

## **Lion Health: PPG Meeting Minutes: Thursday 11<sup>th</sup> July 2024**

**Attendees:** Dr Carvell, Wayne Gardner (Practice Manager), Kerry Morgan (Reception Manager), Melissa Higley (Communications), Nigel Haydon, Ruby Cogzell-Brown, Veronica Astley, Jo Ferrington, Mary Yeates, Judy Hall, Robert Derricott, Nanette Hedley, Karen Skingley, Linda Crockett, SCO Helen Taplin (minutes)

**Apologies:** Lyn Chadbone, Veronica Catherall, Mike Jones, Kate Wells, N Caplen, C Hare, Sandra Newall

	<b>Agenda Item</b>	<b>Summary Of Discussion</b>	<b>Action</b>
1	<b>Introductions</b>	<p>Kerry opened the meeting and explained the format of the meeting, advising that there will now be more structure and timed element to future meetings.</p> <p>Everyone introduced themselves.</p>	
2	<b>Matters arising from Minutes</b>	<p>Kerry advised the Panel of actions from previous minutes.</p> <p>1) Suggestions for actions from the meeting requested by Kerry and to report back to the PPG.</p> <p>Patients need more information on how to access appointments and 'Get Help' forms. Communications via text messages have been sent about 'Get Help' forms. This is also included in the leaflet regarding how to arrange an appointment. Information is also available on the website.</p> <p>To consider the availability of these Get Help forms. At present, they are available between 07.30 and 08.00 and again from 19.30 until 20.00. This is still to be finalised.</p>	

		<p>TV screens were not working in Reception. This is now resolved. NH advised that she had had a problem with the screen last week, and also that today the room number was missing from the screen. Kerry explained they try to keep the clinicians in the same room if possible, as this information has to be inputted onto the screens if room changes are made. JF mentioned there is often an A4 poster in Reception showing all the relevant rooms for that particular day. Kerry admitted we need to come up with a solution for this. NH queried whether a merge system could be used which Kerry will further investigate.</p> <p>MY commented the mental health clinicians at Lion Health are very good and much needed.</p>	
3	<b>Updates with Wayne</b>	<p>Wayne asked the panel if they had been informed of any patients' issues.</p> <p>KS asked about having the callers being advised of where in queue they were. Wayne explained that Redcentric, the telephone provider can give a number but it does not quantify as to how many call handlers are on the phones at that time. Wayne told that Monday and Tuesday are the busiest days. Redcentric have been asked for an approximate waiting time, but this cannot be done. He feels that limited information is better than inaccurate information.</p> <p>The booking system is to be reshuffled. Kerry said patients often call, hang up and call again. Messages are going to be put on the appointment line, advising patients to stay in the phone queue.</p> <p>Wayne advised on wait time comparisons using data for 5 months from June – Nov 2023 and from 8am until 8.30am compared to the last 3 months. Performance has improved. NH asked what is the maximum number of call handlers on the phones in a morning. Kerry explained that this is not restricted by the number of handsets or technology. Wayne told that changes were made at the end of September 2023 and we now answer 90% of all calls.</p> <p>The vast majority of patients calling after 8.45am only waited for 10 mins for their call to be answered. By the end of the day, call wait length reduces to about 4 mins.</p>	

Kerry explained that on a Monday between 8 and 9am there may be 22 call handlers on duty but on Wednesdays, which is usually a quieter day, we may only have 15 people answering the calls.

We have increased access by 50% recently, and are trying to make efficiencies to this.

Patients seem much happier now that more appointments are available. RCB asked if there is an alternative way to request an appointment other than by phone. Wayne mentioned the online form and that we are trying to expand times for completing this form. He explained that patients are then triaged to see the most appropriate clinician, leaving GPs to see the complex medical cases.

Kerry mentioned that we are seeing more and more appointments being available throughout the day with the paramedics and PAs and seeing a shift in patterns available. Care navigating is carried out. VA asked if patients can still phone for an appointment at mid-day. This has not been in place for some time. Kerry explained some appointments are embargoed but will be opened up at a designated time.

Wayne told there is a capacity issue in the NHS. Dr Carvell said demand on the NHS is insatiable although there are many different providers now including Pharmacy First and the Hub at Brierley Hill. We need to manage our systems. The Get Help forms for non-urgent conditions are ideal as will be triaged the same day and patient will be sent an appointment to see the correct clinician. We are trying to meet demand.

Dr Carvell suggested discussing at the next meeting what conditions PAs and paramedics can see. If a patient's condition deteriorates, the GPs are here until 6.30pm and patients will be signposted to the most appropriate physician. JH is very pleased with signposting method.

Wayne feels capacity for the NHS will become more challenging as we go forward. The percentage of funding is very small for the number of patients we see. Much of the NHS is run on 'goodwill'. Clinicians and administration staff go over and above. We have made headway, but there is still more to be made.

		<p>NH said there is awareness of the PPG of expectations of patients. Wayne replied that we all see NHS at the best and worse of times and this can be challenging.</p> <p>NH says the Practice has always been trying to improve and is a progressive practice. Lion Health is not the norm for GP practices, and has evolved to meet the changing needs and expectations.</p> <p>KS asked how many patients phone in at 8am with issues that are not urgent. Wayne replied that we do not as yet have numbers for this. He said the booking system will have to evolve and change slightly. The need is to shift away from patients booking by telephone, but we are aware this is the only method some patients can use. The aim is for patients to call at 8am if need an appointment on that day and call later in the day if need a not so urgent appointment. Wayne explained that our Emis system was developed in the 80s so is not particularly advanced. We are looking to change the appointment system and quantify work in different areas, ie, leg ulcers should be seen in Secondary Care. There is a limit to our budget and we need to look at what we are contracted to do. The DIHC and their staff are working directly for us.</p> <p>Year 5 students are already trained here at Lion Health and we are looking to take on years 1 and 2 for work experience and exposure to GP life. This will help fund frontline services. There is also the Out of Hours contract on Saturdays at Brierley Hill H&amp;S Centre. In September we have a new GP joining us, James Moore-Griffiths and PA, Nikita, which will increase general capacity.</p> <p>VA would like to bring back the 'family GP' but Wayne advised we do not have enough GPs to do this as the nation is now far more unhealthy. NH said we will never have a family GP again. LC said she could not see any available appts on the NHS app. Kerry said that the app will not say if there are no appointments available and the appointments must have been taken.</p> <p>Mel is doing work on the NHS app and we have a week coming up which will be promoting and providing information on how to use the app. Only 200 patients at present are actually using the app.</p>	
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		<p>JH feels the general public are ignorant about their own health needs and suggested that perhaps information could be put on the app about what to do if one has a cough, sore throat etc. Kerry welcomes any PPG input of how to get the message out to the patients.</p> <p>RD mentioned that in the European system, patients see the pharmacist first, then pay to see a GP if required. If a patient is really ill, they go straight to hospital and do not pay anymore.</p>	
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**PPG Agreement with Kerry**

There are 7 prospective patients who have enquired about joining the PPG. What is our process? Do we sign anything at present? How do we describe what we do? There is nothing in writing as yet and this needs to be formalised. Kerry will obtain guidance from online sources.

Expression of interest form for new members. How representative is our group. How could we access patients aged 18-30. ? change times of meetings.

RD suggested looking at Secondary Schools to see if students who wish to be doctors could do work experience with us but we already have that facility. Are GPS going to Oldswinford Hospital School anymore? No - we do not cover this now. Kerry asked the PPG if they felt the 2 documents are fit for purpose. Any thought of anything missing?

Expression of interest forms:

VA feels there are too many questions asked. And why are they needed? KS attends the meetings when she can but has other commitments. She feels the form is OK and asked what is the optimum number for the PPG? Kerry asked what should we do if someone only attends once a year. Space in the room may be a problem but what about 'virtual' members? NH feels we need to represent particular areas. Members may not have particular skills but plenty of life experiences. The panel felt this was not a good question. PPG felt the form could be shorter and one particular question about skills to be removed. RD asked if new members are expected to attend as many meetings as possible? PPG meet quarterly. What level of commitment do we feel is appropriate? We may need meetings at times to suit other people. RCG suggested 2 during the day and 2 in an evening. KS felt if someone had not attended 4 meetings in a row, they would be out of touch with the PPG. VA asked how much time do we put in to run the group and wondered if the PPG could run themselves.

RD wondered if we had looked at how other practices of this size run their PPG.  
Kerry replied this had been done.

Agreement

MY suggested possibly elect a chair to take control of future meetings. JH felt it would preferably be someone within the practice as they could keep the group on track with a lead point of contact from the PPG.

MJ had given feedback – excellent idea and good documents. Kerry acknowledged it was good to hear what had and had not worked in the past.

**AOB**

NH asked how to get on the NHS app and said that patients will not hold information if not used regularly. Mel said we do acknowledge that many patients are not technically minded. We can see efficiencies to be made using the NHS app and need to be clear what these are.

The next meeting will be after flu vaccination week. Stats will be submitted re the NHS app. RCB asked why the app mentions that patients must wear masks. Kerry said this has been on the template since covid, and possible could now be removed.

RD asked for the website to be kept updated.

Kerry asked the members to complete the 2 forms and email them to Helen Taplin



