

Lion Health: PPG Meeting Minutes: Thursday, 31st October 2024

Attendees: Dr Simon Carvell, Kerry Morgan (Patient Liaison Manager), Melissa Higley (Management Support Officer – Communications), Veronica Astley, Nanette Hedley, Chris Hare, Mike Jones, Nigel Haydon (NFH), Ruby Cogzell-Brown (via TEAMS), Judy Hall, Maggie Lambert, Diana Edwards, Helen Taplin (CSO) (minutes)

Apologies: Lyn Bruntnell, Jo Ferrington, Karen Skingley, Stella Layton, Veronica Catherall, Mary Yeates, Linda Crockett

	Agenda Item	Summary Of Discussion	Action
1	Introductions	<p>Kerry began the meeting by asking the members if any of them would be interested in joining the meetings via TEAMS in the future. The Panel would think about this.</p> <p>Kerry introduced new member Diana Edwards and the Panel introduced themselves by name and how long they had been members of the PPG.</p>	
2	Last meeting minutes and matters arising with Kerry	<p><u>Actions from last meeting</u></p> <p>Kerry talked about use of the Get Help forms for non-urgent requests for appointments. Last meeting, we discussed the possibility of opening up the time frames for using these forms. The Practice is forming a wider review of access to the appointment system. Thinking of forms as a bigger picture now. Can the appointment system cope with large numbers of these forms being submitted? Lion Health are starting to look at other technologies. Artificial Intelligence could take phone calls but actual human-manned phones will still be essential.</p> <p>NFH felt that the elderly patients could not cope with this. Kerry replied that is why there will be options and never solely rely on AI. Staff will always be available to speak to.</p>	

	<p>Kerry asked for the members' thoughts on AI. NFH feels it is a terrible thing and that texts and emails are better. Many elderly are even scared to use these methods. MJ said we hear the word 'review' regularly. There are small gains to be made. The phone system – there is clearly a long queue at 8am and feels the number patients are in the queue was very important. Suggested not using the words Artificial Intelligence but perhaps call it an automated form. Technology is good as long as it works.</p> <p>NH felt that her AI experience was being sent round in a loop. It is most aggravating as some words are not in the AI vocabulary.</p> <p>Dr Carvell mentioned that we are told by the Government Organisation that we are offering 20% more appointments than the national average. Hospitals get refunds on National Insurance and GP Services may or may not. Patients in their 70s and above have differing views about the online Get Help forms. It has opened up opportunities for different ways of booking appointments. The global sum of funding contracting is offset by the rise in minimum wage and we need to think of new innovations to save some money.</p> <p>Kerry informed that some mornings we can have as many as 160 calls waiting at 8am. We need complimentary ways to cut down waiting times.</p> <p>MJ felt if the Get Help form is available all day, patients have more times to access it. Dr Carvell explained that this would not be possible as forms are supposed to be assessed almost as soon as they are received.</p> <p>Kerry said although the form does state it is for non-urgent requests a few patients still complete it who require urgent appointments and this can cause problems as these urgent appointments have to be honoured.</p> <p>Dr Carvell agreed that technology has a place and we need a mixture of ways to book appointments both using this and human contacts.</p> <p>VA asked if AI would have access to health records. Dr Carvell said no.</p>	
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	<p>MJ asked if AI would see a reduced availability in staff. He felt that once through on the phone, clinical care here at Lion Health is exemplary. He felt the response from the Get Help form exceeded his expectation in response time.</p> <p>Dr Carvell said the population is now sicker, older and requests from health service is stretched. We need options to compliment AI and Reception.</p> <p>NH felt that AI is lacking intelligence.</p> <p>MJ said patients will choose how to access appointments depending on their age.</p> <p>Kerry said the key is how it will be communicated to patients. If it is more accessible, the phone queue should be reduced.</p> <p>JH said all this needs to be on the website. Kerry asked Melissa if there was a flier on the website? They will look at ways of attaching this.</p> <p>JH feels the recorded messages on the phone needs to be slower and more clearly spoken. Dr Carvell said he had recorded new messages so this should be the case very soon and hopefully will resolve those issues.</p> <p>Kerry advised that by the time of the January meeting, she will have better understanding of what AI can do.</p> <p>MJ said that he had always managed to get an appointment at the surgery, offered by phone in a morning. His experience seeing an ANP was very positive. He asked Dr Carvell what constitutes a complex case needing to see a GP rather than a Paramedic or Physicians Associate. NFH replied that although the issues PAs are able to see, they are well-acquainted with them and would refer on to a GP if needed. He asked if there was a need to reduce staffing levels.</p> <p>MJ answered that we are not trying to reduce staffing levels and Dr Carvell added that we are trying to be efficient. Kerry said that we need to discuss issues that we do have control over. The Get Help form can be found on the website under appointments and can be accessed from 07.30-08.00am and 19.30-20.00pm.</p>	
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3	Vaccination Programme	<p>A slide show was shown about the Flu, Covid and RSV vaccination programme. Dr Carvell explained what RSV is and the age of the population who are eligible being between 75 and 80 years old. The vaccine will last for 2-3 years and people in that age range are being encouraged to have this for protection..</p> <p>Dr Carvell thanked members of the PPG for helping with flu and Covid clinics. The flu vaccination has been given at the time for maximum protection at possible peak of flu time.</p> <p>DE asked if the RSV vaccine applied to the vulnerable patients. Dr Carvell said it was only for patients who were in the 75-80 year age group and also pregnant women.</p> <p>Kerry gave some stats for patients eligible for flu and Covid vaccines: 10,500 patients at the surgery. Over the age of 65 – 6,000 patients. Under 65, 4,493 patients and 333 housebound patients. The campaign has been run alongside our routine work and has been very well received this year. Pharmacists were not given access to give the vaccines any sooner than we were this year and we were only notified of the date to begin vaccinating in September. The eligibility for Covid vaccinations has also changed slightly this year.</p> <p>Kerry explained the various ways in which we invite patients for their vaccinations, ie self-booking links, by telephone and by letter. We set up a flu-fighter hub – a flu line manned for over two weeks, taking calls to book appointments and making calls to patients. The clinics have mainly been mid-week and Saturdays. The latter days could see around 700 patients per day, a huge achievement. The reception area had marked out areas for queues and an extra check-in desk to help run things more smoothly.</p>	

		<p>DE said patients arrived earlier than their allocated time and still the queues moved very quickly. Kerry added that some patients arrived an hour early and also some couples came together even if had different appointment times.</p> <p>MJ felt the flu clinics were run outstandingly well this year. Kerry shared some wonderful reviews from the NHS website and quoted by 30th October 5,000 flu and Covid vaccinations had been administered in under a month which was 75% of our vaccine order. MJ asked about the uptake of the Covid injection. Kerry said this is very difficult to assess due to the programme this is documented on. Kerry said it makes sense for the flu and Covid injections to be given on the same day but for patients who would rather have them separately, this can be accommodated although we do not encourage or promote this practise. MJ said the speed at which the vaccines are recorded is really quick and can be seen via the NHS App.</p>	
4	Overview Of NHS App with Melissa	<p>Lion Health had a week in July promoting the NHS App. This is a free downloaded app created by NHS England and NHS Digital. Patients can manage their own health via this system. It has the availability for patients to book and manage appointments.</p> <p><u>The NHS App Week</u></p> <p>This focused on the different communication platforms such as social media, website and a webinar on how to navigate the app. There was a drop-in day to show patients how to navigate the app.</p> <p>68% of our patients have the NHS app and there were 23,552 log-ins in September. Repeat prescriptions can be requested. 2,000 prescriptions were requested last month through the app. It has been utilised in different ways since Covid. It can raise awareness and support patients with different health topics. There is an A-Z of medication.</p> <p>We need innovative ways of managing the demands of patients and keeping patients supported.</p>	

		<p>Kerry asked for comments or any challenges on Patient Access versus the NHS app.</p> <p>CH mentioned that authentication is now required to access the Patient Access app. MJ commented that an advantage with the Patient Access is that it prompts patient to order their repeat prescriptions.</p> <p>CH asked if a patient has a private investigation such as a CT scan, does the GP get to see this. Dr Carvell advised that GPs only see the written report.</p> <p>NFH said the Patient Access app was set up many years ago. On our website there is information on how to sign up to the NHS app.</p> <p>SC told the Panel that this will be Melissa's last meeting as she is leaving to start a new job. Everyone wished her well.</p> <p>Kerry told the Panel that October was the national switch on for patients to access their medical records. 80% of our patient base have had this switch flicked. Patients will be able to see their consults backdating from October onwards. Some of the records will remain unable to be viewed from a Safeguarding point of view. RCB commented that on the NHS app a patient can see multiple appointments but does not cancel appointments.</p> <p>Kerry said that online access can be a drain on our resources as some patient records have to be checked by clinicians before patients can have access to their records. There is no log-in password or pin for the NHS app. MJ had had an invitation for the Covid vaccination via the NHS app.</p>	
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5	Any other Business	<p>NH asked if practices are given funding for Patient Panels. Kerry was not sure but will investigate. NH also asked if medications are changed for an alternative, is this a money-making issue. Kerry said that prescribers would look at the cost of the drug and use a cheaper alternative if at all possible. However, issues with the production and accessibility of certain drugs may have to be taken into account. VA asked who reaps the cost benefit of changing the supplier, is it the Pharmacy or Lion Health? Kerry will look into this.</p> <p>Kerry advised the next meeting will be in January and asked the Panel if they have any topics they would like to be discussed. If the meeting was in the evening would anyone be interested in using 'Teams'.</p> <p>MJ asked if we had had any interest from young working people who are interested in joining the PPG. Kerry advised they have not recruited yet. Melissa suggested the possibility of Duke of Edinburgh students joining the Panel.</p> <p>MJ asked if it would be possible for the PPG meeting paperwork to be circulated sooner. Kerry asked how far ahead members would like this and the consensus was at least one week in advance.</p>	

	<p>DE asked if there was a capped capacity for the number of patients at this surgery. Kerry was not aware of one and informed that the present patient population is over 28,000.</p> <p>NFH asked if we know if the people from the new builds locally have registered here. Kerry advised she was not aware of any data.</p> <p>She also mentioned that we are going to look at roles within the Practice, such as Physicians Associates and discuss this at the meetings in the near future.</p> <p>Kerry thanked everyone for attending and the meeting was closed.</p> <p>Date of Next Meeting:</p>	
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