**St John’s Way Medical Centre – Patient Participation Group (PPG)**

**Minutes of meeting on 7th July 2022**

**Patient Representatives**

Stephen Wood (SW) (Chair)

Frank Jacobs (FJ), Harriet Lane (HL) Adam Roberts (AR), Frances Tomlinson (FT) (minute taker).

**Apologies:** ?

**Staff:** Jan Lenny (JL) - Operations Manager, Dr Jennifer Rea (JR) - GP Partner

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| **Agenda Item** | **Action** |
| **Agenda Item 1 – Introductions & welcome** |  |
| **Agenda Item 4 – GP Partner feedback**  The time available for the meeting was entirely devoted to this item, in which Dr Rea responded to the points made in the memorandum prepared by SW and FT following the February meeting, and to questions that members had emailed to JL in advance of the meeting.  The main issues discussed in the meeting were:  Staffing: JR updated members on the current staffing position in the Practice, which now has a full complement of medical and nursing staff. She also informed the meeting of some new roles within the practice, including two practice-based pharmacists, and a first contact physiotherapist.  Members asked how patients were informed of changes to the practitioner team, JR responded that this information is contained in the Practice engagement letter, which is not sent to individual patients but can be downloaded from the Practice website.  Systems for making appointments and carrying out consultations: Online options are now mandated but patients can continue to contact the surgery by telephone and to request face to face appointments as an alternative to consultation by telephone. JR emphasised that increasing use of digital applications in the NHS was coming regardless, but had been accelerated by the pandemic. It was noted that many patients were unfamiliar with digital systems, or did not have access to devices. It was agreed that upskilling and enabling more patients to use digital systems was important but that nobody should be disadvantaged when it came to accessing GP services by a lack of familiarity or access.  Members shared experiences and concerns regarding appointments, consultations and communications with the surgery. These included the lack of a specific time slot for telephone consultations, requiring patients to be available to answer the phone for long periods during the day. It was reported that older teenagers had been advised to miss school in order to be on standby for an emergency callback. The system also required patients to divulge personal medical information to reception staff.  Regarding the triage system, JR confirmed that reception staff are not medically trained, their role is to respond to queries and to signpost patients in the appropriate direction. She was concerned if patients had experienced some triage staff as less helpful and efficient than others, stressing the commitment shared by all staff across the Practice to provide the best possible service.  JL and JR confirmed that it was not possible for patients to email practitioners with queries following a consultation.  Practice website: this has been completely redesigned and members agreed that it was now more informative, accessible and attractive but asked that it incorporate the NHS logo. JL asked the members to feedback their comments and suggestions regarding the website. It was noted that the information on PPG needs updating; it included reference to well-being groups that no longer functioned.  Role of PPG – JR confirmed that the Practice did not think of the PPG as a tick-box exercise, she emphasised the importance of patient voice and two-way communication, and said that she would discuss the concerns raised, including the delivery of information to patients, with her team,  PPG members thanked Dr Rea for making the time to join the meeting, and for listening to their concerns. |  |

**Appendix: questions emailed by members in advance of the meeting**

Locals are keen to know if GPs are aware of how difficult it can be to access the right help. Can we expect this to improve as we emerge from the pandemic?

Can you explain the situation re: numbers of GPs working at SJWMC. How many GP posts are currently vacant?

During the pandemic new pragmatic ways of working were introduced at SJW: phone triage reception system, phone appt rather than f2f, longer waits for phone appts (five weeks is now standard). Is the plan to stick with these?

How do GPs feel about the wait times?

What number of GPs on staff work FT/PT?

Named GPs: because of ‘churn’ and because few GPs seem to work FT there is now little continuity of care at SJW. People with complex medical histories are often told to book in with a named GP — someone they have never met or spoken to — but the wait times may be longer (in some cases seven weeks) so they opt for lucky dip/the first available (five weeks). Thinking about elderly patients or those with chronic/complex conditions, is there a chance of GPs team-tagging, working in pairs across the week, for certain patients? If a patient has a complex medical history it’s hard work to start over from scratch every time you have a phone consult with a new doctor. It’s also a poor use of that GP’s time.

Looking at the consultation hours on the surgery website — which seem to relate to f2f appts, so site may be out of date? —  it looks as if the practice is closed to patients daily between 12-3.30 and every Thurs afternoon from 12. No nurse/GP appt at those times. Is this correct?

Do these restricted hours also apply to phone consults?

In light of the wait times (five weeks now standard) is the practice rethinking GP appt hours? Can the surgery perhaps open on Thursday afternoons for a period, to deal with the backlog/wait times?

How do the specialist health care practitioners function within the surgery, what specialisms, what difference are they making to wait times, how do patients access?

Reception phone triage: is this is set to be permanent?

Is the surgery fully staffed with front-of-house/admin staff, or are there vacant posts (how many)?

If phone triage is set to stay, is there a way of refining it? Many people report feeling really uncomfortable at having to share personal information with triage staff who may seem harried/pressed for time, when attempting to obtain a GP appt.

Many respondents also report feeling uncomfortable in phone triage when having to push in the way that seems necessary to get an urgent callback.

Are phone triage staff medically trained?

Worth mentioning the extreme reluctance of teenagers/young people (generally GP-averse at the best of times) to engage with the triage system. If they can be persuaded to make that call, and if they can articulate their problem satisfactorily (also not a given), older teenagers have been advised by triage to miss school in order to be on standby for an emergency callback — the triage receptionist was unable to give even a rough idea of when the call would come. Is there a case for school kids (who have missed so much school) to be given a specified time slot for a callback so they do not have to skip a whole half-session?

The slots for a same-day emergency callback seem very limited and are closely guarded. You can only unlock these slots if you call/push at certain specific times. These small access windows are not displayed on the website. Can this info be made more obvious to save wasted calls?

Respondents say ‘Triage is a lottery. It really matters who is answering the phones that day.’ Many of the team are brilliant: kind, helpful and efficient. (Qualities long-associated with SJW.)  When they pick up, you relax a little. Others sound tired, fed up, defensive, even semi-hostile. It’s hard to ask fed-up people for help, especially if you are at a low ebb yourself. And if you ask, you are likely to be told you can’t see a GP for five weeks; if you need medical assistance before then, your best bet is to go to A&E. Is that really in the script?

Can a GP attend PPG meetings in the future? Even if just for 15 mins? This might help with the ‘remote’ issue.