

Quarterly Caradoc Surgery PPG Meeting

12/10/2023

KWHC Kennedy Way Clacton

Present:

Chair: (CS)

Louise Whitfield (LW) – Practice Manager

Molly-Anna Russel (MR)- Clinic Manager

(SO)

(ML)

(SV)

(TF)

Apologies:

Kenneth Williams (KW)

Claire Roberts (CR)

Michael Carter (MC)

Pamela Walford (PW)

1.0 Welcome and Introductions

Louise introduces Molly-Anna, who has taken over as Clinic Manager at Caradoc Surgery since Melanie Watson has left this position to pursue a new role based at Kennedy Way MC.

Molly-Anna explains briefly what her role includes, over seeing reception team and clinical team, sorting appointment ledgers and being the first call for patients. She deals with majority of complaints before needing to reach the LW as well as dealing with the insurance reports and medical requests and a lot more behind the scenes. Mainly here to support Louise manage the practice.

2.0 Ask My GP

Louise gives a brief introduction for those who were unable to attend the Ask my GP meeting of what Ask my GP is.

Main issue being patients not being able to get through to the Surgery, this system is to help that problem. NHS England wants GP surgeries to become more digital/online. This will allow users to access appointments easily without waiting on the phone for half an hour or more, they can submit their request, and wait for a reply. Users can either download the APP or access the system through our website. We want to encourage using it online as much as possible, but the phones are still in use for those patients who are unable to use the internet.

The appointments will be triaged via AmGP, this is currently set to all day with no cut off, we are looking to put in a cut off time but in the afternoon whereas our current cut off is 10am for a same day appointment/advice.

Via the app/ or website, AmGP asks the patient 4 questions to help triage their request, there will also be 4 questions asked if the patient is to call into the surgery, and the receptionist will add them manually onto the AmGP system. The aim is to respond within 24 hours of first contact, obviously this will be through trial, and adjustments may need to be made if this is not working for the surgery.

The options given for appointments will include Face to Face, telephone call and video call appointments.

The aim is to have at least 70% of patients up and using this system, which will mean less queuing on the phone line.

The plan is for Ranworth Surgery to launch first, with a soft launch aimed to go live On 7th November, Kennedy Way MC and Caradoc Surgery to follow in the new year.

LW attended a surgery in Stowmarket that are already using the system for a demonstration, there was really good feedback from the staff there, which is hopeful. She sat with different departments, including manager, reception and clinicians and saw that it worked very well.

SO queried that this system may not work for everybody, mainly a lot of the elderly in Frinton.

LW reassured the phone lines will not go away, this is still an option for those people who are not able to use the online route. The receptionist on the other end of the phone will apply the information into the system on behalf of the patient. They will notice that the questions asked will be slightly different from before but should also notice that they are able to get through to the surgery a lot quicker.

LW states that as we are the last of our PCN to launch, this is a good thing as any issues that come up should be ironed out and resolved for when we launch. She confirms she has queried with Rufus (owner of AmGP) about the demographics and also told him that because of this, we will never get rid of the option to phone into the surgery.

Our aim is for the requests to be triaged from roughly 8am to 4pm, but the option to submit the request is available from midnight for those people that work between these hours, so they can submit this at 7am for example, go off to work and wait for their response.*

TF queries if we will have enough staff to run this new system as well as answer the phones.

LW confirms that the system will mean that a lot less people will need to answer the phones, therefore freeing up receptionists to focus on AmGP.

We currently have a team of GP assistants who triage the current system of calls who are overseen by clinicians, they also work with the GPs in clinic to take the patients history before seeing the GP to allow the GP a lot more time with the patient to discuss their medical issue, this has proven effective so far.

LW wants to look into the possibility of training up some receptionists to act on a more senior role.

TF main concern was the older generation, for example her father she doesn't feel would be able to use the AmGP service so is happy to hear that we will still run the phones parallel to the new system.

CS asks if we have advertised this yet.

LW states that Rufus has advised us to not tell our patients, but we feel this is wrong and may cause problems. The Surgery she visited in Stowmarket suggested to do the complete opposite and actively advertise the system. We want to inform our patients as we know our patient well.

CS asks if Ranworth have advertised yet as their launch being only a few weeks away.

LW says she doesn't think they have advertised yet but intend to.

SO asks that if the request comes in late, will there be the option for the appointment to be booked for the next day, as this is currently not an option with the current system and usually means patients have to call back the next day.

LW says yes, GP hopes to have contact with the patient within 24 hours, it is likely that the request could be completed the next day, especially if face to face is required.

CS asks how the doctors response will come back to the patient, as currently the online system we have does not always notify the patient.

LW advises that if correctly set up, smart phone notifications will come back to the user and agrees this is not something that is an option currently with system online.

3.0 Ongoing issues

CS asks if he can have a copy of the staff structure, LW to arrange this and send over.

LW informs everybody that Dr Tyagi has had to take emergency leave for 2-3 months, meaning we will be down by 1 GP, meaning we must source locum cover. Luckily, we have a good few regular locums that are known to the patients, Dr Elmer Van Hoek, and Dr David Milne who have agreed quite a few dates between now and January. Patients that request Dr Tyagi will be offered the option of another GP.

Dr Rodriguez has increased her hours with us and now works 3 full days and 1 half day at the surgery.

4.0 Practice Boundary/ Registrations

CS asks if there was any update on boundary shrinkage for the surgery.

LW confirms that not currently unable to shrink this to avoid the new housing developments, but there was a discrepancy found that our contract was different from the set boundary, this must go back to when ACE were in charge and followed suit, we have been allowed to bring this in slightly to reflect the contract. Anybody that is already registered at the surgery that now fall out of that boundary will be excused

and allowed to stay at Caradoc but we will not allow anyone from out of it to newly register.

LW informs that Caradoc is now hitting 8100 plus patients, and we intend to temporarily close our books. When Ranworth Group took over in 2019, it was at 7400 patients. This doesn't seem like a huge increase in 4 years but when deaths and people moving are taken into consideration, we are probably registering around 100 people per month currently.

SO states that many patients that left Caradoc before Ranworth took over to go to Walton and Thorpe Surgery and has heard that a lot of those same people have now transferred back to Caradoc.

SV heard from a friend who is registered at Thorpe Surgery that their lead GP has not been seen on premises for a long time.

5.0 Appointment DNAs

Are we still getting a lot of appointments not attended?

LW answers that we find the reminders system to not be very consistent, Both LW and MR check through the ledgers regularly and identify longer appointments mainly and manually send SMS reminders.

LW explains she is happy to investigate this for her and find out what happened, apologies made.

CS says he assumes that the majority of these missed are appointments are the pre booked ones.

TF asks if Caradoc have a 3 strikes then you're out system?

LW explains we do, but in her 3 and half years as Manager, she hasn't had to use it luckily. There have been occasions where we use warning letters, usually this is resolved after on or two letters. She has only had to remove one patient so far due to breaching our zero tolerance policy.

CS asks if we had read the statistic report in the gazette recently, which stated that at Caradoc, with 4,983 appointments, 820 of them took more than 4 weeks to take place.

LW says she is unsure how they would even be able to get those statistics as its not something that is requested, also that this couldn't be true as we do not prebook appointments unless they are booking with nurses/physio/Phlebotomy nurse etc.

LW informs that we were given 2nd place for overall satisfaction on patient surveys in the area, Top place was given to St James's Surgery, we came second, and Third place was given to East Lynn. This is a positive, but unfortunately only taken for 1% of our patients.

LW states social media posts are not a true reflection of our service at Caradoc, and everyone agrees with that statement. The main issues that are put on social media does seem to be about our phone system, which we know will be improved when Ask my GP launches.

6.0 Other issues to address.

SV said she has called 111 for an emergency prescription before and can say they are very good and have been helpful.

CS says he can imagine that when patients are discharged from hospital and need district nurses to attend but this hasn't happened, then this must always fall back onto Caradoc.

LW informs that the hospital should have put everything like this into place before the patient is discharged, otherwise they should send us the discharge summary with notes for action if we need to arrange. Some things they suggest we cannot do like drains etc, due to lack of equipment, but we would always signpost if we were unable to help.

7.0 COVID-19 Vaccinations

LW informs the group that we are not doing Covid vaccinations at the surgery, also informed the group of the NHS Covid information line 119 which some were unaware of.

8.0 Medication Reviews

CS asked how we are getting on with the medication reviews.

LW confirms they are very up to date; we currently have 2 remote working Clinical Pharmacists as well as a Pharmacy Technician to support them. We are also now offering Structured medication Reviews, which are a 30-minute appointment and are more in depth. We are also keeping in contact with the remote working team regularly by having meetings via teams every 6-8 weeks to discuss and issues.

SO said she had a call once from them and there was no caller ID which can be a problem for people who chose to not answer these unknown calls.

LW says that if they don't get an answer, they usually send a text to the number to explain who is calling and that they will try again soon so please answer.

SO says this option was not given to her, LW to bring up on next CP meeting.

CS says he had a great experience with the remote physio.

9.0 Personnel update/functions

Dr Ash Tyagi on emergency leave, already discussed.

Clinic Manager MR is due to go on maternity leave in January, a secondment position was made available and has been filled by a member of Caradoc, Sophia. A temporary position has been advertised for her position while she is in her secondment role.

10.0 Capacity and Demand

Current capacity of patients already discussed, Caradoc to temp close their books. Change to triage system (Ask my GP) should help demand.

SO says that even with the increase in patients the number of GP's has mainly stayed the same

LW states that unfortunately, we don't have the budget or the room to accommodate another GP. But we do have very well qualified staff, we use remote GPs, nurse practitioner, Paramedics. Both our paramedics have recently become prescribers and help with minor illness clinics where they can. Sam Forrest our Nurse Practitioner is coming to the end of her course so she soon can also prescribe.

Additional comments

The bench provided by the PPG is very well used and appreciated by us and our patients, and it hasn't caused any problems with mobility scooter parking.

CS has asked if we would be okay for the members of the PPG to meet informally in between the 3-month meeting we have, happy to pass notes over to LW following these meetings. Asked if no able to find a place to present the informal meeting, then if this meeting hall at KWMC be used. LW happy for this.

Date of next meeting: 10th January 2024 at 10:00am, KWMC