

Crown Heights Patient Participation Group: 14/02/2024 Minutes

Present: Cathy (Chair); Rosalind; Yvonne; Viv; Gilda.

In attendance: Paul, Practice Manager

Apologies: Jenny, David

Minutes from previous meeting of 10th January 2024 approved.

Matters arising: Paul advised no further changes to extend KLINIK submission hours possible.

List of Corrective Actions from patient survey completed and distributed.

Still seeking additional PPG members for more diversity: Agreed it might be possible with help from our GPs to identify new PPG members in the following age ranges:

- A. Young patients from 16-24 years possibly with chronic conditions that gives them regular contact/treatment with C.H.
- B. Patients 25-45 years – possibly young mums who attend with children, also patients that require regular treatment with C.H. **ACTION Paul to speak with GP's**

Surgery Update: Currently a full complement of GP's working selected sessions.

Stats for the DNA's not recorded on the wallboard as previously but now on the scrolling message screen in the waiting room.

A trained Paramedic is joining C.H. next week.

No apparent shortage of prescription drugs despite media stories; C.H. seeking a prescribing Pharmacist to support GPs at C.H.

Support staff very busy but more settled now with no recent resignations.

The Physician Associates are working well, remain supported by GP's and are permanent additions. (Paul commented that only 30/35% of patients actually need to see a GP)

Workload Stats really useful, would like them included in the newsletter(s)- as positive information for patients, and on scrolling message board. **ACTION Cathy to contact Paul with the information and stats required for inclusion in the March newsletter.**

Old Basing Surgery link remains good value to C.H. patients. Only occasional links with Odiham.

Noted that Odiham does not appear to have an active PPG.

Also discussed the value of PPG representative attending PCN meeting. Some PPG's currently attend their associated PCN meetings. **ACTION Paul to approach Mosaic PCN**

PPG/ICB Discussion around this group and how we might communicate better with both. Positive response from ICB re. future communication development. **ACTION Gilda to advise Chair of PPG/ICB.**

Date of next meeting: 13th March 2024 @ 2pm

GM/PPG/02/2024

Patient Survey – Corrective Actions February 2024

Responses to the issues highlighted in the recent patient survey:

Q1 Why does Klinik close down early and prevent patients being able to request appointments on the system?

This is usually due to high volumes of appointment requests which exceed the capacity. The system may reopen later in the day if all appointment requests have been triaged and additional requests may be accepted.

If urgent medical assistance is required patients should call the surgery.

Q2 Can the practice text and email patients simultaneously?

This is not technically feasible.

Q3 Can emails be sent directly to a named GP's inbox?

Patients are already able to email the practice generic email box. These are triaged on receipt and passed on to an appropriate individual. There is a maximum 5-day response period. Any requests received for a consultation will be redirected to Klinik.

Q4 How are test results routinely communicated to patients?

Normal test results or slightly abnormal are not communicated to patients. These are available to the patient on either the NHS App or by calling the practice.

If a result is significantly abnormal then the surgery (normally a GP) will call the patient.

Q5 Can test results be emailed to patients?

Test results are not routinely emailed to patients but these can be accessed by telephoning the practice or via the NHS app for those who are registered. Results can also be emailed by request once GDPR requirements are satisfied to ensure data protection. The NHS Egress platform assists the secure transfer of data without an NHSmail account. It can be set up once an invitation email is received.

Q6 Why are new prescriptions by hospital doctors not automatically added to the patient record?

Unfortunately, there is no link between Primary & Secondary Care IT systems therefore all medication changes come to the surgery in writing. The documents are either electronically delivered or by post. All documents then need to be reviewed and passed to the patient's normal GP for action. There is therefore an inbuilt delay in medication records being updated.

Q7 Some screen readers are incompatible with E-consult. Is this also the case with Klinik?

This was advised by a patient who uses a Jaws Professional screen reader. Klinik is better than E-consult albeit the patient has not yet tried ordering a prescription. When using E-consult there were fields in the prescription order form that were not named and therefore it was not clear what information should be added. The patient has made an appointment request through Klinik and it was successful.