

# George Clare Surgery Patient Participation Group Meeting

## Thursday 21<sup>st</sup> March 2024

### Agenda:

1. Recruitment Update
2. Spring Covid Vaccination Programme
3. Building Reconfiguration
4. Enhanced Access 24/25
5. DNA (Did not attend)
6. Group Consultations
7. Care Navigation
8. New Chair
9. AOB
10. Date of next meeting

**Present from George Clare Surgery: Melissa Morley Practice Manager, Dr Shirin Howell GP Partner & Mary Hutson Social Prescriber**

**Present from the Patient Participation Group: Ted Croucher & Richard Angood**

**Apologies: Ron Hodson**

### Minutes:

1. Recruitment Update
  - a. Reception – we have recruited a new Receptionist who is due to start in the coming weeks.
  - b. Admin will be fully staffed once the new Receptionist is up to speed and the team member taking on the role of Administrator transitions from Reception to Admin.
  - c. Dispensary – we have recruited a temporary Prescription Clerk to backfill one of the team who will be undertaking their Pharmacy Technician training with the support of Fenland Group Practice from mid-April.
  - d. Nursing Team – we are currently fully staffed.
  - e. GP/Advanced Nurse Practitioners – Dr Mark Tyler is due to retire in November and we are currently in the process of preparing to advertise for another GP in the hope we can successfully recruit prior to his retirement.
2. Spring Covid Vaccinations
  - a. We are waiting for information regarding which vaccine we will receive. Housebound patients will be outsourced to another Team to not impact on day to day appointment capacity. Patients eligible will be invited via SMS or phone call. Where patients receive an SMS invite a booking link will also be sent to self-book. link. We hope to be able to carry out the majority of the vaccinations during weekdays backfilling where needed or on a closure afternoon as part of our team training session. Once we have more information we will start advertising and inviting.
3. Building Reconfiguration
  - a. This is finally nearing completion with just the curtain rails and Nursing Team storage room to be fitted out with kitchen units. We anticipate this to start over the next few weekends and we can then have a central stock point.

4. Enhanced Access
  - a. From February – March we have had increased capacity during the working day provided by Locum GPs and Healthcare Assistants since West Cambs Federation ceased. We have proposed a plan to the ICB in the hope to continue with this for the next few months. As of the end of March, a funding package called Winter Access Funding has ceased where we was able to fund an extra 1 – 2 days per week GP Locum support and we have found this highly beneficial at the practice. We hope to be able to continue to provide additional capacity weekdays during our normal opening hours until employment issues with West Cambs Federation have resolved following their closure.
5. DNA (Did Not Attend)
  - a. Latest DNA figures shared with the group; these have also been shared on social media. We have seen a further increase in patients not attending in February, from 217 previous months to 273. We would encourage any patients unable to attend to please cancel their appointment. We have also seen an increase in patients booking multiple appointments, and we are trying to proactively ask patients if all appointments are needed in case their problem has already been seen and assessed. We have had a recent issue with our reminder service and we hope this will soon be resolved and will help improve the problem.
  - b. RA raised it would be nice to know why patients are not attending, MM and SH advised some patients are booking multiple appointments. For example prebooking an appointment and also ringing to book on the day and then the prebookable appointment is not cancelled.
6. Group Consultations
  - a. SH discussed Group Consultations. We are working towards chronic illness and diabetic check group consultations. 6 – 10 patients per group. There will be a facilitator present to oversee the group set up and running on the day which some of our Receptionists are currently training to do. For example diabetic group consultation displays, with patients consent, their results on a board as a group and evidence shows when presented as a group the group supports one another better. In the longer-term we hope to also have online Menopause group consultations discussing HRT and potentially Respiratory (COPD) in the longer-term.
  - b. RA asked regarding timings of the group consultations. The times of the clinics will be variable but starting during the working day aimed at specific patient cohorts. The sessions will last 45 – 60 minutes.
  - c. We are also currently in the process of recruiting a Health and Wellbeing Coach who we hope will be able to run some of the clinics in the future. The practice has managed to successfully bid for funding to trial group consultations which includes backfilling staff time with clinical or non-clinical staff and recruiting a Health and Wellbeing Coach.
7. Care Navigation Training
  - a. We are going to be implementing further care navigation in Reception. This will involve starting with the Team mapping out the patient journey and highlighting issues the patient experiences and issues that the Team experience. We will be looking to be more scripted across the team to ensure we are giving very similar responses to patients to avoid conflicting information. We aim to try and improve the patient journey by asking more questions (similarly to when we carried out patient triage) so we can ascertain if it is a new or ongoing problem, if it is acute or

chronic, if they have been seen before regarding this problem and who they have seen to improve the continuity. A brief description of the problem is really beneficial for the team as we are lucky to have GPs and Advanced Nurse Practitioner with specialty areas and if we can get the patient to the right person first it will improve the journey and experience.

- b. We will also be reopening AccuRx slowly as another way of patients being able to book consultations but we will do this in a very controlled manner to avoid issues we experienced previously with over 200 requests per day.
8. New chair
    - a. No current volunteers to take on the position. MM will continue to minute and prepare the agenda.
  9. AOB
    - a. RA raised concerns regarding the level of complaints on recent social media posts. MM advised the significant impact it has on the team which includes retention and recruitment. We would encourage any patients with issues to please contact the practice.
    - b. RA raised promoting “do not fear you will stay in your queue position if you request a call back” as patients may not be aware of this. MM to promote.
    - c. SH made the group aware that the New GP Contract is being enforced from 1<sup>st</sup> April 2024 and that the profession are voting to not accept the contract in a referendum. This is likely to be more widely known over coming weeks/months on social media, news, etc.
    - d. MM provided an update that the building owners are looking to fit crash barriers in the car park to avoid any future incidents of damage to the building following 3 incidents in the past 6 months.
  10. Date of next meeting
    - a. To be confirmed