

Stoke Road Surgery

Patient Participation Group

Zoom Meeting of the Committee

8th March 2023 6.30pm

Present: Ian White (Chair) IW
John Coopey (Treasurer) JC
Dr. Chin Whybrew CW
Jenny Crowston (Minutes) JCR
Ali Hopton AH
Ann Ayrton AA

Peggy Dyer PD
Dr. Tim Hardwick TH
Lynne Jackson LJ
Kathryn Ashmore KA
Jane Brettingham JB
Amanda Elliott EA

1. **Welcome:** IW welcomed everyone to the meeting and was hoping to introduce Ruben Lombard, our newly appointed Student Representative. He was unable to attend, so Ian gave brief details about him. He attends Pates Grammar School and is currently in the lower 6th. IW met with him and had a one-hour chat. He has a very pleasing and mature character and is hoping to pursue a career as a surgeon. One of his current interests is the javelin.
2. **Apologies:** Lester Pygott, Dr. Vivien Smellie, Marie Brain.
3. **Minutes of the Last Meeting** These had been circulated to all.

IW thanked the Practice for inviting all volunteer helpers to a social gathering just before Christmas and said that it had been an enjoyable event for all.

4. **Chair Report (IW):**

- **Update on the 4 tiers of hierarchy within the PPG network:**

Tier 1 - the actual PPGs

Tier 2 - PCN level (Cheltenham Peripheral for us)

Tier 3 – County

Tier 4 – National (NAPP)

The local level appears to be totally inactive. There is no organisation at work at this level that we see, the County level is good, staffed by Gloucestershire NHS people, arranging regular hybrid meetings covering interesting and relevant topics, but the National level, NAPP, is in serious trouble. I wondered why it had been so quiet for the last year and then finally we had a virtual meeting in January. There were a lot of members joining online to find out what was happening, but the meeting turned out to be just the chairman of NAPP talking to us. He explained that NAPP is staffed by volunteers; he is a doctor, has no time to spare and has been trying to leave NAPP for over a year now, but there are only a couple of people left and no one will take it on. A familiar story. So, nothing is coming from NAPP at a time when they should be helping with directions for their members.

PD wondered what they use our fees for if it is not operating, as it is quite costly to belong.

- **Issues surrounding the withdrawal of e-Consult:**

There appears to have been quite an impact to patients who are seeking appointments.

One example, which spans both systems, concerned a couple who tried ringing and were told to use e-Consult. They did so, and received a call back within 24 hours. When trying to book a follow-up appointment, they tried to make a phone call for 6 hours without success. They eventually tried 111 and were told a doctor would phone back – the call came at 2am.

On another occasion, IW had occasion to phone the surgery in a morning, and couldn't get through. He eventually managed to, in late PM. The main frustration lay in being cut off and having to repeatedly redial.

Patients had no prior notice of the change and will have been forming adverse opinions.

IW was asking how the PPG may be able to help? Could patients be contacted via SMS message system, directing people to news on website? CW thought this was a good idea, and worth looking into.

Could there be a better queueing system on the phones (notice of number in queue etc).

5. Practice Report CW

- Regarding the quick removal of e-Consult: The level of submissions to e-Consult had become unsustainable. There were so many more queries than were necessary, or who needed to attend the surgery. Many should have contacted other agencies (i.e., Dentist, pharmacy, optician), and it was taking up the time of 2 Doctors, to the extent that they were overwhelmed, and sorting out queries was encroaching on surgery time.

There had to be a quick solution as staff were exhausted and were working many hours in excess of their contracts, with an increasing risk of becoming ill.

It was decided that a system needed to be in operation which was manageable in 12-hour days; hence the removal of e-Consult and reverting to the previous way of contacting the surgery – by phone or in person.

One doctor is allocated to work in the office alongside reception staff. In this way, all incoming queries can be dealt as they come in. Working this way frees up Doctors so that there can be 2 or 3 in consulting rooms. More appointments have been freed up. This system helps to keep things done well, and patients can be directed to the right person. TH had been on 'Duty D' for the last 3 weeks. Queries were coming through every 3 to 4 minutes. Working alongside other staff has helped with bonding within the Practice and staff are generally happier.

Demand has been reduced, and Reception are back in control with phone and face-to-face queries.

All inappropriate requests are referred on to the correct agencies.

- Telephone lines are still analogue, which doesn't allow an efficient queueing system. Installation of an upgrade is being looked into in consultation with the ICB.
- There are not enough reception staff to answer phones. There has been advertising for the last 2 years. Many applicants do not want to work the hours required for the pay on offer, and not until 6.30pm.
- e-consult made it too easy to put in requests which could easily have been googled or made to a pharmacy/dentist/optician.
- LJ recently came to reception at 3pm and asked to see someone. She was phoned after returning home and was delighted to be asked if she could come back the same day!

Once patients have made contact, they are generally very pleased with the way they have been dealt with.

AH said that communication with parents had been much improved since staff had been contacting them via text messaging in the school. It can be a powerful tool to enhance the relationship with parents and need only be short i.e. thanking them for their support.

CW said that short messages have tended to be put on Facebook, but patients don't tend to use it. AH thought a text message seemed personal – which parents appreciated.

- Some discussion followed regarding upgrading of computer system and phones. From 1 April all will have to comply with Cloud-based software and Fibre-optic internet. All Practices will have to go to 'preferred suppliers' for new systems.
- PD asked if there was any way in which the PPG could help. It would be good to know and understand what was happening and support would be offered wherever possible.
- CW said that staff are in full support of the Junior Doctors' strike next week. There are potentially 2 in the Practice.

6. Treasurer's Report JC

At our last meeting, the balance held was £739.24.

I have transferred £85.51 to Jenny to keep her £100 float intact for the Teas.

The monies spent were in relation to the Christmas event and gifts for the guests.

There being no further expenditure, the balance is now £653.73.

7. Listening Place PD

PD was thinking of organising 2 events this Summer, possibly May and another later. This has been a very positive event, and well-worth doing.

8. PPG Teas JCR

As mentioned in a 'stop press' in the last Minutes, we had to cancel the Christmas event due to snow! However, we did manage to deliver a present to each guest, and check that they had plans for Christmas Day.

We had no Tea in January, but resumed in February with 8 guests. (A big 'thank you' from Peggy and Jenny to Lynne for helping at short notice when Jane was ill).

We are planning to form a small 'pool' of helpers in case we have need of people at short notice.

We have 10 guests booked in for this coming Sunday and have had referrals from the Social Prescribers which may see us up to 14 guests for April.

We are seeking to meet with the Social Prescribers so that we can find out more about their roles within the Peripheral Primary Care Network and to fine-tune referrals as we have had a few unsuitable ones passed to us.

After April, we may only have 6 more places left before we reach capacity.

9. Newsletter IW

IW is looking at a special newsletter that won't have all the usual sections in it but will address the appointment questions. He hopes to complete this soon. He will send the questions we have to Dr. Whybrew as usual. There was discussion as to whether our newsletters could be added to the websites of BC Parish Council, Woodmancote – maybe others. It was thought that we need only ask.

10. Any Other Business

- PD asked if the Practice could close their Patient List. CW said that the list is not currently closed and it is quite a complicated process to go through to do so.
- CW brought us up to date regarding Covid vaccines. It has been announced that those over 75, and those who are immune-suppressed will be offered a booster after 12th April. Those in BC Care home will be visited also, along with those who are housebound. People will receive an invitation via text. The vaccine will be one of 4 types available and people will go to the fire station in April. Glenys Okwell will be organising it for our patients – along with volunteers. AA said she is wonderful!

11. Date of Next Meeting:

7th June 2023 – Zoom 6:30pm