

**Minutes of Wetmore Road Surgery
Patient Participation Group Meeting
Virtual Meeting via Zoom
Wednesday 25^h November 2020**

Present: **Patients x10** Ian N (chair), Sarah C (secretary), Bernard P, Mike P, Chris T, Gill H, Beryl W, Jane K, Rob W, Eddie M,

Surgery staff Amy Carter – Assistant Practice Manager

<u>Agenda Items</u>	<u>Action</u>
SC hosted the meeting. IN chaired	
<p><u>Practice Update - AC</u> The practice update had already been circulated.</p> <p><u>Telephone system</u> The new telephone system has now been installed but there are ongoing issues. The engineer is onsite most days. The cables and ports have now been sorted and programming is in progress. While CT had felt his recent experience of contacting the surgery was better, both BW and EM had been frustrated by long waits. The hope is that the new system is fairer as you are in a queue rather than it being a lottery of whether when you ring you get through. Concerns were raised about the length of the wait, especially as, depending on your phone contract, you may be charged for the whole time you are queuing. One member reported the frustration of waiting so long with her phone on speaker that the phone battery died before she got through. SC asked whether the length of wait in the queue is due to a programming issue or a staffing issue? AC explained that there are some staffing issues compounding the problem with staff off ill or self isolating. She is planning some additional training for the reception team to help them speed up their handling of phone calls. BW asked whether staff have been moved roles to have additional staff answering the phones since Covid, especially as there is less need for front facing staff but higher demand on the phone lines? AC explained that the roles had been divided differently to allow staff to focus on one thing rather than them trying to juggle answering the phones alongside other admin duties. BP asked that when the training is done it is remembered that the staff are only human and it impacts on them when callers are stressed but that also callers need empathy and to feel they are being listened to, not just processed in an impersonal or unsympathetic way. CT asked if at peak times, such as 8am, there are additional staff handling calls. AC considers that the busy times are the first hour of the day and the last hour of the day and they do have most staff on duty at those times.</p> <p>Once AC has had all the training for the new system, she will be better placed to analyse when the peak times are for calls and the speed of response. As issues come to light further improvements can be made to the programming.</p>	

It had previously been mentioned that the reception staff were going to have some medical training to help them with their call handling. This has had to be postponed due to staff absence.

AC was asked to feed back at the next meeting what progress has been made and what has been learned from analysing the data the new system will generate.

AC

Website

At the last meeting there had been discussion about how to access Patient Access and how to register for more services within this, such as test results. CT had been looking for this information on the website. He could see that some changes had been made by felt that having 2 tabs with the same heading was confusing and that some pages could be hyperlinked better. AC has been working hard with the website administrator to get changes made to the website. Some questions previously raised, such as removing the silhouettes, have had to go back to the web development team. The website administrator is supposed to be putting together some training videos which will enable AC to make the changes to the site herself rather than rely on others. She would much prefer to be in control of this and will look again once she has had the training to tidy things up further.

AC

Survey

- IN would like to get an action plan together based on the findings of the survey. It is important at this time to focus on things where there is capacity for change.
- Top of the list was the telephone system. This has been actioned but will stay on the agenda to ensure the outcome is satisfactory.
- Some of the negative comments were about the surgery being open. Good communication will address this, an updated newsletter has been prepared.
- Much of the signage has been removed from the doors which makes it look more open.
- Questions had been raised about chairs for people waiting outside. These had been provided but have had to be removed again as there was an infection risk
- There had been a small number of comments about the attitude of reception staff. All staff have been reminded about professionalism. AC has a weekly training session for ongoing professional development with the admin staff so feels she is on top of this. It is important to keep up staff morale at the moment.
- EM asked how the practice could communicate better if patients had perceived the surgery to be closed. The communication put out needs to be accessible. The newsletter has already been posted on the website and hopefully at the end of the week there will be a text with a hyperlink to this to encourage staff to read it. It has quite detailed information in it and so should answer many of the questions.

AC

District Group

JK reported that an email has been sent out today from the district group asking for volunteers to help with the vaccine roll out. Due to the complexity of the vaccine (distribution, storage etc) it will be administered at a central point, locally that will be Pirelli Stadium, in batches of 1000. This is too big and complex for individual practices to organise and so is being led by the

PCN. No dates have been set. The practice have also been asked for staff to volunteer to deliver the vaccines. It is requested that initial expressions of willingness to volunteer are submitted by 1.12.20, via a google form. The link for this is in the email. SC said she would forward the email on after the meeting.

A straw poll was taken as to how many members were willing to have the vaccine. Some would like it sooner than others but with some caveats all were willing.

The question was asked as to how to target the vaccine at those most likely to spread it – the demographics being mentioned in the media as the highest priority don't necessarily represent those who are the highest spreaders.

Newsletter

MP commented the newsletter is good, there is a lot to read but it is good content.

EM felt that all being yellow made it harder to look at but the information was fantastic and exactly what we need to communicate.

AC explained that she had chosen the content based on the issues raised at recent meetings. Going forward she would like to get out shorter newsletters, published more frequently. The slight delay sending out the text link to the newsletter has been because of the other important messages that have had to be sent out recently and trying to get the balance in communicating well while not bombarding patients with messages.

AOB

RM asked about patients waiting in their car once they arrive for an appointment and what are the plans for ambulant patients, especially now the weather is deteriorating? GH asked if there is any way patients can wait inside if they do not have a car?

AC explained it is important that patients arrive just at the time of their appointment and not early (but not late). The flu clinics are walk through clinics and they are managing the logistics of 3 patients entering at the same time and standing on markers to wait to ensure distancing. But these are very quick appointments and no one is hanging around. In itself this precludes others from waiting inside as there is no further space. It is important that the risk is managed by minimising contact between people. Having some people inside would mean clinicians having to pass them to get outside to call their patient in and so there is the risk of cross infection from patients they aren't going to see.

The layout of the building does not offer any flexibility. A chair was taken outside today for one patient who really needed it.

It was noted that appointments really do need to run to time if people are being expected to wait outside in inclement weather.

EM asked for an update on phlebotomy.

AC explained the is the CCG's responsibility as they commission the service and they are awaiting the outcome of their conversations with the hospital.

The problems have been raised in various quarters and the CCG need to take action but we have to wait for them

An update was also asked for on One Health & Care. AC will refer this to RP

Date of next meeting

The next meeting is on Wednesday 6th January at 6pm

SC (done)

AC

