

**Lion Health: PPG Meeting Minutes: Thursday 12th June 2025**

	<b>Agenda Item</b>	<b>Summary Of Discussion</b>	<b>Action</b>
1	<b>Introductions</b>	Kerry asked the members and clinicians to introduce themselves	
2	<b>Outstanding actions from last minutes</b>	Making sure the screens in Reception are effective.  Signs displaying which rooms Clinicians are working from.	KM to liaise with HF to arrange meeting with screen providers and to arrange room signage.
3	<b>Joanne Stanley talking about Abdominal Aortic Aneurysm Programme</b>	<p>Kerry introduced Joanne who works for Black Country Triple A Screening Programme. It is only a small team of 5 persons. They screen the abdominal part of the aorta. Men in their 64<sup>th</sup> year are targeted for this particular screening and will receive an invitation. Lion Health has a very good turn out of their patients for this. If men have not taken up this invitation by choice and change their mind years later, they can self-refer into their late 70s. A letter is sent to patients 6 weeks before their appointment followed up with a telephone call and text message. For patients who work, there is a clinic at Russells Hall on a Saturday.</p> <p>Kerry mentioned that Lion Health offer Saturday clinics here across the area and asked the panel what time of day on a Saturday do they think most patients would be happy to attend an appointment. The panel all agreed a Saturday morning would be ideal with one member saying morning or afternoon would be convenient.</p>	

		<p>NFH asked Joanne why only men get invited for AAA screening? Joanne replied that research is still ongoing but the issue seems to affect more men than women generally.</p> <p>Kerry thanked Joanne for a very informative session.</p>	
4	<p><b>Surgery Update</b></p> <p><b>Update on new Anima system and next phase with MW</b></p>	<p>This was launched on 14.04.25 and is a significant change to the way we offer care here and hopefully will prevent the 8am rush on the telephone. We are introducing this online triage system in line with national guidance from NHS England. All appointment requests have to go through the GP Led Triage Team. The clinicians monitor daily demand. The full trend cannot be seen yet. We are receiving above 200-300 forms a day. These forms are being triaged by the GP and PSO Team Leaders. At present, the forms are being turned off when a significant load has been received, this is for clinical safety. Only emergency referrals by phone will be accepted after that. Reception and Admin Team are answering the phones from 8am and completing the forms for patients who have no internet or cannot complete themselves. We are seeing 30-40 people in the phone queue at 8am and as the forms take a few minutes each to fill in, wait time has increased a little. As time goes on, numbers in the queue will reduce. Kerry has now put the queue position back on the phone line. It will probably be 6-12 months until all patients know about this.</p> <p>There is a submission point in the surgery where patients can come into Reception and complete the Anima form. This area is shielded, so is private for confidentiality purposes.</p> <p>After the form is triaged, Reception Team call the patients to book their appointment with the clinician recommended. A lot of positive feedback has been received from patients via Facebook, Google and NHS, who find the form easy to navigate, is accessible and hear from the surgery in acceptable time.</p>	

	<p>Dr W asked for feedback from the PPG. JH said it is very good, easy to navigate and call back was good.</p> <p>SL was really pleased with it although not so good when the form had been closed. She asked if the form could be sent in if the appointment was not needed straight away. Dr W replied we are unable to do this as another form may be required. They are looking into this.</p> <p>NH did not have a good opinion of the form so far as the form was closed when she tried to access it. Dr W said at present it is not open from 8am to 6pm but if patient has an urgent problem, they are signposted to phone the surgery.</p> <p>Kerry advised they prioritise patients who need to be seen that day. We can communicate by text. There have been no problems calling patients to make appointments. Admin request forms are open 24 hours a day.</p> <p>NFH asked whether the form will open later that day after it had been closed to which Dr W replied “unlikely”.</p> <p>LB has not used the form yet, but had been trying to register. Dr W replied that there had been a slight change to this, and patients no longer have to register.</p> <p>NH asked what information does Anima hold and was informed that information is held in the ‘cloud’ like Emis.</p> <p>NFH asked if a request is made, will this register an account? Dr W said patients can type ‘Anima’ into Google to register even when the form is not open. Soon call handlers will not have to register patients.</p> <p>RCB said if condition is not urgent, and the form is closed, the form should be filled in the following day. Appointments are given for same day, 48 hours, in 1 week or 2 weeks.</p> <p>Kerry advised that we have moved away from ‘first come first served’.</p> <p>DE asked if patients still walk in</p> <p>Dr W advised that IT tweaks re linking the Anima form and Emis are still ongoing. Communications about the new system are being increased.</p>	
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	<p>Dr W said there were still many questions to be answered and a balance is needed. Patients need the right appointment at the right time.</p> <p>DE said specific questions helps stratify urgency to safely manage. DE asked if a patient cared for a vulnerable adult, do they have their own account? She was advised that one can submit a form on their behalf.</p> <p>Kerry said that some patients are in error sending a medical request on the Admin form but this will soon be resolved.</p> <p><u>What's next</u></p> <p>There will be a reporting function for data and statistics.</p> <p>Emis/Anima to connect more quickly.</p> <p>Simplify forms.</p> <p>Towards the end of the month, we will be using the ARC, Automated Receptionist Callback function. Patients will have a digital place in the queue and the system will call the patient back. This should provide a better patient experience. The LTC and medical secretarial line will be rolled out first. When any glitches have been resolved, it will be introduced to the appointments line.</p> <p><u>ICB PPG Awareness Week Feedback</u></p> <p>The Integrated Care Board have asked for feedback re PPG Awareness week.</p> <p>NFH said he knew about this PPG awareness week. This was discussed as a group.</p> <p>Dr C mentioned the struggle with only 5 LTC management of conditions, and what is available. JH mentioned that arthritis is not on the list. SC said that one of the risk factors is obesity and wondered how arthritis could be measured. All the 5 LTC are life threatening. SL mentioned dementia and how this could be prevented.</p> <p>Depression as a LTC would be good as this is a killer in young men. SL added that there are many younger people with arthritis and wondered how to avoid the condition getting worse. SC suggested skin conditions caused by sun damage. The LTC</p>	<p>KM to send out the PPG awareness questions to all PPG members on a questionnaire so that those who couldn't attend today can submit their responses. KM to collate responses and submit to the ICB.</p>
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	<p>conditions are expensive conditions due to patients taking time off work, having operations etc.</p> <p>NFH felt that mental health should be a LTC.</p> <p>NH said more joints are affected by arthritis and resulting in more falls. SC said yes, complete control of joints are needed to prevent falls.</p> <p>LB used to run the Expert Patient Programmes. This was pure self-management for patients and was all encompassing.</p> <p>SL asked if the panel felt cancer should be on the list?</p> <p>JH felt that most of patient self-management should be common sense.</p> <p>Question 2 – Patients do not know where to go for answers</p> <p>NFH replied go on the phone</p> <p>VC said patients are expected to find out themselves</p> <p>SC said are we sure which sources are reliable. DE replied that some sources could be dangerous. JH suggested putting on the LH website which sources could be trusted.</p> <p>Dr W advised there is a link of websites to the NHS. Dr C signposts to the NHS site and patient UK.</p> <p>NFH asked what causes dementia.</p> <p>Question 3 - The former Expert course was originally for patients with mental health issues, cancer support, and was a group of people who came together to discuss any issues they were having with their health.</p> <p>Question 5 – What works well for the PPG and what needs improving.</p> <p>LB said it is good to know what the systems are and how they operate.</p> <p>RCB and SL said discussions were positive.</p>	
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5	<b>Flu Season 2025</b>	<p>This is a competitive environment as the Pharmacies can now deliver the vaccine and sometimes start doing so before Lion Health Flu Week starts. How can we improve or maintain the uptake of vaccine here?  DE felt the clinics here are very efficient.</p>	
6	<b>Any Other Business</b>	<p>NFH commented on the liaison between hospital and home. Not all hospital letters are being sent to the GPs due to systems not linking in.  SC said that the CROs (Coding Team) receive all the documents in the first instance and send on some of the letters to the GPs if they need any action.  RCB asked if medication is changed, do the doctors let the patients know. SC advised that the Pharmacy Team here upload the medications onto the records. This should also appear on the NHS app. What if medication is on patient's repeat list and</p>	

		<p>is changed by the GP. SC advised if drugs are changed to the most economic choice, it is not as a result of GP Choice.</p> <p>MW said that the pharmacists will add a note to the prescriptions explaining this to the patient. If the drug is not available as there is a manufacturer's delay, changes have to be made.</p> <p>Meeting closed at 16.55</p>	
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