Minutes of Mountwood Surgery (MW) PPG last Thursday 16th March 2023

Present: Colin Berthelsen CB, Mary Egan, Mary Perkins, Susan Smee, Stefan Sieradzki,

Present for part of the meeting: Dr Liz Hermaszewska

Apologies: Shannon Hanbury SH

Mentioned Simon Roberts SB, Claire McDonna CM

Members were invited to look over document prepared by CB.

It was designed to invite patients to to get in touch with PPG.

The document was modelled on one found on NAPP from another surgery.

The idea being for PPG to get patient comments and contact details.

CB thought perhaps SB might like to help with it.

If a comment is a complaint then the PPG would pass it straight on to the surgery.

One member commented that some patients, instead of complaining, go to the private GP at Sharmans which is actually expensive.

PPG wondered: now there are more doctors why aren’t there more appointments available?

Apparently PATCHS was suspended this week because of the doctors’ strike.

Apparently SH is no longer keeping DNA or Family and Friends (FAF) records on a monthly basis. CB asked for yearly records to sift through for recurring issues to bring to the attention of the surgery. Members discussed how important keeping these records was. Perhaps FAF records were not so crucial but it was thought these were originally required by NHS England. CB thought that due to many NHS changes this might not be the case.

CB mentioned info from NAPB as to what other surgeries do about patients who do not attend appointments and do not cancel. MW followed up with phone calls but this led to complaints so was stopped. Now a text message is sent out to remind patients to remind them of their appointment and cancel it if they no longer need it. Despite doing this MW apparently still get 100 to 150 DNAs a month. In this context it PATCHS was discussed.

This is because they if you go into PATCHS it is treated as non urgent. And also PATCHS is meant to have reply within 48 hours which was thought not good enough.

There was another article on NAPB about “How do I know if I’m sick” which suggested the use of online symptom checkers which should only be used to indicate that there is a problem rather than identifying any actual cause. They are also useful for reassuring patients but a study suggests that their use may lead to an increase in unnecessary appointments. A study in the US suggests doctors are twice as likely to get the correct diagnosis. CB remarked that the only way time will be saved is with switching on the AI part to decide if a doctor should be seen or not.

The meeting wondered if the new doctors spent all their time on appointments or were doing training as well.

Prior to covid it was easier to get appointments than now which was puzzling given the raft of new doctors.

Changes to the GP contract were discussed.

GP contract states that patient should be offered assessment or sign-posted to and appropriate service of need at first contact with the practice which members felt is not what happens.

Patients to have access to their medical records by 31st Oct ‘23. Recall that doctors were not keen on this full access because of scope for not understanding or misinterpreting the GP notes.

Contract mentions attaining clarity on access to online records.

Practices will be required to procure their telephony solutions from Better Purchasing Framework once their current contracts expire.

Simplification of GP registration requirements. Term medical cards to be removed.

A clarification was stated namely that PATCHS was not removed permanently.

GP retention scheme – 4 session cap now removed for returning retired GPs was discussed.

Dr Liz repeated concerns about revealing patient notes.

Dr Liz confirmed that telephony changes were being made at the surgery although there is some NHS issue over using them at the moment.

Dr Liz thought that any GPs returning will not want more session than 4 sessions.

Re compiling DNAs Dr Liz stated that they were more complicated to identify and compile and SH is not contemplating doing that. Dr Liz felt DNA were not as big a big problem as before. Various factors contributed to the improvement: changing telephone for face to face appointments and vice versa as well as use of self-directed appointments are reducing DNAs which allowed patients to make appointments that suit them. Also if someone doesn’t turn up MW can phone them. Also MW phone a patient a day before the appointment. In summary there are lots of fail-safes so surgery DNAs are not a problem any more.

Dr Liz mentioned that there is an issue with NHS hospital phone appointments – the staff phone patient once and if there is no answer the patient gets discharged. This happens frequently and is a big problem.

Regarding Family and Friends that was historically finished (in its’ former guise) more than a year ago. Dr Liz thought it not very useful. Changed by SR on the website, there was only one feedback since SR changed it.

Regarding North Connect PCN texts re survey Dr Liz thought it important to be done. It was about engaging with patients and will get MW level data so would useful to PPG. Feedback from that will be easy to do so PPG will be able to initiate questions to patients via texts that can be sent out by MW.

CB presented LH with the document discussed earlier derived from another surgery gleaned from NAPP. Dr Liz stated that the surgery could do something along those lines on the website and consider a text sent out to get patient interested in participating. Regarding printed copies Dr Liz wanted to give it more thought. For ease and economy MW tends to send texts. Collecting responses would be an additional effort. Dr Liz would think about that.

May was thought best for the next online meeting. Dr Liz is on holiday in April. Tuesday is possibly the best day.

Regarding days for inviting people for talks, Dr Liz offered Clare McDonna’s (CM) help with this.

CB asked for help with organisations to contact.

Dr Liz asked for Top 3 subjects and the folllowing were mentioned: cancers, dementia, diabetes, Parkinsons, healthy living / well-being.

Regarding organisations Dr Liz mentioned Northwood Live at Home.

Regarding discussion of PPG Week, with less footfall it is maybe not worth it? Maybe it better separate out for one a month. Nice to have it in the waiting room in a separated part of it. As a drop-in. PPG to organise presence. Chance to offer hand outs promoting PPG. Reusing old handouts – SR might be able to organise this. CM could help also with logistics. Dr Liz thought a meeting with CM at MW was possible.

Decision about responses of MW to comments on the PPG page was discussed. Dr Liz thought it best roll it into virtual meeting answers. Take it on a case by case basis some could go on PPG part of site. Dr Liz made the point that accuracy and responsibility issues with PPG responding on behalf of surgery.

An issue with PATCHS namely the mixed message about 48 working hours reply – was discussed. It would be less ambiguous if it were stated as two working days. Dr Liz agreed to look into addressing this. Temporary and specific mix up with making appointments from PATCHS hopefully will not happen again.

Dr Liz informed the meeting about the problem with getting triage people – GPs are now doing their own. No nurse practitioners at the moment since current nurses lack community service experience.

With full complement of medical staff can patients hope for more allocated appointments sooner and what is the current face to face vs online split (asked CB) ? Dr Liz thought 60 to 80 % face-to-face. GPs are also on triage sometimes. A lot of time is spent on the phone and triage so surgeries are lost to that. None of the doctors are full time - new doctors do 4 to 6 sessions. Dr Liz thinks we don’t do too badly. Triage appointments are generally timely and reflect need. Not that many people wait more than 2 weeks.

Dr Liz clarified that the GP contract calls for need assessment on the first day as distinct from any further steps s.a. diagnosis. Seeing all people on the day is not a good approach Dr Liz thought – some people need not be seen on the same day and hopefully that ensures space for urgent cases to be seen quickly.

Third parties talking to patients – good idea – good turn out down in Health Station formerly. Never same impact with PPG week. Old Northwood High St Church was a good example. Need to announce well in advance perhaps. Well worth giving it a try though not too often. How to publicise discussion. Poster a good idea. A first step but using texts also. Maybe website could flag forthcoming events but has to go beyond website. How many people actually look – quite a few hits in general 2000 – 3000 hits a month. Texts better and more cost effective. Posters are OK but footfall means they are less effective.

Discussion: More effective if employee only practice? Also different types of partners. General trend and discussion of different styles of practice management.

PPG felt the website was much better than before, much more up-to-date.

CB felt website should publish names of GPs against sessions.

The next AGM was discussed possibly in May.

Next meeting of PPG was scheduled for the 20th of April.

An issue with texts with electronic signature looping when referred to a special clinic was mentioned.