Minutes of a meeting of the Patient Forum held at Dawley Medical Practice on Saturday 19th March 2022 at 9.30am.

Present: Patrick Spreadbury, Neilson Clarke, Diana Clarke, Simon Meadows, Julie Prentice, Terry Whiten, David Hunt, Margaret Hunt, Brian Churm,
Tanya Burrows (Patient Engagement Lead at Wellington Medical Practice)

Dawley Medical Practice: Denise Hallett (Practice Manager), Louise Coleman (Urgent Care Practitioner), Jayne Mackey (Reception Team Leader), Jayne Stones (admin), Sue Hodgskin (admin)

Apologies: Dr Bufton, Sally Gallimore

Welcome and Apologies

PJS - welcomed everyone to the first face to face meeting for nearly two years). Dr Rohit Mishra would be joining the meeting from home later to talk about the work going on with PCNs (Primary Care Networks).

Terms of Reference

PJS – Draft TOR had been circulated. NHS England had suggested changing the name from Patient Participation Group to Patient Forum as it implied open discussion. NHS England had suggested tweaking the TOR during discussions on how to make the forum more inclusive. One suggestion was to hold a patient 'surgery' in reception (staffed by Forum members) to answer any non-medical queries. Another matter to be considered was whether the forum needed to hold an AGM.
DC – was concerned how information was disseminated. PJS – this was an issue for a lot of practices. However Dawley used the practice newsletter, the website as well as MJOG text messages. MH – the main gripe she heard about the practice was 'what are they actually doing?' Denise – It was important to communicate what was going on. In real terms the number of appointments was going up and this includes face to face appointments with all clinicians. DH disseminated some data on the number of appointments and types of appointments against previous years.

Agreed - meetings would be held every two months with a mixture of evening and lunchtime sessions. PJS agreed to carry on as chair. To discuss at the next meeting – what officers would the Forum need (treasurer? Vice-Chair?). Dawley Medical Practice would continue to provide admin support.

Fund Raising

PJS – Sally Gallimore (the practice's Advanced Nurse Practitioner) was willing to set up a fund-raising group to bring extra items into the practice. There was a common misconception that central government provided everything whereas practices were actually private businesses and the partners were responsible. The cake sale at the last flu clinic raised £86 which had been used to buy a new blood pressure machine. Suggestions for future projects included a summer fete or cake sale outside in the car park. Denise – The idea was to use any money raised to make the patient experience better, for example, improving reception. PJS – any monies raised would go through the Patient Forum which is why the group need to consider appointing a treasurer. MH – asked if anything could be done about the state of the car park. Denise – the landlords had been asked for years for improvements without success. One quote for remedial work was £7,000. The practice was still trying to source a reliable ground worker. The added issue was that it isn't only Practice and pharmacy users using the car park and causing wear and tear.

Agreed – Sally would arrange a separate fund-raising meeting.

Current Projects & Member Items

Denise – had been at DMP just over a year. Had previously worked at practices in Wellington, Teldoc and Stirchley as well as in A&E. Her previous background was in hospitality and she had worked for the Civil Service.

Over the last year two salaried GPs had been recruited (Dr Lovett & Dr Oke) as well as further HCA's, new practice nurses and more admin and reception staff. The Primary Care Network (PCN) was also involved. PCN staff were funded separately from the practice and shared between Dawley, Wellington as well as Hollinswood & Priorslee Medical Practices. The PCN had provided two Nursing Associates (who was between an HCA and a nurse) and two clinical pharmacists (soon to increase to four) who helped with management of chronic disease. Two social prescribers had joined the team (to help with things like housing, isolation, benefits – anything that was non-medical). The PCN was still looking for another physio to replace Jack (who had gone to Shrewsbury. A lot of work had been done with patients who had learning difficulties. They were being seen annually in the surgery. The same was being done for patients with dementia. The practice was now accredited for working with military veterans (more than 50 had been identified). Dr Murphy was the clinical champion for veterans as well as a member of the reception and admin team. ANP Sally Gallimore & Sister Blodwen Mackinnell (one of new practice nurses) had been doing a lot of work with diabetic patients. Recently, data from the Friends & Family questionnaires had been analysed and had shown 90 – 95% of the responses indicated patients were satisfied with services at the practice. The practice was now looking at ways of improving the patient experience for those with autism. The practice was taking part in a pilot project working with a nurse from Macmillan Cancer Care. A nurse would be coming into the practice each week to support cancer patients from a social and psychological perspective.
Another new initiative NHS England was Time4Care which was an 18 week programme aimed at improving access for patients. The working group had been looking at the appointments system and asking patients how easy it was to contact the practice.
PJS – had been asked to join the group and there had been some extremely frank discussions. It will take at least six months to see improvements under the project. The practice had been very honest about the issues.

Phone data sheets were circulated.

JM – the data showed the shortest waiting time for a call to be answered was 0.7 seconds, the longest 10 minutes. There were 13 lines into the surgery, so only 13 people could be on hold at any one time. The practice was locked into the present phone contract, and it would cost £30k to get out of it early. Red Centric (used by every other practice in the area) was a much better phone system.

DC – What sort of training did reception staff have to triage patients? Denise – reception staff were not triaging patients, they were signposting. There is a reception bible provided by the GPs with a skill matrix and signposting guide to help direct the patient to the most appropriate place for care. If a caller refused to give any information about why they are calling, it will be noted on the appointment slot and the patient advised that the GP may not be able to prioritise the call appropriately. Reception staff were trained to ask name & dob to bring up the patient details and would check address and phone details

JM – the data showed over the last year the practice had offered 31,540 F2F appointments (23,793 being GP appointments). Denise - DNAs were high but the practice wants to be sure the data is correct before tackling the problem.

Louise Coleman left the meeting.

Dr Rohit Mishra joined the meeting via Zoom

DrM – A GP partner at Hollinswood & Priorslee Medical Practice. He wanted to update the group on the Primary Care Network (PCN). This was essentially a collaboration of GP practices – the PCN had to be over 30 thousand patients.
The concept was being driven from the top down and the PCN was in a contract with the CCG – certain things were required – like extended access and social prescribing. The thinking behind it was that primary care could do more with larger numbers. A good example of this was the physiotherapy service that had been offered in practice. Things had been on the back burner since the pandemic as the vaccination programmes had taken priority. One of the big problems was that there wasn't really an understanding of the role of the PCN and he would be happy to attend forum meetings in future.

Dr Mishra left the meeting.

<u>Any Other Business</u>

PJS – The CCGs would cease to exist from April – instead they would become part of the Integrated Care System (ICS) and run by a board. The operational body would be the Integrated Care Board (ICB). Each locality would have someone who was responsible for place & people although at this stage it wasn't clear quite what the remit would be.

Denise – The PCN had proved very helpful as far as the COVID vaccination programme was concerned. With Wellington's help more than 7 thousand Dawley patients had been vaccinated. At the same time, we had managed to give the flu vaccine to over 80% of our over 65 patients. On our " super Saturday" we vaccinated over 1200 patients. Some money was available for security work to be carried out in the practice. There had been some incidents (a patient head-butting the screens in reception, another patient had thrown chairs around the waiting room). Work was being carried out in the staff car park, internal and external security cameras installed, a new more secure entrance door and ideas for new reception furniture (attached to the floor). The former play area was now a 'Healthy Hub' where patients could do height & weight.

<u>Date of Next Meeting</u>

PJS – To sort out some dates for the next meeting and see what is the best option in terms of lunchtime or evening sessions.

The meeting closed at 11.30am