays and Thursdays would be the best days to have the ‘Listening Table’. **PJS** informed the meeting that, currently, according to NHS Digital data, the percentage take-up rate by Dawley patients to access online repeat prescription orders is running at about 29% and for access to medical records about 5%.

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AOB

JP had raised the issue of lack of prior information relating to very long waits for X-ray results from SaTH back to GPs, even for urgent x-ray referrals. **PJS** had already contacted SaTH to enquire via the Patient Engagement Officer if there was any possibility of including x-ray result wait times on the relevant SaTH pages of My Patient Journey app. To date no reply. **DH** reported that the Practice received monthly update on wait times but this information is not in the public domain. As an example an urgent MRI scan results were currently running at 16 weeks for processing by radiology staff and consultants for GP to get feedback. **JP** highlighted the GP/patient frustration and worsening of condition at lack of follow-up treatment by the GP until results had been received. **DH** was looking at the possibility of the Practice being able to send out to the patient waiting for x-results a short message making them aware of the current long wait for x-ray results. **LP** agreed to contact a colleague at SaTH to see if she can get further information on the Radiology turn-around times and have patients informed at their x-ray what the possible wait time for results will be. Discussion continued around SaTH saying that they are moving towards 'Good' but that this is not reflected in patients' experience of accessing SaTH services.

The meeting closed at 07.00pm.
Date of next meeting to be notified.