



Patient Participation Group (PPG)

12th July 2023

Present: Dr AA, RL, CJC, AW, RB, MA, RS, SH, CL, PD, EH, KC, AR,

Apologies from: HP, MS, DM, CW, RG, JC

1. Welcome and Introductions

- Participants were welcomed and thanked for volunteering to take part in the PPG. Everyone introduced themselves and signed the sign in sheet.

2. Friends and family (F&F) Feedback

- The F&F monthly survey results for the past 4 months were distributed for the PPG to view. In the May 2023 results stated, "all personal contact has been removed". PD asked if we knew what that comment was in relation to. Dr AA advised that as its anonymous we were unable to follow up or address patients' issues.
- PD asked what F2F meant and clarified was Face to Face. Agreed to avoid use abbreviations without explanations. **Action CJC**
- Asked why the response rate was so low. RL advised that F&F is available online as well as paper copy in the waiting room and discussed to target annex and patients as they leave for a higher response rate as discussed at the last group meeting in February. **Action RL/CJC**
- PPG asked if the F&F could be promoted on the tv screen as they felt this worked well at sharing health campaign information. Also, if this could be mirrored on the website as well as Facebook. **Action RL/CJC**
- Agreed the results were consistently positive and RL advised he found written comments more constructive than the rating as new ideas could be drawn from these and would look to change the template in part to allow feedback if requested. **Action RL/CJC**
- The new letter boxes would be mounted shortly in both the main waiting room and annexe. **Action RL/CJC**

3. February 2023 Minutes

- Minutes from the last meeting were circulated. RS advised he had sent his apologies which had not been noted. **Action CJC to amend.**
- Actions from February were discussed. Long covid recovery clinic leaflet was circulated. This is a self-referral service which is held at East Riding leisure centers as a 6 week online or 6 weeks face to face.
- Two new F&F summary boxes have been purchased one for the main waiting room and one for the annex to be wall mounted and hopefully attract more responses.
- **SEATING** carried forward PPG member not in attendance.

4. Terms of Reference

- MA had sent CJC a template of terms of reference which CJC has amended to suit the PPG needs. This has been circulated to be read at home and any comments or edits are welcomed. KC advised that section 2.1 relates to the diversity within the group the wording needs to be looked at carefully. **Action CJC to finalise the coordinated edits.**

5. Update on Premises

- RL advised PPG that we are on the final stage of the refurbishment, involving three GP rooms hopefully can be completed by September.
- The annex has now been completed allowing an increase from 2 to 3 treatment rooms and hoping baby clinic can return over to the annexe.
- The flat is also completed allowing for 2 treatment rooms and admin space upstairs.



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6. Appointment booking

RL provided an overview of the current need, structure, and considerations for the GP appointment system:

Key considerations

- Number of appointments per day (variable – hols, days of work)
- Non-routine work – Dermatology, On-call, Cryotherapy, teaching junior doctors, medical students, minor surgery

Nature of appointments

- Acute problems – generally new conditions or existing condition needs
- Non-urgent – needs which are not urgent and may relate to new or existing concerns
- Follow ups – these may be instigated by the doctor or patient and would not normally be seen as urgent
- Visits – these would normally be undertaken after the morning surgery or if acute and reported later in the day would normally involve the duty doctor making an afternoon visit.

Format

- Telephone – the large majority of our GP appointments would involve an initial telephone triage phone call from the doctor, after when if there was a need to see the patient, they would be invited to come down during the morning or afternoon or if not convenient the next mutually convenient time.
- Face to face – we provide a small number of directly bookable face to face appointments though, largely evening appointments.
- Video – we used these during Covid, but the doctors tended to find that these offered limited clinical or practical benefit over a telephone consultation and was best served by inviting patients in for a hands-one examination and now find that these are rarely used.
- On-line – we do offer on-line consultations although the on-line requests are passed to the doctor to call the patient back same day.

Release

- Same day – the majority of our appointments are released on the day at 8.00am whether phone, at front desk or online.
- Future date – we do release a small number of appointments in advance although we are mindful that this may not meet everyone's needs. It is also needed to consider if releasing/booking in advance how far to release appointments.

Which doctor?

Whilst appointments are routinely available there may be a need to book with a specific doctor for continuity or personal choice. It was suggested it would be useful to have the doctor's working week publicised to minimise the need of ringing to find out if a doctor was available that day.

Action RL/CJC to raise with the partners.

Current position

- We tend to focus on acute need but recognise the need to accommodate future bookings
- We try and promote continuity of care where possible
- Small numbers of pre-bookables are available
- We review weekly to ensure we have a minimum number of appointments per day (it doesn't always happen, but we try).



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Issues

- Resources are finite and you can only use them once (same day, pre-bookable).
- Very occasionally when demand is low, and we have a good supply of appointments we have a few unused.
- Working example:
 - If we have a starting point of say 100 appts in a given day, a small number may have been booked for a GP follow up request, so say we have 85 left.
 - If all are made available on the day this means that anyone requesting an appointment for that day up to 9.30-10.30 are likely get a same day appt.
- We can set some up to pre-book but how many?
 - Does this depend on how many we have on any one day?
 - Does it depend on the weather?
 - How far in front to pre-book?
 - If we made 25 pre-bookable leaving 60 – are the 25 pre-bookable booked because of need or just because that is all that is available and if repeated daily means most appointments could be 2-3 weeks ahead rather than same day?
- Type of booking
 - Whilst nearly all of our appointments remain telephone triage in the first instance anyone in need for being seen same day would be normally asked to come in unless not convenient.
 - Should we offer more face to face?
- How booked
 - Appointments can be booked by phone, on-line or in person – all released at the same time to ensure nobody disadvantaged.
- Video consultations – this isn't something which the doctors find beneficial in general but are able to if needed.
- On-line consultations – Patients can raise GP enquiries which the GP would pick up and telephone back – we believe this avoids emails bouncing backwards and forward and provides for early resolution/conclusion.
- RL advised he was aware that some practices have HUNDREDS of on-line consultation request on a Monday morning – most likely because they can't get in by any other means.
- We receive a few each week/month (does this reflect good access?).
- RS fed back that he had tried to use Online booking but as he already had an appointment with HCA (Health care assistant) he was unable to make additional booking. **Action RL to investigate with NHS digital.**
- RS advised that to prevent patients calling to arrange a follow up appointment with a particular GP to find out they are not in, could the working days of each GP be available. Dr Alamgir advised that there are set days that GPs work unless annual leave or cover, but if a GP needed a review appointment, they would pre book that in for the patient as necessary. Discussed having the doctor's routine availability available to minimize the need for patients to ring and then ring back; albeit this would not take account of holidays, training etc. **Action CJC to raise with Partners.**
- RS asked if data was being collected to establish what percentage of appointments was requested were needed for the same day triage, would some have been better suited to a prebook-able appointment, which were a reoccurring issue and what was a new problem. Dr Alamgir advised that she knows from her list that 60% of today's work is a new issue and anything else is usually pre booked for a review. Dr Alamgir reinforced the data is not readily available nor can be easily collated as this would be manual and subjective. Richard advised that in some local GP surgeries to be seen with a new problem can be several weeks ahead;



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our preferred telephone triage does allow straight forward access for most needs. An initial survey was undertaken in March by staff to identify patients contacting us over a short period what unmet forward booking or face to face needs there were – this will be repeated and will look to have a meeting with the partners to agree any changes. Richard advised this remained a balance and was important to try and maintain the general good level of access whilst providing a little more flexibility for individual needs.

7. PPG QUESTIONS

- Telephone system – Enquiry was made over the possibility of caller-queuing. Richard advised that our current system did not have queuing functionality and whilst there were wider NHS plans to move to a Cloud based system this was unlikely to be before the end of the contract in two years' time. It was agreed that the place in the queue would be helpful for callers. Discussed the current number of lines which was flexible (with some either or in/out lines) but Richard confirmed there were 5-6 staff answering the phone any given time in a morning. It was also acknowledged that the mobile signals within Beverley remained poor which was an issue for some telephone call backs and the impact of the proposed KCOM domestic landline changes was largely unknown.
- TV Screen – feedback was positive as to the TV screen which was felt very informative. IT was confirmed there wasn't a proposal to extend this to the annexe due to cost (£5,000+) but the content would be useful to share on other mediums such as the Website and topical items such as Friends and Family test, flu campaigns were valuable resources.
Action RL to investigate.
- Brief discussion relating to the Website and Facebook and agreed that sharing media across all these channels should reach more of our patients. **Action RL to investigate.**
- RB asked what the practice was doing to future proof the practice with all the new additional houses being built in Beverley. RL advised that a weekly list size count has been recorded over the last 7 years is undertaken, and the results show that there is a steady controlled growth of the list size. The additional rooms and training GPs allow us the capacity to grow as and when needed.

Meeting closed to arrange next PPG before end of the year.