

# **CROWN HEIGHTS MEDICAL CENTRE – PATIENT PARTICIPATION GROUP**

## **MINUTES OF THE MEETING HELD ON 14<sup>th</sup> JUNE 2023**

### **Present**

Gilda McIntosh (Vice-Chair) Rosalind Tapping Jenny Dykes Ben McDonnell

Gilda chaired the meeting in Cathy's absence

### **Apologies**

Cathy Wands (Chair) Yvonne Hunt Julia Slowey

### **In Attendance**

Paul Butterworth – Practice Manager

Melissa – Patient Access Manager

Coral – Social Prescriber

### **Minutes of Last meeting**

Agreed and approved

### **Matters Arising**

Defibrillator locations – Please refer to the link previously distributed by Paul regarding locations used by SCAS which is the most accurate and comprehensive list currently available

The volunteer driver who received a penalty notice regarding parking in the underground car park has had the ticket cancelled – Discussions are ongoing between the building administrators and the car parking company as a number of surgery staff have also received penalty notices

### **Patient Access Manager – Melissa**

In response to a query raised at a previous meeting regarding Patients' inappropriate or challenging behaviour, Melissa had been invited to the meeting. She explained that the staff now have new job titles due to the changes in both the roles required and variety of tasks now undertaken by those previously known as Receptionists. Melissa was pleased to report that due to changes in job descriptions, and a modest pay increase, recent vacancies had attracted a wider pool of candidates with improved communication skills. There were currently 18 Patient Access Administrators, who worked 10.5 hours per day in a 4-day week, with some flexibility, trained and supported by herself and her Assistant Manager over a 4-6 week induction period. This resulted in an improved work/life balance, less sickness due to stress and improved morale and mental health within the team, and had also increased staff retention. Exit interviews often revealed positive comments, with those leaving stating that they had enjoyed their job, and were seeking other challenges and environments. Mindspace, a mental health charity, had also been made available and funded by CHMC to support those staff who needed it. Melissa confirmed that some Patients did present difficult challenges to the team, mostly verbally, due to their own actual or perceived needs, general

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anxieties, and often regarding the timing and access to available appointments with GPs. Rarely it was necessary for the Police to be called to physically remove an individual from the premises.

Negative Patient behaviour was monitored and usually resulted in a warning letter being sent. If persistent, the individual would be removed from the Surgery list. Melissa was thanked by all for her attendance for her interesting and informative presentation

### **Social Prescribing – Coral**

Coral provided an insight into the development of the role locally, and agreed that CHMC had been at the forefront of this innovation as an early adopter of the principles that a number of regular attendees at the surgery needed support which was primarily non-clinical. This premise is supported by the Medical Optimisations Team at the ICB. The objectives of the service are to offer support and opportunities for Patients, many of whom may be isolated, unable or perhaps initially unwilling, to access groups, hobbies or events such as coffee mornings, to increase their social interaction. When encouraged, this can have a positive effect on their well-being, by providing them with stimulation, purpose and friendship. The evidence suggests that there has been a 75% reduction in surgery attendance since the refreshed service has been in place, only from September, by those in contact with the Social Prescribers, which demonstrates the high value and success of the service. Coral specifically works with vulnerable families and children, receiving referrals from schools. Her colleagues also promote groups for Diabetics and Respiratory Patients, and hope to increase their scope when resources permit, perhaps to include the recently retired. There are Network links with other Social Prescribers within Hampshire and training and webinars available on line. Volunteers from BVA hold Coffee mornings every Thursday at Church Cottage and PPG members would be welcome to attend. The PPG thanked Coral and wished to record their appreciation and support for the continued success of this valuable resource to the community

### **Surgery Update – Paul**

Staffing is generally stable at present – Dr Sam Hullah has now retired and Dr Jonathan Love will be joining as a Partner in July – The Dictaphone content is now outsourced to Accuro, chiefly due to staffing issues within the Medical Secretarial team – Data is securely transferred between sites and this change has resulted in a greatly improved letter turnaround time from 2 weeks to 2-3 days – Klinik – To replace e-Consult – Roll out from September – It is intended to make better use of resources by encouraging on-line usage - Phone in triage will replicate the on-line process – The objective is to simplify and clarify the information provided and improve the consistency, accuracy and replication of data collection both internally and externally – In a 2-week trial it was found that 36.9% of GP appointments were unnecessary and has already saved GP time - The PPG will be invited to trial test the system in due course

### **Meeting with CGH PPG – Rosalind**

This meeting took place on the evening of June 1<sup>st</sup> and was interesting and mutually beneficial. The discussion centred on the nature and format of the relationship between PPGs and the practice being represented and the requirement to be positive, open, informative and helpful. There should be collaborative working with good interaction between the PPG and the Practice Manager. A follow

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up meeting was suggested and would be organised if and when it was found to be useful. CHMC PPG remain supportive of the CGH PPG.

**Communication** – This item was deferred to the July meeting

### **Any Other Business**

It was confirmed that the recent attendance of HFRS regarding a smell of burning was caused by an electrical fault in the plant room which was quickly resolved and made safe

Waiting Room noise levels – It was noted that the acoustics and speaking levels at the Reception desk made it almost impossible to have a private conversation and that personal details were almost always overheard – This was acknowledged but in an open area this is difficult to resolve

It was also noted that the Chair spacing was not ideal to enable easy access and screen visibility

### **Date of Next Meeting**

July 12<sup>th</sup> at 2pm