

EARNSWOOD PATIENT PANEL GROUP

Notes of Meeting: Wednesday 6th March 2024

1) Present:

David Elliott (Chair), Chris Elwick, Bob Allen, Karen Dryland-Wainwright, Bryony Joyce (Practice) Dr Tansley (Practice).

2) Apologies:

Carol Barnes, Joyce West, Gill Hancock, Rachael Dyer.

3) Notes of the last meeting. (8th Nov. 2023)

There were no comments on the Notes of the last meeting.

4) Matters arising.

a) *Earnswood Web Site Update.*

There were some issues in keeping the Web Site up to date. For instance, the site was still advertising the Covid 19 vaccination dates for last December. The date of the next PPG meeting had not been updated either to reflect today's meeting.

David raised the issue of the order of paragraphs explaining the triage system in the FAQ section on the website which was confusing. It was agreed to modify the two offending paragraphs to make the issue much clearer.

The "kiosk" in the Patient waiting area has been changed over to the new Accurix platform and had been used by a number of Patients to access and provide information. There does seem to be a problem in returning to the "Home" page without waiting for the system to time-out.

It was agreed that the Notes of the latest PPG meeting be included in the PPG section of the website.

b) *Staff Changes*

There have been a small number of staff changes.

Dr Ojha (Male) has joined the Practice as a Salaried GP.

Post meeting the PPG was informed that Dr Spencer has left after many years' service with the Practice and we wish him well.

Two of the Practice ANPs (Advance Nurse Practitioner) have also left the Practice.

Two Trainee ACPs (Advance Care Practitioners), Chloe Rowe and Gen Parkinson have also recently joined the Practice.

Dr Tansey explained the difference between ANPs and ACPs the main difference being that the latter are aligned towards Nursing while the former are more aligned towards Medical practice. He also outlined a change which has seen some members of the Admin Staff assigned to specific GPs and titled GP Assistants. He reported that this was a great improvement over the former method of working.

The Practice is not intending to appoint Physician Associates.

GP interviews have taken place and two candidates have been offered positions at the Practice.

The Practice continues to serve as a GP training centre with 3 Trainees being accommodated over a 4-week period organised by Dr Davies.

c) *Veteran Friendly Hub.*

Unfortunately, Rachael was unable to attend and we hope for a further update on her important role with Veterans at the next meeting.

d) *Appointment System*

It was reported that 2/3rd of Patients are now using the website to access the triage system to book appointments and/or further advice/course of action. This is a great improvement.

The PPG are keen to interact with Patients who may find it difficult to access the triage system via iPhone, Tablet etc. David to liaise with the Practice.

e) *Registering New Patients*

The registering of new Patients is a lengthy process which can hold-up Patients queueing at Reception. David to liaise with the Practice to see if the PPG can help in anyway.

f) *Provision of 2nd Check-in Screen*

No further report was received from the Practice as to the cost of providing a second screen at the reception area queueing point. Item held over until the next meeting.

g) *Prescription Messages*

The question of why messages left on the Prescription Message screen were not always acted on was discussed at the last meeting. Dr Tansley stated that it was far better for Patients to use the email facility provided on the Practice website. This is monitored closely by the Practice during opening hours.

h) *Time limit on reordering Prescriptions.*

It transpires that the debate at the last meeting over allowing 5 days or working days was unfounded as the website already carries the notation "**Please allow 3 working days from ordering your repeat prescription for the practice to process your request.**"

5) New Items

a) *Availability of Practice Blood Pressure Machines (Patient query)*

This query from a Patient Questioned the availability of Blood Pressure Machines available at the Practice after a Patient was told there was a 6/8 week waiting period. The Practice did not know the number of machines they had exactly but It was stated there was a list of Patients who require periodic monitoring. These Patients are contacted when required.

b) *Patient Triage system. (Patient correspondence)*

A Patient had left a message asking to be contacted text. This resulted in the Patient receiving two text messages from the Practice stating that they were trying to get through on the telephone. Needless to say, the Patient was very frustrated.

Dr Tansley explained that if the Patient had requested to be contacted by text message, that sometimes the request requires clarification because the information that the Patient has left in the "Describe the medical problem" window is insufficient to ensure they are directed to the appropriate service.

Patients can always ask the Receptionist for help.

c) *Explanation of Triage system*

David has produced a document detailing how the Triage system works. (Copy attached) It was agreed that the document be placed on the website in a relevant position or on the PPG section if required.

6) A.O.B

a) *Exercise*

David reported that a prominent GP on Radio 4 had criticised GPs for not placing enough emphasis on recommending that Patients exercise more, rather than taking medication. Dr Tansley stated that many Patients were told about the benefits of a lifestyle change including exercise. For example, Diabetes.

Date and Time of Next PPG Meeting

Tuesday 14th May 2024 11.30am at Eagle Bridge.
(Please note change of day)

Patient Triage

The patient panel are very aware of the frustration patients can experience when trying to book an online appointment. The 2023/24 contract the practice has with the NHS meant that to comply with the new conditions they had to change the way patients were dealt with when they contacted the Practice.

Previously, to book an appointment one had to try and get through on the telephone, or queue up at reception. One then might be told there were no appointments available or offered an appointment in 3- or- 4 weeks time. The practice is now required for patients to be "offered an assessment of need, or signposted to an appropriate service, at first contact with the practice". To do this, it was necessary to introduce a **triage*** system. This is why, to request an appointment, one now must fill in the online form where your needs are evaluated. Feedback from patients using this system has been largely positive. Patients are often called back the same day and offered appropriate care from a nurse practitioner or doctor who will then book an appointment for them. It can be a same day appointment, one in a few days' time, or longer if it is not an urgent matter.

Using the triage system has meant that most patients will be spoken to by a health professional within 48hrs, a big improvement over the old system.

This new way of working has also resulted in largely removing the telephone bottleneck when calling the practice, as most patients now book appointments online. Those that cannot use the internet can get the receptionist to complete the triage form for them over the phone or in person at reception.

You may have noticed, as was the case previously, you can only request an appointment when the practice is open, and staff are there to handle the online requests.

Out of hours, or due to other operational circumstances, you may see a message that says:

"Temporarily unavailable. We have paused access to online queries as we are experiencing a high volume. Thank you for understanding. Please consider if your query can wait until tomorrow. If you become more unwell or need help more urgently, please visit NHS 111 online or call 111. If the emergency is life threatening call 999".

Online enquiries will be available again (the next day) from 08:00 AM. We will re-open at 08:00 Tomorrow.

Triage* A process for sorting people into groups based on their need for or likely benefit from immediate medical treatment.