

RUSHBOTTOM LANE SURGERY

PATIENT PARTICIPATION GROUP MEETING

**Minutes of Meeting
Held on 3rd December 2020 (On-line meeting)**

Present: Dr Turner, Kath Hyslop Office/Admin Manager, Cheryl Kirby (Chair), Brian Porter, Jill Reeves, John Hall, June Sales, Marie Howard, Rachel Kilsby, Terry Clarke,

Apologies: Debbie Dennis, Katherine Smith Practice Manager

	Subject	Action by
1	<p>Welcome, introductions and apologies.</p> <p>The meeting was held virtually via Microsoft Teams as we could not meet in person due to Covid restrictions.</p> <p>Going forward a GP from the Surgery will be attending PPG meetings in rotation with GPs from both practices attending over time.</p>	
2	<p>Matters arising from previous meeting</p> <p>MH fed back to the meeting that from December the Long Term Conditions Team will be starting 1-2-1 virtual meetings to support patients with LTC and their families starting with MH and then rolled out to others.</p>	
3	<p>Telephone Problems & Appointments</p> <p>KH The telecomms provider had advised the Surgery that the issue with phones cutting off whilst patients in telephone queue had been fixed. CK said that this facebook posts from patients said they were cut off after being told it was fixed.</p> <p>KH said further problems had been identified with a time lag between incoming calls getting to receptionists and a further problem had arisen where incoming calls became diverted to an unmanned phone resulting in patients queueing for hours on the phone with no answer. The cause is being investigated by the telecomms supplier.</p> <p>There have also been staff shortages due to staff having to isolate at home after being contacted by Track & Trace.</p>	KH

	<p>Discussion continued regarding if the call lines could be prioritised for appointment requests. CK asked as there were 9298 incoming calls in October resulting in just 2996 telephone appointments what did the remaining 6000 calls relate to. KH estimates that approximately around 1000 of the November calls were likely to be flu clinic enquires. Calls would need to have been audited at the time to be more specific. The Receptionists also receive many calls from patients requesting information on services not provided by the surgery. In addition currently calls that were being dealt with by Secretaries such as referrals are currently being handled by the Receptionists.</p> <p>KH stated that there is a dedicated line for prescriptions manned between 11&1 which appears to be adequate. The Surgery is considering having a dedicated line for test results. CK asked whether the phone message could ask patients to phone for test results outside peak times.</p> <p>DrT explained that a recently implemented process asks permission from those patients seeking information from GPs if the response can be given by text or email rather than asking Receptionists to phone the patient so will reduce the outgoing calls using the telephone lines.</p> <p>KH will be reviewing the recorded message on the telephone queue including whether it is necessary to retain the long Covid message. CK added the reminder to add to the telephone message that if the ailment was urgent such as chest pains then the caller should phone 999 rather than the Surgery.</p>	KH
4	<p>Promotion of SystemOnline and DrLink</p> <p>The PPG recommended that the Surgery promote alternatives to phone calls including System One to look at test results and DrLink to make appointments. Although DrLink is mentioned on the telephone message it is not easy to find and access on the Surgery website.</p> <p>DrT & KH responded that the website is currently being reviewed with the aim to revamp so that important information is highlighted.</p> <p>CK pointed out that Dr Link home page states “for a routine appointment, a follow-up appointment or a flu vaccination you should contact your GP directly”. CK stated this is confusing as patients would identify many ailments as needing a routine rather than say an urgent appointment and would be put off booking through Dr Link. KH agreed to feed this back to Dr Link.</p> <p>KH will feed back to KS regarding promoting Dr Link on the Surgery Facebook page.</p>	KH KH

5	<p>Communication with patients</p> <p>CK said the CCG are looking at communication method where public can subscribe to receive communication emails and once implemented it would be good if the Surgery to do something similar.</p>	
6	<p>Care Navigators Triage Process</p> <p>KH explained how patients are assigned to a Health Professional. Care Navigators on Reception have a list of symptoms and conditions that will be seen by an Advanced Nurse Practitioner or a Clinical Pharmacist. For other symptoms, the patient will be allocated to a GP or nurse or directed to see a community pharmacist or added to a triage list which will be reviewed by a GP to decide the appropriate action.</p>	
7	<p>Mymhealth apps</p> <p>CK and JH had attended a presentation by Mymhealth who provide apps for patients to self manage long term conditions such as diabetes, COPD, heart and asthma. This service is fully funded by SME STP and is already in use at two other surgeries in Benfleet. As the apps looks beneficial the PPG asked the Surgery to consider contracting for use by Rushbottom Lane patients. DrT said it would need to be discussed at a Partnership Meeting. CK will send the Mymhealth presentation to KS.</p>	CK/KS
8	<p>Surgery Pod</p> <p>This is a piece of equipment installed at the Surgery which enables patients to monitor their own blood pressure. It was acquired pre Covid and unfortunately cannot be brought into use at this point in time due to infection control issues.</p>	
9	<p>AOB</p> <p>JH pointed out that the Mymhealth app would be useful for diabetic patients to monitor their health. KH said that patients are now being invited in for their regular diabetes health checks but there is a backlog so patients at higher risk are being targeted first.</p> <p>JH suggested that diabetes patients should be sent for blood tests as that would identify those with problems. DrT explained that when patients have their annual medication review those who have not had their diabetes review this year are being sent blood and urine forms and when results are reviewed it will determine those that are in higher need of diabetes review appointments.</p> <p>Regular clinics are being run to mop up those patients entitled to flu vaccinations over 65s and those under 65 with chronic conditions but there has been issues acquiring sufficient vaccine for the under 65s.</p>	

10	Date of next meeting KH to ask KS whether next meeting should be in 2 months or revert to quarterly.	KH/KS
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