



Trent View Medical Practice

 managed by Riverside Surgery

Patient Participation Group (PPG) Meeting

Tuesday 17th July 2024 at 4.00pm

Crowle Community Hub, Market Place, Crowle DN17

Minutes

Attendees:

David Wall – PPG Chair	(DW)
Sean Fletcher	(SF)
Sue Colakovic	(SC)
Patricia Murphy	(PM)
Christine Slack	(CS)
Helen Groves	(HG)
Maureen Ruff	(MR)
Dr Avi Pillai	(AP)
Jane Goulding	(JG)
Michael Hart– Business Analyst/East PCN manager	(MH)
Sara Mann – Business Support Officer (Note Taking)	(SxM)

1. Welcome:

DW welcomed all the members to the meeting this afternoon and introduced Dr Avinash Pillai (GP Partner) and thanked him for joining the meeting today. All the attendees introduced themselves.

2. Apologies: Michelle Slimm, Melanie Stokes, Patricia Hyatt, Ranjit Aujit

3. Minutes of Previous Meeting:

The minutes of the previous meeting held on 21st May 2024 were agreed as an accurate record.

4. Matters Arising From Those Minutes Not On The Agenda:

Dr Modan to share the Refurbishment Plan for Trent View Medical Practice.

Action: SM

SxM to arrange a date for the meeting between Dr Modan and George McIntosh.

Action: SxM

5. An opportunity, should he wish, for Dr Pillai to introduce himself, his role as IT lead, and the practice's plans for the future

AP introduced himself and explained he had joined Riverside Surgery as a Salaried GP and became a Partner in April 2009. He has previously worked within IT at the North Lincolnshire Primary Care Trust and North Lincolnshire Clinical Commissioning Group. In January 2022 he became Clinical Lead for Digital Primary Care, Northeast and Yorkshire Region, NHS England.

AP advised that it takes time for new ways of working regarding staff training and utilisation. Online Consultation and the NHS App require feedback from the community. Lessons are learned from failures. KLINIK Online Consultation Tool has been rolled out at other practices and has reached its maximum for what it is suitable for. Care Navigators can tweak the Template, but it is not easy to complete for patients.

AP explained that Riverside were the first practice in North Lincolnshire to use a Cloud Based Telephony System via a company called Babblevoice. More practices commenced using the system and it appeared that Babblevoice did not have the capacity to deal with technical issues in a satisfactory way. Riverside and TVMP transferred to Surgery Connect and are still learning regarding the system using it to full capacity.

The NHS App has a lot mentioned about it, but it still needs to be developed further to be fully functional. There are lots of challenges with the transformation which creates frustration in the process. Both Riverside and TVMP were using different clinical systems and are now uniform over all five sites with SystmOne. As previously mentioned, KLINK is okay for the practice to use, but patients have feedback saying it's complicated. KLINIK was commissioned by the Clinical Commissioning Group.

6. 'Total Triage' Update:

AP explained the 'Term' is used very loosely, right enquiry, right team. The product is part of consideration on how patients can use and how the practice can use. AccuRx – Triage Service the workforce has to be mature enough and it takes time to train staff to know what the Directory of Service is. EMIS had better connection to Elemental and SystmOne is not as good regarding referrals. Funding pots of money do not last forever and when funding pots expire, practices may have to self-fund the IT solution. AP advised that there had been a six-month extension to 2nd September 2024. DW commented that there had been no engagement with the PPG. Previously Jane Goulding (JG) had sent a comparison to DW. DW asked "are you at a point to make a decision?". AP advised that as far as he was aware following a conversation with JG that no decision has been made yet. AP stated that funding was supposed to come through but didn't and last week they are now saying it will be funded. The practice needs to see what is plausible. System Connect works within SystmOne. DW stated the PPG want a voice and until this point that was not an option. AP commented the PPG will have a voice. The system will be free for a start and then there will be a cost. MH advised that there is a need to consider the other practices within the East PCN – should have been in the plan – Item 18 of the Recovery Plan.

7. New TVMP website – Update:

DW advised that the Website is 95% complete but is still struggling to complete. There have been a number of times to go live and this has still not happened.

8. Friends and Family Test – Paper Forms In Each TVMP Surgery:

DW advised that the paper form looks like the online form, but the online form requires a QR Code to go live on the Website. It should be patient choice if they choose to complete the form or not. Friends and Family was suspended by the practice during the pandemic in April 2022. DW suggested that completion via paper or online should be offered now.

DW commented that he had called into the Crowle Surgery today and there were no forms on display. When a member of staff was asked for a form DW was told they

the staff member did not work here very often and didn't know. A further member of staff advised that they did not know what the forms were. DW advised that the forms should be on display in the waiting area with a dedicated space for completion of the form and pens available to use. DW informed the members that a new form had been approved by MS but was not available in Crowle Surgery today.

DW displayed the new form for the members to view and some members felt the form was giving a negative vibe. If patients are happy with the service they have received, they need the opportunity to express this.

DW advised that the new form fits in with the guidance available on the Friends and Family Test.

9. TVMP Complaints Procedure And Patient 'Leaflet/Booklet' Complaint Form:

DW stated that the Complaints Procedure Booklet had been sent out to all members and feedback had been provided. Patient feedback should be more friendly. DW advised that the Protocol was based on a 24-page booklet from the Ombudsman Service. SC and DW had worked through the information to produce draft three, which had been approved by MS.

DW displayed a Complaint Procedure Flowchart and talked the members through the chart. The draft Website gives more options for feedback. It was agreed that the Flowchart gives a broad base and is the best learning tool.

The Complaint Procedure Booklet is user friendly and easy to use. We need a clear and concise policy as patients need to make their voice heard.

10. East PCN - Primary Care Recovery Programme - See Checklist At Appendix A:

This item has been carried forward to the next meeting.

11. Enhanced Access Appointments:

a. Actively Communicate Availability of These Extended Access Appointments to [our] Patients

DW stated that Extended Access Appointments should be scheduled online for two weeks at a time when the Website goes live. GP practices must actively communicate the availability of these appointments to patients and how they can be accessed.

MH advised that the Care Navigators actively offer these appointments to patients for Smear Clinics, Physiotherapy, Medication Reviews, GP appointments, as part of their role. The practice has other appointments available online via trialling a new recall link for asthma, diabetes and smear appointments. MH informed everyone that the GP appointments are used routinely. MH advised that he would discuss other options at the PCN Meeting, as the PCN has five practices altogether, which these appointments are available to. DW asked what are you going to do to comply? MH advised that he would discuss at the PCN Meeting with colleagues of having four weeks of rotas on the system for Nurses and GPs, Long Term Conditions and other conditions. MH displayed a summary of slides of Extended Access Appointments available in a given week.

Action: MH

Discussion took place regarding Did Not Attend or cancelled appointment figures of patients from other practices who DNA these appointments. There is a need for transparency. It was suggested that these need to be drilled

down a bit further, as to how many are cancelled/DNA'd to assess the flow of patients. It was agreed there is a need for consistency of approach to advertise these appointments out.

Action: MS/MH

MH stated that the East PCN has to provide 31.0 hours of Extended Access Appointments per week available to the East PCN Practices. MH advised the delivery plan will be defined.

b. EA Performance Statistics

All five practices are now on board with delivering Extended Access Appointments and one week of the month there are fewer appointments available at Riverside/TVMP practices, as the other practices provide appointments for the East PCN to use which includes Riverside and TVMP. The East PCN has made the decision to operate in that way. DW asked for the delivery plan to be shared with the group. AP commented that the data needs to be challenged as the data looks disproportionate as per the slide.

- Are all the hours delivered?
- How do we record/track cancelled sessions?

MH stated that these hours are a contractual requirement and there is a two-week grace window to recover any cancelled sessions.

Action: MH

12. Performance Reports:

a. Appointments

The appointments data was circulated prior to the meeting.

DW displayed the GPAP Data to the group and asked AP for his comments. AP stated that there was huge disparity with the data and gave some examples of data in the appointments in general practice collection is known to contain a number of data quality issues. This is due to variation in working methods and recording between different practices and PCNs. Practices and PCNs manage their appointment systems in the way they best feel allows them to manage the health and care of their patients and not for the purpose of data analysis and there is a widespread variation in approach to appointment management between practices. AP advised there is a need to improve recording, as not every encounter is coded. He explained that when undertaking the role of Urgent Care GP, the doctor is asked to assist with other duties for example: an emergency in the practice, assisting staff with other queries within the practice which are not recorded by the GP, but other staff members. MH commented there is a problem with appointment mapping within the system.

DW stated that he had asked for data to be provided by the practice, but this had not been forthcoming on a number of occasions, and this was what was available to review online. AP stated again that this data is not reflective of the operation of the practice. The system is not fit for purpose.

b. Telephone Response Times

The Telephone Response Data was circulated prior to the meeting.

DW advised that the response times have not improved, and the team are not answering the telephones. All prescription requests have now been

centralised at Brigg, which should allow more time for answering calls in the dispensaries.

The contract for the telephone system is for five years and Jane Goulding has a list of significant issues, which are being reviewed.

c. Friends and Family Tests

Information regarding the Friend and Family Tests results were circulated prior to the meeting. The response rate for April 2024 was recorded at 85% for Very Good + Good from an overall response rate of 397 received from SMS/Text Message response. 8% was recorded from the responses received for Poor + Very Poor.

d. Annual GP Survey

DW displayed a slide of the results for the Annual GP Survey which ranks the nineteen North Lincolnshire GP practices. The results showed that Trent View Medical Practice were listed as seventeenth and Riverside Surgery nineteenth.

13. Feedback From Members Who Attend External Meetings Relevant To The Work Of The PPG:

DW regularly shares information from the meetings he attends. He is currently working on the Carers Alliance with Jane Goulding. The aim is to lift out of the culture. Communication is a big part.

14. Any Other Business:

One of the members commented on an elderly neighbour attending the Crowle Surgery for a B₁₂ Injection and requested a Shingles Vaccination – a further demographic check was required.

15. Date/Time Of The Next Meeting:

Tuesday 17th September 2024 at 4.00pm at Skippingdale Surgery, Ferry Road West, SCUNTHORPE, DN15 8EA.