

 *DR K OKUNRIBIDO, DR M MYAT,*

 *DR M CHANDER AND DR R AHMED*

**LITTLE LONDON SURGERY PATIENT PARTICIPATION GROUP**

**THURSDAY 6 1 22**

**Apologies for Absence**

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**IN ATTENDANCE**

DR M CHANDER - GP

GAYNA TAPPER – SECRETARY

JODIE HOWELLS – RECEPTION SUPERVISOR x

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MC opened meeting, welcomed all members via MST.

DISCUSSION ABOUT GP PATIENT SURVEY RESULTS – improving practice questionnaire – refer to survey results separately also. MC states survey is on our website.

**Describe experience making an appointment**. LLS are above national average at 74% - National average is 71% local CCG average is 63%.

**Receptionists helpful**. LLS 93%. National average 89%. Local CCG average 83% - LLS well above as we normally are each year. Credit made to LLS staff.

**General practice appointment times available**. LLS 69% National average 67%. CCG 62% - LLS above.

MC states appointment times are stipulated under the contracted national hours and the practice cannot change this.

**Healthcare professional they saw spoke to was good at treating them with care and concern during their last general practice appointment**. LLS 80%. National average 88%. CCG average 85%. Slightly below, not sure this is 100% correct as when asked patients say our care is very high as agreed by PPG member.

**Healthcare professional recognised or understood any mental health needs during their last general practice appointment**. LLS 78%. National 86%. CCG 82%. We have a huge amount of mental health and LLS do our best.

**Usually get to see/speak to their preferred GP**. LLS 18%, National 45%. CCG 39%. LLS below average.

Seems to be low across board. MC asks PPG members if this is their experience. Unanimous no. PPG Member states does not mind who she sees as all qualified GPs. MC states language barriers require patients wanting to consult with Dr Ahmed as he speaks different languages. It is difficult when GPs are not always on site but we do the best we can. Reception try to provide appointments with preferred GP but it depends who is on duty that day. PPG member states it could be about continuity wanting to see the same GP. MC agrees and would also like to see patients he has seen previously for continuity of care but is not always possible as GPs are not always on site. Dr Ahmed off long term sick. If a GPs list is full patients are transferred to another list. we do our best.

**Getting through to surgery on phone**. LLS 60%. National 68%. CCG 59%. We are trying to improve on this. We have 3 phones. We are in process of introducing a specific email for acute scripts so rather than pts ringing for script they can email via request and free up the phone lines for other patients. Soon this service will be available helping free lines.

**Patients took the appointment they were offered**. LLS 94%. National 98%. CCG 97%. If appointment are limited patients have no choice.

**Decisions about their care and treatment involvement**. LLS 91%. NATIONAL 93%. CCG 90%.

**Confidence in healthcare professional they saw**. LLS 93%. National 96%. CCG 94%.

**Needs met**. LLS 90%. National 94%. CCG 92%. Would have been nicer to have been a bit higher.

**Support from local services**. LLS 63%. National 74%. CCG 67%. LLS do not have much control over especially since pandemic as such a delay in so many things ie memory service almost on hold with huge backlogs as with m any other services at hospital. We have a new A&G which helps.

PPG member asks how many people responded to the survey. MC states 434 sent out 124 sent back with 26% completion. So very low. LLS do not see who sent to, we just have results. PPG member states patients might not understand what survey is and ignore or cannot translate which reflects scoring.

Biggest issue is telephone lines. Today we have had 146 calls received morning surgery. Mondays about 200 per morning. Using email for prescriptions will help issue. Since pandemic reception have had a hard job with staff off. A receptions retired and another receptionist retiring soon. A receptionist off sick long term. We are recruiting new staff, hard to train them up with workload.

PPG member states contacted a practice for a friend of him. Says in a que but says where you are in the queue which he found helpful. We looked into but our phone system doesn’t allow and also very expensive at approx. £20,000 which surgery cannot afford and is a complicated system so we have instead improved existing system and we have just updated our phone service to digital and it cost over £5000.

PPG member thinks introductory message on phones needs to be updated. We are doing a new one today.

**Staff update**; RA sick at least until February. Long-term locum Dr Allen all day Monday has gone and we cannot replace as hard to get good locums. Winter access appointments are running at moment (5 per day) running til end of march. Also extended access hub during the week to book patients in. Patients use this service every day Monday – Saturday and bank holidays. There are less GPs nationally than there was. GPs are retiring earlier. Hopefully back to full strength by end of March.

NURSING – receptionist moving out of reception to train in nursing. We have PCN staff, pharm paramedic physio on site coming in to help with demand enabling GPs to see more patients.

We run extended hours 9-3 on Saturdays.

Hospital are doing telephone consultations and not prescribing so everything is coming to surgery and also patients are calling more to chase appointments as hospitals are behind with them.

Our list size is increasing, patients want to come to LLs. Due to capacity we have decided those pts out of area long term and housebound and ask for home visits we will remove them to try and offer best service we can within our area. PPG members agree. We have approx. 8,700 on our list. Our region criteria area is quite far but defined to south are and as far north as Wolverhampton road. We do a lot of home visits every day.

PPG asked about shared care records. PPG liaison group, everyone welcome. Is people familiar with this. MC states shared care holds basic information detailing main problems/allergies/drugs. If a patient was to go to hospital when on holiday they will have information re allergies meds, to try and improve care. Staff are trained with confidentiality. You can opt out if patient do not want to share records. Data security was a concern i.e. population health managements ie drug companies for trials will have access to records. MC states this is what government implement and to opt out if not happy by completing form at surgery. PPG says can opt out of just part 2- MC not aware of this. MN to clarify and let us know.

PPG member states Manor do not hold Cannock/ new cross records for continuity of care. MC thinks this is being looked at.

SHARED CARE RECORDS BLACKCOUNTRY to bring up details of links in google search.

MC states helpful PPG member attends these meetings to inform surgery of updates.

Agreed 3-4 months for meetings. Aim for next meeting 4 months’ time.

**Date and Time of next meeting to be arranged.**