

Minutes of PPG Meeting held on Monday 14th January 2019 at 6.30 pm, Glenlyn Medical Centre (GMC)

Present: Paul Thompson, Jacquie Thompson, Karen Young, Simon Eyles, Jerry Symonds, Susan Dennis, Helen Jeffrey, Marte Hugall, John Hugall, Jaya Damie, Wendy Wilson, Heather Leport, Charlie Clark, Sue Hewitt, Rosie Hodgkinson, Dr Ben Saha (PPG) Dr A Kapoor, Carole Tyrrell (GMC).

Apologies: Richard Strickland, Joseph Todd.

Minutes of Previous Meeting:

The Minutes of the previous meeting were approved.

PPG Chairman's Report:

Paul Thompson provided the following Chairman's Report:

Since the last open meeting 4 months ago, on 24th September 2018, the PPG activities were as follows:

- (1) Your Committee met on 31st October, which included a telephone conference call with Joe Todd, the Practice Manager, and we then fed back to him on such matters as the proposed new telephone system (the installation of which was completed on 22nd November), updating of the Practice website, information to be included in the flat screen TVs which are to be installed at each surgery, appointment system issues and future patient events to be held by the Practice;*
- (2) Rosie and Karen represented the PPG and helped out at the Giggs Hill Flu Clinic on 3rd November, which c.500 attended*
- (3) Your Committee was given advance notice of the new online triage system and provided feedback on that;*
- (4) We prepared 3 PPG slides for the intended new flat screen TVs to be installed at each surgery;*
- (5) Karen met with Joe Todd the Practice Manager and its NHS IT consultant Stephen Howe on 7th December to discuss online registration and IT more generally - what is now called 'the Digital Practice' - Karen was able to provide lots of useful feedback on that;*
- (6) Over the period since the last meeting we have also continued to respond to issues raised by PPG members and other patients with your Committee, including liaising with the Practice about these.*
- (7) Currently, we have 83 PPG members but are hoping to expand that number considerably.*

You will shortly hear directly from the Practice on developments and other matters which it wishes to raise and, so, I will not attempt to say anything in detail on those. However, in

case these are not covered, I would just add that developments which your Committee are seeking to follow and feedback on include:

- (1) Recruitment and staffing levels at each surgery;*
- (2) Development of a fully functioning call centre, to operate the new telephone system;*
- (3) The intended publication of a new Information Booklet for the Practice;*
- (4) A proposal from the Clinical Commissioning Group to relocate both the Glenlyn and Vine Medical Practices to a re-vamped Molesey Hospital in 2021.*

Report from the Practice

Dr Kapoor provided the following Practice Report:

AK outlined that collaborative working will be the way forward for local practices. AK also outlined that one of the problems GMC have been facing is recruitment. The surgery has to offer flexible working as a way to encourage recruitment. We have recruited another doctor (Dr Sharif) and 2 additional health care assistants. We have recruited a Prescribing Pharmacist (joining in April 2019) who will be able to manage certain conditions and protocols and this is very positive. Prescribing Pharmacists take away a lot of work from the GPs and will leave their resource for other conditions. We also have an additional paramedic practitioner (the Practice already has Matthew Goodey). In collaboration with the CCG we are piloting this paramedic project and we currently have paramedics doing some of our visiting.

We are working collaboratively providing extended access. This is taking place out of Giggs Hill. This has been extended to the weekends. By April next year this could be extended to all day on Saturdays. Dr Kapoor outlined that future delivery of care is going to look different. It will not be the same doctor but the IT systems will be linked.

We are looking at working with the out of hours service. Possibly working with Care UK (economies of scale with greater integration). Last week we signed a contract with IDEEA. IDEEA is a collaboration between Elmbridge, Epsom and Dorking together with the district nurses and Epsom Hospital. This is an innovative working practice and will involve working through one computer system. The Occupational Therapist, Physiotherapist, District Nurse and GP will all be working with the same IT system and this will reduce duplication. We think this will make practices safer for patients and far more collaborative.

Dr Kapoor stated that he appreciated that it has been more difficult to obtain appointments but we are working on this and building resilience for the future and collaborative working is the way forward. The absence of a GP (sickness, etc) still will be the responsibility of the individual practice but collaborative working reduces these risks (extended access being an example of this). AK outlined that the extended access is an additional surgery.

Regarding the concern that some local surgeries are able to offer appointments easily whilst Glenlyn cannot. AK apologised because we have had illness (staff sickness) and this has caused shortage. GMC is currently trying to recruit more clinical cover and review and improve the appointment booking system.

Dr Kapoor outlined that the Molesey Hospital site is a community hospital with beds and the facility needs to be refurbished. Keeping patients in the community is something the

Government has realised is positive. The plan for Molesey Hospital is that you have a GP service on site, beds and consultants coming out from hospitals to undertake outreach clinics. This will be a multi-facility site with NHS England funding.

Dr Kapoor responded to a question regarding whether the GP IT systems are linked up with London hospitals. AK outlined that he has been talking about links with local services but, unfortunately, our IT systems are not linked with London Hospitals.

With regard to Online Triage (as publicised in the Surgery and on the GMC Website) AK advised that online triage advice is in its early stages. We are piloting this and the CCG are helping with the funding for this. The CCG are helping with this and will be providing a tablet with this information which will include sign posting and advising patients of pharmacists that are open, etc. This has to be actively managed by the locality and involves centralising information. The idea is that this will be on the website and will provide patients with an option for accessing information.

GMC has undertaken a 'soft release' of the online triage and there was discussion regarding how and when it is useful. The current system is in progress and being developed. AK stated that we still need to get our house keeping in order and communicate to both staff and patients. AK advised that probably what we should do is get a small working party together to trial the 'online triage'. **Action: Liaise with PPG regarding forming a working party.**

Written answers to PPG questions posed in advance to the Practice Manager:

1. Why do patients requesting repeat medications using the online system now have to write some explanation when they request a repeat medication (this used not to be the case)?

This is a mandatory element in the app. It annoys me in my own version of the app from my practice, but it is functioning as the manufacturers intend.

2. What is to be done about urgent care clinics being cancelled e.g. on 3/1 and earlier dates, on one occasion 2 days running, and without notice as, it is said, no doctors or nurses are available?

It is vexing that this is the message patients were being given by call handlers. Now the ANPs have left, urgent appointments are being shared amongst the GPs. We also still have Matthew the paramedic and we are confident of another joining us shortly.

On the days in question, there were a reasonable number of same day appointments available, but due to the demand, they were used up very rapidly. 2 people did not attend their appointments.

3. Why are there continuing problems getting through on the phone lines and what is being done about this?

We have invested heavily in the phone service. There are 14 lines into the business (8 more than before) and normally more than 5 call handlers on line during the high demand periods between 8am – 10am, and 1pm – 3pm. At all other times, when demand is lower, we drop to 3-4. We have more admin staff working here than at most other practices (we are at the 81st centile in non-clinic workforce) – only 1 in 10 practices have more staff available than we do. We have a third more than the average, per 1000 patients in the CCG.

This is by no means unusual, staff report that they experience similar issues with their own practices with one reporting having to redial over 80 times

Last Monday all day we answered more than 600 calls and dropped around 250. We averaged around about 1 call answered every 50 seconds in the 8am – 10am slot. This is a fantastic rate and during that time the wait time to be answered never went above 4 minutes, although I do understand that I cannot quantify those who do not get through at all.

This is success in the face of adversity and I would appreciate it if you supported our call handlers in the face of continuous abuse and pressure from patients. All I can promise is that we will not stop trying to answer more calls, more often.

4. Why are patients attending for appointments being told they are cancelled (and without prior notification) and what is being done about this?

I think we need to be sympathetic to the fact that even doctors and nurses can be ill at short notice. Due to the high demand from locums, we are often unable to replace them on the same day.

Patients are informed where they have kept their contact details up to date OR where they keep their phone on, charged and able to take calls.

Heidi's staff work hard to keep people informed, using text messages where patients do not answer their phone in the first instance.

5. What can be done about there often being no appointments available?

We have more GPs per 1000 population in the CCG and nearly double the nurses. There are often no appointments, because they have been taken by other patients. Any planned absence of GP or nurse is covered by a locum.

We can only encourage patients to use other sources of care, Walk-in centres, Pharmacies or our online triage service.

6. Can more reception staff be provided at peak times as queues are often very long?

If I take a receptionist out of the call centre to assist on the front desk, we lose them from the phone answering. We are 2 receptionists down due to ill-health.

7. Why are patients from Molesey being asked to attend Giggs Hill for urgent care and routine appointments and cannot services be provided to meet the demand at each surgery, particularly now that the 514 bus to Thames Ditton has been reduced from hourly to three times a day?

The practice tries to balance the number of appointments across both sites, but this is not always possible. If all urgent appointments are gone on your preferred site, then you will be offered an alternative at the other site.

The extended access evening and weekend service is based in the Emberbrook Centre and was a locality decision

Patients are able to access care via the online triage service or with a telephone call with a GP.

8. How many full and part time GPs and ANPs does the Practice have and which days do they work at which surgery?

We have no ANPs at the moment. We are recruiting. We have recruited 2 more GPs at 6 sessions (upto 150 additional appointments per week) and a Clinical Pharmacist.

At the moment there are 15 full time and part time GPs (11 whole time equivalents) This is considerably more than the average for Surrey Downs.

9. In relation to the proposal to relocate Glenlyn and the Vine to a re-built Molesey Hospital in 2021, what is the Practice's stance on this and would it not be better for

Glenlyn to remain separate so as to provide sufficient capacity and spread the load which is not currently being fully met?

The new build facility will be more able to meet the needs of the people who use the service than the current Vine or Glenlyn sites, neither of which were purpose built for healthcare.

There is nothing further we can do to update or improve the current Glenlyn building, which is over 100 years old. It has issues of accessibility and parking, neither of which will be resolved.

The way we use healthcare is changing and smaller units, with spread out capacity will not be able to maintain or enhance services as time moves forward.

10. What procedure does Glenlyn Medical Centre have in place for patients who have appointed Lasting Power of Attorney for Health and Welfare?

This is a good question and the practice needs to update our policy for this, we are seeking advice from the medical defence organisations and will publish it by the end of February.

In the interim, people who have these documents are encouraged to make an admin appointment with Heidi Crombie and all annotations will be made on the patient's record to ensure that their wishes are complied with.

PPG action plan:

It has been agreed that a Diabetes Educational Talk be arranged. The diabetes service is moving away from Kingston hospital. It is planned that there will be an educational talk about Diabetes and this will include how the new services will work. Action: **CT/AK to liaise with Diabetes Speciality Nurse to arrange.**

Stomas - one PPG member offered to do this. Action: **CT to discuss with Joseph Todd.**

Helping people to register online - PPG.

As Agreed at the meeting, the PPG should have a working party to assist with Online Triage.

The committee will meet in due course to come up with further ideas for the PPG.

Any Other Business:

Answers to questions posed by the PPG are outlined in the above section. There were additional questions posed at the meeting and Dr Kapoor responded. Dr Kapoor outlined that if we can retain younger doctors then this is positive (rather than recruiting older doctors who are closer to retirement age). AK outlined that we had been through this problem.

Heather Leport advised that she had been trying to get an appointment for more than 1 month and questioned whether the Practice generally has enough appointments. Statistics provided demonstrate the Practice is average with regard to the number of appointments available. The new telephone system has been installed and the call handlers have received training. The first question they will ask all patients is for their date of birth and patient's full name. This will enable the call handler to immediately identify the patient and make them aware of high risk patients. This will assist with sign posting patients and ensuring they are offered appropriate options.

Appointments are released at 8 am and 1 pm for urgent care appointments. Patients can call any time to book an appointment but GP and urgent care appointments are released at these specific times. Patients calling regarding prescription queries are advised to call after 10 am. Results are available after 3 pm. The Practice will be publicising these times.

Heather Leport asked if we can keep a GP surgery in West Molesey in addition to new facilities at Molesey Hospital. AK outlined that if the Molesey Hospital plan goes ahead the new site will take into account the need to cover an additional 5000 patients. The CCG is looking at populations and will only open additional practices if needed. There is an idea that there will be a walk in centre in West Molesey. All funding is going toward collaboration. Dr Kapoor advised that if health providers work together patients will get 'a better deal'.

There was a query as to whether the Weybridge Walk in Centre had re-opened. This will be checked.

There was a query from a PPG member for the Practice to consider alternative complementary treatments that he was an advocate for.

There were questions regarding locality services and the continuation of extended access and finding GP cover for these extended access services. AK outlined that currently we have 30 hours over the 7 days. This is planned to increase to 45 hours. With Care UK it may increase again. Manpower is a big issue and this is a challenge that is being faced by the locality in organising these services.

There was discussion regarding whether a practice nurse should be available for minor injuries/emergency appointments at the surgery. Dr Kapoor advised that, when possible, the surgery will assist but if appointments have been pre-booked, it is difficult to accommodate walk-in patients.

Dr Kapoor advised that the pilot scheme for under 16s may be back. He advised that the locality have to submit a business plan in by April 2019 for continued extended access and the under 16s.

Date of the Next Meeting:

The next PPG Meeting (AGM) has been booked for Monday 13th May at 11 am. It will be held at Giggs Hill Surgery.