

Aire Valley Surgery
Patient Participation Group
Tuesday 4th April 2023

Minutes

Attended:

Aire Valley Surgery

Victoria Johnson (Practice Manager) Chair (VICTORIA JOHNSON)

Katie Taylor (Advanced Nurse Practitioner) (KT)

Helen Colligan (Secretary/PA) Minutes (HC)

PPG Members

Nicola (NB), Julia (JB¹), Julie n (JB²), Laraine (LR), Frank (FJ), Brenda (BT), Rita (RS)

Emily (EE)

1. Welcome

Victoria Johnson – Practice Manager of Aire Valley Surgery welcomed everyone to the PPG meeting which was held at Rawdon. Victoria apologised to everyone about the last meeting being cancelled due to an emergency health matter.

Everyone introduced themselves. New member Emily was welcomed. Apologies were noted from Simon King (Advanced Nurse Practitioner) who was unable to attend this meeting as he is unavailable on a Tuesday.

Victoria Johnson shared the sad news with the team of Pauline Johnson (former PPG member) has sadly passed away just a few weeks ago.

It was queried by Victoria whether participants/members might be able to make a meeting if it were on Thursday evening instead. Everyone agreed that this would work better.

Action: Helen Colligan to schedule for a Thursday next time. The next meeting will be at Yeadon.

2. Overview of last meeting

Victoria Johnson started by giving an overview of what was discussed in the last meeting and going through last time's minutes.

Appointment System

Since the last meeting, the Practice have introduced a new software called "Accu-rx", whereby patients can submit an online form for triage. Victoria explained what Accurx is and how it works.

- There are fewer questions for patients to ask than before.
- It allows Reception to send a self-book link to a patient and the patient then gets to see a selection of dates and time and can click on one to book.

- Photos can be uploaded

Victoria asked the group what they thought of this new system.

EE said it was a lot quicker.

JB² said it was a little too brief.

JB² has also found that when she completes the online form for someone else, she receives their appointments to her phone. It was thought that this could potentially be linked to the mobile number that is being submitted but this will be investigated.

LB said it was a good system.

Victoria said that the new software allows patients to upload pictures which can be really helpful for the triage process.

It was noted that although Victoria felt that the same questions were asked by reception on the phone as on the webform, that this isn't felt to be the case. The members felt that a lot more questions were being asked by Reception on the phone. It was agreed that this wasn't the plan, and wasn't efficient so would be reviewed.

Action: Victoria to look into what questions reception staff are asking on the phone that are not on the questionnaire online.

LR shared a concern whereby she submitted some BP readings (paper format) recently via Reception, and these seemed to go missing. Victoria is aware that there is currently a backlog to get these on to the computer, but that the system is safe and they should not have gone missing, though this will be looked into.

Action: Victoria to check that these are waiting to be uploaded.

FJ said that there needs to be more characters available on the online form. Patients are unable to explain their symptoms fully. FJ likes that you are now sent a link to book your own appointment but did experience a delay recently whereby an appointment was booked and confirmation wasn't received for several days. It was thought that this could possibly have been because the appointment was booked on a Friday night and Accurx is switched off over the weekend.

Action: Victoria to find out if more characters were possible within the patient text box.

Victoria explained how GP triage works within Accurx. She explained how the Practice aims for routine appointments are booked within 3-4 weeks. When the Practice are unable to do this, i.e. when the next available appointment would be longer than this then they "hold on to" the appointments for a few days whilst a plan is put into place to see if it is possible to create more appointments in any way within that time period. Sometimes it is possible, sometimes due to bank holidays and strikes it is not. This process could also account for a delay in patients receiving an appointment.

FJ said that the links expire in 2 days. He believes that this isn't long enough as some patients may not look at their phones every day. He believes the link should expire after 3 days.

Action: Victoria to find out if it is possible for there to be slightly longer time before the self-book link expired

BT expressed a concern that not all patients have internet access / a smartphone and so would not be able to book their own appointments via the self-book link. Victoria explained that the is a template text message sent tells them what appointment they have been assessed as needing and asks them to contact the Practice to make an appointment, which hopefully makes it more obvious what to do if you cant use the link.

Action: Victoria

RS said that it isn't helpful when the Online Receptionist system is shut down over the weekend. EE agreed and said that patients work full time, and it is not easy to submit an online form when this is the same time frame that the system is open.

Katie Taylor – Advanced Nurse Practitioner explained that in the past the system was left open over the weekend but they found that on Monday mornings there were so many clinical cases to triage that the practice could not get to anything truly urgent in time. The practice also found that patients disregarded the warnings and were sending urgent queries (e.g. chest pain) that no one could read until Monday morning, yet patients should have called an ambulance on the Friday night. Because this is a live triage service, it has to be staffed by GPs to the whole time that it is open, or it's just not safe. Over the weekend the Practice are not able to deliver care to their patients, therefore they need to shut the system down to make it safe, whilst directing patients to other services.

RS also said that she didn't feel the Practice shouldn't be shutting down during the working day (i.e. Practice training – TARGET – on Thursday afternoons). Victoria explained that this is something that is done over all GP Practices in the region. In Leeds the GP practices are split into 3 groups, and a 1/3 of practices close down at the same time each month. They then put on educational training and education sessions for them to attend together. They need to do this in order to be able to attend the huge range of updates that they need to such as child protection, resuscitation, new clinical guidelines, prescribing safety etc. She explained the importance of keeping up to date with staff training in order to keep the Practice running efficiently and safely and it can't be done in any other way. There is an out of hours GP service available to patients on such afternoons, whereby they can ring the Practice's telephone number and they are either diverted or given another telephone number to ring to speak to a GP.

Reception desk

In the last meeting PPG members expressed their dislike for some of the feeling of Receptionists attitudes towards patients at the reception – feeling unfriendly for example not saying hello in some cases and not looking up. Victoria asked for an update on this.

RS said there had been a huge improvement on the telephone. FJ said some Receptionists still act rushed at the front desk and don't smile. RS said that on the front desk, the Receptionist will sometimes avoid eye contact, not all just some. It was noted that the reception staff at the front desk don't seem to say hello still.

Action: Victoria explained that they had planned to introduce a script for the reception desk, to look into why this hasn't happened yet.

BT asked why the appointments were mostly telephone and not face to face. Victoria explained that the triage process includes the GP pinpointing both the urgency but also which patients requires what type of appointment and the GP indicates if a patient needs to come in or if a patient is fine to just have a call. This perhaps has given the perception that patients can't come in, whereas this is not the case, it's just what can't be done on the phone that is flagged up as "needing" a face to face. The members fed back that they would often prefer a face to face appointment. The practice experience is that many patients prefer phone calls as they are at work, etc. It should be noted that any telephone appointment can be changed to a face to face should the patient wish and Victoria said that this should be in the text message that goes out. The members felt that this wasn't always the case and that the text messages vary. BT explained that patients who have complex needs can find it daunting to speak to a clinician on the phone who they have never met and try to explain all their symptoms and background medical history. She would prefer to speak to a clinician who knows her history. Victoria did agree that a disadvantage of the new self-book link is that patients do not have the option to pick which clinician they would like to be seen by, but if they indicate this in the appointment request, the staff can book these manually instead

Action: Victoria to ensure that the text templates are being used.

BT said that the access at Yeadon is difficult for wheelchair users as there are a lot of chairs in the corridor. Victoria apologised for this and said that the chairs were there for a few weeks whilst awaiting collection as they have been replaced with more modern chairs, but that they have now been moved.

JB² said that it is a struggle when there are chairs in the waiting room that don't have arms as it can be difficult to get out of them. She said that the Practice have a lot of elderly patients who require high chairs with arms.

It was noted that there were options for the PPG helping plan how to raise funds to replace all the chairs with higher ones with arms, subject to working out fund raising plans. To be discussed another time.

Action: Victoria to look into reviewing the waiting room chairs to bring back the chairs with arms to better locations.

PHONES

Victoria asked for an update on the long waiting times on the phones (getting through to Reception).

EE said that there is a very long message on the phone. Reception also asks an awful lot of questions which could be clogging up the phone lines. Victoria said she would investigate

this, though the reason for the long message is to try and encourage patients to use the online system.

Action: Victoria to review the telephone message

BT said that her daughter is immunosuppressed and had been in today, wanted to enquire today about having her covid vaccination and what sort it was. She spoke to the Doctor who she was seeing, and he advised her to speak to the Reception staff. Reception staff also said that they weren't aware and told the patient to google it! Victoria apologised about this and said she would ensure that this is feedback/provide training for Reception.

Action: Review staff training for covid information/ not to send patients away to google

3. Test Results

The main topic of today's meeting was test results.

Katie Taylor is an Advanced Nurse Practitioner. Katie reviews a lot of the test results that come back on behalf of the GPs and explained the process of what happens when a sample is taken from a patient, sent for testing, and received back.

Katie has recently started reviewing all test results relating to long term conditions and advising next steps for patients which may include a phone call with her, a review of notes which is not an appointment or a review by a GP.

Patients are told that they will only hear if the results are abnormal.

Patients can phone for test results and the Receptionist can read out the comment that the GP has added e.g normal or abnormal.

Test results can be viewed online on the NHS app by patients, sometimes quicker than waiting for reception. JB² said it is annoying when results online state the results are "abnormal but satisfactory". This is contradicting and can be worrying to patients as to what that actually means, why is abnormal ok?.

Katie explained that sometimes the wording does not necessarily relate to the any further actions needed, it's not ignored it's all in the context of the reason for the test.

For example if a patient's results is abnormal, but the patient has already been referred to a specialist then the result could be classed as satisfactory because all necessary actions have been taken by the Practice and there is nothing further to do.

If a patient's results are "ok for the patient" that might be because the patient is always slightly out of normal range, but that all reasonable steps to alter this have already been tried.

Generally the Practice's rule is that if test results are normal, they do not contact the patient. But if test results are abnormal then contact will be made with the patient, usually to book an appointment to discuss. EE said that she does not always hear back from the Doctor following test results which have been abnormal. It was noted that the Reception staff do try and contact patients as quickly as they can, and that the self-book links should now help speed this process up.

JB¹ asked about whether there is provision for online access for co-dependants. Victoria wasn't aware that this was coming into place but will find out and feedback.

Action: Victoria to find out more about online access for patients

Additional Action points:

- Clinicians need to make it clearer what will happen after a sample is taken. E.g. should the patient expect to be contacted with the result.

Action: Victoria to feed this back

EE said it would be good for Accurx to have a box to specify which clinician they would prefer to be seen by. Victoria mentioned that this is not possible and patients should add this in the reason if possible, but we need to think about how best to let patients know to do that: Action Victoria

FJ said it would be helpful if after a patient has completed the online form that there was a link which could take you back to the main Aire Valley Surgery website's home page.

Action: Victoria

4. Any other business/comments?

Victoria then invited the PPG members to raise any other issues / concerns.

JB¹ + NB said that they have experienced a good service this week. They completed the online form and were given an appointment within 45 minutes.

JB² has been struggling with prescriptions. Sometimes the pharmacies don't have the medication she requires in stock. KT explained that this is a problem and was especially the case when the Strep A cases rose massively and no pharmacies had much stock due to the demand, but unfortunately the Practice are not told which Pharmacies have stock.

BT said that she is going to greatly miss Dr Elaine James. She asked whether she was going to be replaced? Victoria explained that the Practice have recruited two new salaried GP's and one new Physician Associate that will all be starting over the next few months – details to follow.

RS said that she uses Well's Pharmacy on Yeadon High Street. When collecting prescriptions they are told that they need to order this at least two weeks in advance. It was noted that many Pharmacies do now have longer turnaround times which means patients are running low.

Action Victoria to raise awareness of this amongst patients.

RS has found that there are not enough blood appointments at the Practice and recently an elderly patient was facing a long wait. KT said that usually if Reception are struggling to book a specific appointment and the patient is unable to attend the Wharfedale Hospital drop in blood clinic, they will let KT know so that more slots can be made available for patients.

Action: Katie to review this and ensure that the reception team are flagging these up

The meeting was brought to a close here.

Next meeting will be on a Thursday, in Yeadon, in June.