

**FULLWELL CROSS MEDICAL CENTRE PATIENT PARTICIPATION GROUP**

**MINUTES OF A HYBRID MEETING HELD MONDAY, 2 OCTOBER 2023 @ 3 pm**

**Present:** Jennifer Hobbs-Hurrell (Chair), Caroline Adeagbo . Judy Berkowicz, Ruth Diamond, Denise Ingamells, Karen Kent, Lynn Murcutt, Graham Sturt, Natasha Taylor, Adele Trainis, Andrew Watson, Sharad Vyas

**In attendance:** Dr Mehta for item 4

**Apologies:** Harold Moth ,

<b>No</b>	<b>Item</b>	<b>Action</b>
1	<b>Welcome &amp; Apologies for Absence</b> The Chair welcomed everyone to the meeting – apologies received as stated above.	
2	<b>Minutes of the last meeting</b> Were accepted with a correction to point 6 as it was JB who asked about blood tests not AT.	
3	<b>Matters arising from previous meeting</b> i. Appointment flowchart– now that the new appointment system is operating it should be possible to upload a flowchart to the website shortly.	AW
4	<b>New Appointment System</b> Dr Mehta explained he had been working as a GP for 28 years and throughout this time attempts have been made to improve the appointment booking process. There was an issue with high demand especially at the start of the working day and more so at the start of each week with patients queuing both in person and on the phone to obtain appointments. This meant that some patients would be told that all the appointments for the day had been allocated and they would have to try again the next day. Demand outstripping supply is now a national problem facing primary care but Redbridge is particularly affected with a ratio of 2800 patients to a GP whereas in better funded inner London boroughs such as Hackney, Tower Hamlets & City the ratio is 1700 patients per GP. Although both Waltham Forest and Havering are also struggling now. Therefore after looking at how some other practices operate, the practice introduced the new online contact form appointment system which operates from 7.30 am each morning. Contact Forms are triaged by doctors and patients directed to the most appropriate clinician. Since this system was introduced the volume of phone calls has reduced by 50% thus making it easier for those without internet access to get through to the surgery by phone. Those patients without internet access are still welcome to phone the surgery or visit in person and care navigators will assist them in filling out the contact form. It may be that the initial information may have been mishandled and patients given the impression that the only route to getting an appointment was online. This had contributed to criticism from local councillors and Healthwatch – Dr Mehta had approached them to have dialogue but had no response. Each person present was then asked in turn if they had any questions to ask Dr Mehta.	

	<p>CA explained that she was coming down in person early to queue outside the surgery as she does not have internet access. Dr Mehta explained that this is not necessary as now that volume of calls have reduced she should be able to get through on the phone and there were actually GP appointments free this afternoon which was never the case previously.</p> <p>GS – commented on the “red flags” which come up on the system when some symptoms will lead the AI to inform the patient to contact 111 urgently – Dr Mehta explained that the red flags will also come to the attention of the doctors at the practice urgently so it may not always be necessary to call 111 as the practice will be able to offer an urgent appointment.</p> <p>AT – cited an example of a patient being misdiagnosed by a physio. Dr Mehta advised that this was a reflection of the quality of the consultation/clinical aptitude and not due to the new appointment system. AT was also concerned about the expansion of housing locally with new flats being built without appropriate new health services to meet increased demand. Dr Mehta advised contacting local MP to raise concerns and said that the practice is not allowed to refuse to register new patients.</p> <p>DI – expressed appreciation for the new system which was working very well for her and asked about the capacity for staff to answer incoming phone calls. AW confirmed that there are now 8 accessible phone lines rather than the former 4 and that staff numbers have also increased.</p> <p>LM – had not used the system yet but asked how she could access it. AW explained it is via the practice website.</p> <p>KK – asked:</p> <ul style="list-style-type: none"><li>a) why some medication is not on repeat, NT confirmed that controlled drugs cannot be put on repeat medication so have to be requested individually each time and therefore cannot be accessed via the NHS app prescription request service.</li><li>b) if a clinician could see a person who was not registered with the practice but was at the home of a registered patient – Dr Mehta explained that GPs are only allowed to see registered patients and it is possible to register temporarily if staying, but 111 is the <b>National</b> Health Service who will guide patients to the appropriate service</li><li>c) if the practice is training registrars for general practice as in the past. Dr Mehta explained that this is no longer possible as Dr Suresh who supervised them has now left but there is a new scheme in conjunction with Queens Hospital where F2 (foundation year 2) doctors will be with the practice for some months to get experience in general practice</li></ul> <p>RD – asked what happens after triage – Dr Mehta said patients will be sent a text to click on to book the appropriate appointment.</p> <p>JB – asked about phone calls for covid vaccinations, AW said a text will be going out tomorrow but there will be a clinic this Saturday which can be walk-in.</p> <p>SV – could not comment as had not used the new system</p> <p>AT – mentioned that there seems to be a problem with prescriptions not getting through to Tesco pharmacy. NT said that Tesco had experienced a software problem which did delete a lot of records but will follow up.</p>	
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	<p>The Chair asked Dr Mehta if he had any requests. He said that the practice has a realistic approach to getting things right and now it would be very helpful to get patient feedback and for PPG to report upstream to local councillors. In particular a positive letter from the PPG co-chairs to Cllr Mark Santos (Cabinet Member for Adult Social Care and Health) and Adrian Loades (London Borough of Redbridge Corporate Director of People) would be much appreciated.</p> <p>DNA – Dr Mehta also said that the number of “did not attend” appointments are very disappointing and such a waste of time especially when patients have chosen the time of appointment themselves. DI suggested communicating the fact that missed appointments are denying other patients the opportunity to be seen (words that change minds) may be helpful. JB asked if text reminders of appointments could be sent – AW explained it is hoped so that this can be restarted but currently there is a glitch that refers to all appointments as being in person when in fact they are often telephone consultations. GS asked if there is a way of separating out DNAs due to late arrival to in person appointments as opposed those of “no show”.</p> <p>The Chair thanked Dr Mehta for attending the meeting and answering questions.</p>													
4	<p><b><u>Practice Manager’s Report</u></b></p> <p><b><u>Staffing</u></b>  AW had circulated an up to date list of current practice and primary care network staff. A new administrator is being recruited working 31 h.p.w and possibly another salaried GP.  The PCN is participating in a pilot scheme with NELFT to employ a young persons’ mental health practitioner supporting young people up to the age of 18.</p> <p><b><u>Complaints</u></b>  There were nil complaints in September.</p> <p><b><u>Vaccinations</u></b>  Covid/flu clinics are being held, the next is on Saturday.</p> <p><b><u>Building</u></b>  There are no changes with the building, approval is awaited for the port-a-cabin.</p> <p><b><u>Immunisations</u></b></p> <table border="0"> <tr> <td>DTaP</td> <td>69%</td> </tr> <tr> <td>MMR</td> <td>59%</td> </tr> <tr> <td>Pre-School</td> <td>67%</td> </tr> <tr> <td>Shingles</td> <td>79%</td> </tr> <tr> <td>Flu 65+</td> <td>31%</td> </tr> <tr> <td>Flu under 65</td> <td>19%</td> </tr> </table>	DTaP	69%	MMR	59%	Pre-School	67%	Shingles	79%	Flu 65+	31%	Flu under 65	19%	
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5	<p><b><u>Survey to FXMC Patients re new appointment system</u></b>  An email had been circulated to all PPG members prior to the meeting detailing the draft questions proposed to be included in a patient survey</p>													

	<p>through a partnership of the PPG and NHS East London. The Chair asked PPG members to feedback any suggestions/comments. The following comments were made:-</p> <p><b>Access to Healthcare Professionals :</b> a list of the healthcare roles at the practice to be inserted.</p> <p><b>Services</b> Request for a nurse to be assigned to oversee diabetic patients Do you feel your long term condition is being monitored appropriately by the practice? Are medication reviews timely or would you like these more often?</p> <p><b>Information &amp; Accessibility</b> Do you find the practice easy to access? It was suggested that this should be followed by a choice of tick boxes or a space in which to make suggestions for improvement. (example was given of autism where patients may need to be in a quiet waiting area away from others) Where do you get information about the services the surgery offers? Are you aware that texts can be sent with a link to booking an appointment?</p> <p>Everyone thought it a worthwhile exercise but were concerned about the practical element of distribution to ensure a wide range of patients have the opportunity to reply and also stressed that it should be worded in very clear plain language.</p>	
7	<p><b><u>Date of Next PPG Meeting</u></b> (Hybrid Meeting to be held virtually over Zoom plus option to attend at FXMC) Monday 20 November at 3pm</p>	AW/ALL