

Lion Health: PPG Meeting Minutes: Thursday 25th January 2024

Attendees: Dr Simon Carvell, Wayne Gardner (Business Manager), Kerry Morgan (Patient Services Manager), Melissa Higley (Communications), Bob Derricott, Maggie Lambert, Rachel Godwin, Jo Ferrington, Stella Layton, Veronica Catherall, Lin Bruntnell, Kate Wells, Mike Jones, Judy Hall, Chris Hare, Nigel Caplen, Nigel Haydon, Linda Crockett, Helen Taplin (minutes)

Apologies: Karen Skingley, Lynn Chadbone, Mary Yeates, Sandra Newall, Maggie McColgan, Nanette Hedley, Ruby Cogzell-Brown, Veronica Astley

	Agenda Item	Summary Of Discussion	Action
1	Introductions	Dr Carvell asked everyone to introduce themselves.	
2	Presentation – A day in the Working Life of Dr Carvell	<p>Both Dr Carvell and his son studied at Birmingham Medical School. Dr Carvell has spent the last 30 years working as a doctor. After qualifying, he carried out surgical and medical rotations at Corbett and Wordsley Hospitals. His son will do Foundation Years and can choose a set rotation. Dr Carvell went from being a House Officer to a Senior House Officer then worked in A&E, Psychiatry and Palliative Care before becoming a GP. Training has now changed and newly qualified doctors can undertake specific training at a GP Surgery. Dr Carvell joined Lion Health in 2000. His medical title is MRCP (Member of the Royal College of General Practice) and worked at a surgery in Wombourne for a year before joining Worcester Street Practice.</p> <p>Priorities are changing for GPs – they can also work outside of the surgery for example, being a Medical Examiner at a hospital, supervising dermatology clinics elsewhere, working in sports medicine, seeing patients in external Gynaecology clinics. These are some of the specialities our GPs also work in. SC used to work for a company called ‘Emma’s Diary’, giving advice to pregnant women. All GPs try to diversify to help keep interest in being a GP.</p>	

3	Dr Carvell's work day	<p>He arrives here by 8am and is straight into work, writing prescriptions, checking results (x-rays, blood tests, scans etc), tasks and Accurx. As a full-time GP, doctors sign roughly 150-200 prescriptions a day. He explained that Accurx is a text message sent to or from the patient, often to check things such as a newly prescribed medication is suiting a patient. The hospital letters that are sent by the Docman programme to the doctors are checked to see if there is any action required of the GP. Tasks are internal messages.</p> <p>From 8.30-12.30 he carries out his phone consultations and "face 2 face" appointments in the surgery. He said that he sometimes comes into the Reception area to call patients rather than use the tannoy so he can get up from the desk.</p> <p>And more tasks to do.</p> <p>2.25pm More "face 2 face" consultations.</p> <p>GPs have many electronic forms to complete during a working day and these are constantly being updated. If a GP is asked to complete a Death Certificate, they now also have to complete a form for the Medical Examiner with their thoughts of why the patient has passed away.</p> <p>Dr Carvell advised they are trying to meet patients' demands. A few appointments can be booked ahead. Patients can book appointments by telephone or electronically. Demand for appointments is very hard to meet throughout the whole of the UK. We have two senior Reception Managers over Reception, Jo Jones and Suzanne Fotinos. They have carried out significant training for this role and pass this knowledge on to the team.</p> <p>3pm Some of the patients who had telephone consultations that morning and need to be seen come in to the surgery in the afternoon. About 40-50% telephone consultations are converted to "face 2 face" (ie to be seen) in the afternoon.</p>	
---	------------------------------	--	--

This is also the time Dr Carvell follows up phone calls resulting from blood results and scan results.

5.30pm "Face 2 face" appointments for a couple more patients which have usually been booked in advance.

Once a week the GP has to work from 6.30-8.00 seeing 6 patients. Usually three of these appointments are patients with Long Term Conditions and 3 are routine GP appointments.

On reflection, a GPs day is very long with no respite from work.

Lion Health are looking at other clinician roles to support the wider health care team. These roles involve Paramedics, Advanced Nurse Practitioners and Physician Associates. Different health care clinicians all have differing skills, and if utilised properly will leave the GPs availability to see the more complex cases.

MJ had seen his hospital letter on the NHS app and also his blood results and suggested publicising the NHS app as important to patients going forward. SC replied that this is a good service and when the GP has reviewed the results will put 'no further action', if all is ok.

SL asked if GPs allocated on patient records are still responsible for that patient. SC replied that he is responsible for 1400 patients, all Bs and Cs. He has a responsibility once a year to check drugs are safely being prescribed and /or patient has been seen by a clinician. Lion Health does not have a named doctor service. It is ideal for patients to have 2 or 3 GPs that are familiar with them. RD asked if the name on the hospital letters ever changes.

		<p>ML asked Dr Carvell how many patients a day he interacts with and was informed 40-50/day. Dr Carvell said GP decision making has to be robust and reflective. ML said it was the state of the NHS at present. Dr Carvell said it was due to the aging population, obesity in young people and workload increased during Covid.</p>	
--	--	---	--

ML said the job had far more demands on doctors now, than in the past.

**The new role of
Communications by
Melissa Higley**

Melissa has joined Lion Health as a Management Support Officer with a role titled Communications. She started in November and acts on feedback between the surgery and patients. She is trying to make forms clearer eg urine request forms and repeat prescription forms. One patient requested a protocol for UTI and Melissa made a poster to make instruction clearer. Her role includes introducing patients to the Primary Care umbrella, maintaining social media platforms with regular communication with a goal of communication and collaborating information with teams in Practice.

A notice board has been placed in Reception area for important information, health campaigns, care routes, how pharmacists can help patients etc. She will collate a seasonal newsletter for patients, which will provide valuable information. This will be able to be viewed on the Lion Health website, social media platforms and hopefully in the Reception area.

SL made the point that many patients do not use personal computers so will be unable to view the information provided. Melissa said leaflets in Reception will be available for patients. SL queried whether leaflets could be available in shops. MJ agreed with SL and feels Social Media should not be used for patients rather than people who cannot use this. The website must be edited and regularly updated. NH suggested using the newspapers. CH said he had tried to get the Stourbridge News on-board but they were not very receptive.

NC feels mass emails could be very useful although Accurx could be the favoured method.

MJ said this is a recurring issue and that the website is hard to negotiate for lay people to use. Wayne replied that the NHS are trying to standardise the websites for all GP Practices and we are not fully in control of the systems we use.

		<p>We cannot amend the website. MJ said we need to tell patients what is going on so they understand matters, particularly if things are not going as planned.</p> <p>Wayne said the NHS aims to please all people, ultimately there are pros and cons in all requirements placed on us and we do not always have the support required. He asked the PPG how do we reach out to a population of 28,000 patients. We are making headway in communication with patients and have put resources into this. MJ felt we need to inform patients in a professional, clearer way.</p> <p>NH said everyone should have a say on how things should develop and patients need to be informed of problems.</p>	
	<p>Updates with Wayne Gardner</p>	<p>There are a range of things to focus on.</p> <p>The CQC visit was carried out at the end of November with only one weeks' notice. Four or five assessors visited and the main inspector said a reason for the review was to find out how we can have an outstanding rating previously when patients are complaining about not being able to get an appointment and problems with the telephone system. We have still not received an outcome from this visit.</p> <p>RD asked if the CQC contacted any patients prior to the visit and Wayne said not as he was aware.</p> <p>NH said he came in on the day to talk to a member of the CQC. They also spoke to a few patients who were in the surgery on that day.</p> <p>NH said other practices have the same problems as ours. Wayne confirmed this was a national problem and was a Government issue if access was the same in many practices.</p>	

		<p>We had a full practice meeting on Monday with areas of interest being discussed including access to appointments and the telephone system.</p>	
	<p>Kerry Morgan – telephone lines</p>	<p>We have two telephone lines, an Appointment and General Enquiries line. She asked the PPG how widely known the two telephone numbers are. Last May we had a new telephone system, Redcentric. This meant more data and statistics could now be collated. It has taken a little while to see how we want to use this data. Patients were struggling to get through on the phone at that point.</p> <p>In November, significant changes were made to the telephone line after discussing whether patients can get a place in the queue?, how long patients will wait in the queue?, and can they get access to the app?. Kerry explained that in May 2023 there was a cap on the phone line of 49 patients at a time. SL asked if the provider informed Lion health of this when it was installed. Kerry said one size does not fit all surgeries.</p> <p>Wayne said they escalated the issue to Redcentric who accepted it was partly their fault and changes were made from November 2023 to rectify this issue.</p> <p>RD felt that the number of receptionists/admin team taking calls on each morning should be noted on the website. Kerry had removed the ‘number in queue’ message as patients were not aware of how many agents there are at any one time. The technology we have at present is unable to give a wait time. SL felt it is better to have “number in queue” as patients feel something is happening.</p> <p>RG said back in late spring and early summer when trying to book online, numbers were possibly underestimated. Kerry replied that this is monitored regularly now. KW said phone line was giving a message that all appointments had gone just after 8am. Kerry explained that Care Navigation is still carried out. RD feels this navigation works very well.</p>	

The system has now been configured so up to 250 people can enter the system at any one time. This has reduced the need for patients having to keep redialling. We answer 90% of all calls. The call numbers have also reduced as this has stopped duplicate calls. The average waiting time for calls to be answered has halved.

We have automated options on the lines. We encourage patients to call after 10am if their call is a general enquiry. This is being continually monitored, and good practice is shared across the teams. There is also an increase in appointments, which has a direct impact on the waiting times on the telephones. We have a wall board in Reception and the Admin room which shows phone stats in the morning from 8-9am as information for Reception and Admin teams when answering the telephone.

SL asked if our system was compatible for call handlers to work from home. Kerry said possibly. MJ queried how many calls to the appointment line did not get an appointment. Wayne replied this depends on the level of unique demand not repeat callers.

MJ said this is a recurring theme. Online appointments are back to pre-Covid level and that he always managed to book online before Covid. Wayne explained that January is always the worst month for illness, and Mondays the busiest day of the week. The volume of demand is higher than ever.

Kerry informed that the average wait time for a call to be answered is between 30 seconds and 40 minutes. The calls that have been waiting over 15 minutes are being monitored with a view to improvement. There are many calls abandoned as multiple people in the household can sometimes call on different phones. Wayne acknowledged that pre and post November showed great improvement.

What is to come:

Improve phone messages.

Reduce demand on phone lines

Patient Access and NHS App to be communicated to patients.

To use the website in the coming weeks to request a non-urgent appointment. The Reception team called the abandoned callers back and this improved relationships and confidence with patients. NC felt moving forward is good.

GPAD Data – General Practice Data

This shows appointment numbers, How many face 2 face appointments and the surgery score compared to other surgeries. The data shows that we are delivering more appointments than ever before and there are plans to further increase this number with additional members of staff.

Wayne explained that there have been more appointments offered. This has been possible despite finances being less than 2 years ago and challenging when hear negative comments about the surgery. We need to try to convert patients to book online and via submission of a form in the coming months. The multi-discipline approach is in use and sometimes the GP is not the most appropriate person for the patient to see. Patients need to see the right clinician for the right condition. This can cause a problem when patient's book online, as may not need to see a GP. RG said the form system request works very well at her daughter's practice. MJ said the forms are then triaged and patients will be told of their appointment with a PA, doctor, nurse, ANP etc. JH was concerned that 99.9% of patients do not understand that GPs are not the only clinicians available to help them and that they need to be reassured that other clinicians have the skills to help them. This needs to be well-communicated.

Melissa has made a video of nurses, their training etc and there will be a clinicians' corner in the newsletter.

		<p>Wayne told that we have a Paramedic joining us in February, and also 2 new ANPs. We are looking to add more clinically trained staff to the team to improve the volume of appointments.</p> <p>NC discussed the difference between Patient Access and the NHS App. Apparently the NHS App contains more information. Online booking can be done using either app.</p>	
	<p>Any other business</p>	<p>NC said the car park is very dark at night particularly if it is raining. Wayne is looking into a new lighting system.</p> <p>MJ felt there had been lots of progress since the last meeting particularly with appointments and asked if we can inform patients of this. Wayne will discuss this with Melissa.</p> <p>NH asked if patients could consent to having emails for general information. Wayne replied that email access response has been reluctant due to security and safety. MJ said this is the biggest issue in primary Care and is reliant on group arrangements for IT.</p> <p>Next meeting will be April-time – To be confirmed</p> <p>Minutes checked by Wayne Gardner</p>	



