**Portland Patient Participation Group – Minutes of meeting held on Wednesday 18th August 2021 13.00 – 14.00**

**Present**: Sue Cousins (SC) (Chairperson), Gail Jukes (GJ), John Hipkiss (JHi), Hilary Mulholland (HM), Dr Ladak (Dr L), Jason Hayer (JHe) (Practice Manager)

**Apologies for absence**: Melinda Green, Sita Rambatchan, Liz Smith, Dawn Smart

1.**Minutes of last meeting 4th March 2020**.

There have been no meetings since this time, due to the COVID pandemic. SC summarised the minutes which included discussion of a health promotion event to coincide with Carers’ week in June 2020, which had to be cancelled.

Other topics included information regarding the consultation about the proposed merger of 5 Clinical Commissioning Groups (CCGs) into one; this has now happened and is known as the Black Country and West Birmingham CCG. There is still a local Managing Director and a small team to ensure local needs are represented.

Information regarding a new development of a care home in Stonnall was shared; this is now operational and Dr L informed us that GP services are shared between Portland and Northgate practices. Dr Saeed provides support from the Portland team.

Lastly, Sabrina Ruffles was in attendance to represent the practice at the last meeting and she updated the group on the use of eConsult which had recently been introduced to give another means of access for patients, and which would also have the additional benefit of taking pressure off phone lines. Doctors had already noted that they were able to offer consultations to more patients using this system, for example, short telephone conversations for less complex problems.

**2.Overview of past year from Jason Hayer and Dr Ladak**

**Changes to practice including staffing:** JH has been in post as Practice Manager for the last 10 – 11 months. Sabrina Ruffles has left the practice. Dr Flenley retired but has since returned on a temporary basis for one day each week for training of medical students. Dr Finnikin left the practice and has been replaced by Dr Hassan.

There have been some changes in nursing staff.

**Impact of COVID:** the practice were ordered by the Department of Health to completely change the manner of providing services at very short notice, as part of the plan to protect both patients and staff. The practice was mandated to switch to a triage system. Dr L said that the process has had to be adjusted over the last 18 months but the main method of access has been, and still is, eConsult. The pandemic expedited the rollout of eConsult. However this is not ideal as not everyone has access to appropriate equipment/internet etc. Telephone access has also been available for these people, however, HM reported that she was steered back to use eConsult when she telephoned even when this was not suitable for the problem she was pursuing. JH and Dr L confirmed that patients were strongly encouraged to use the system but feedback would be given to reception staff that this may not always be appropriate.

During the height of the pandemic patients were not admitted to the building unless they had been given an appointment; since restrictions have been lifted patients can now enter the building to complete a form to request advice. Access to the building is still controlled to protect vulnerable patients.

Requests from all three modes of access are collated into one list, and each day there will be a doctor allocated to triage the list into a response time of:

* Urgent, same day
* Within 1 week
* 10 – 14 days

These are further divided into those needing telephone calls, face to face consultations or an appointment with a nurse. The patient will get a response within 24 – 48 hours, but depending on need some responses will be much quicker, for example, recently a patient contacting by telephone was called back within 5 – 6 minutes.

Currently there are an average of 100 requests each day; these can be managed safely. Following a Bank Holiday weekend earlier in the year there were 170 requests. Approximately 60% of requests are received via eConsult and 40% are by telephone. Last month saw an increase in telephone requests. Use of forms completed in the practice is currently low, patients are not yet aware of this new access method. PPG members could assist with suggesting ways of advertising this approach.

Before the pandemic the waiting time was 2 – 3 weeks for a GP consultation, the wait time has reduced significantly and most things are dealt with within a week. Waiting times to be seen by some senior staff are still 2 – 3 weeks but this is shorter than previously. The ability to get patients to the right person at the right time has increased.

**EConsult:** JHi commented that the form is complex and a lot of content seems irrelevant, seconded by HM. It is repetitive, the patient often feels they have already answered some points on previous pages. Dr L advised that EConsult is supplied by an external supplier and is therefore out of the direct control of practices using it but feedback can be given to the supplier.

Dr L said that the form is designed to make sure nothing is missed, and that questions which at first sight may seem irrelevant will assist the doctor in making decisions. He gave an example of a patient describing shortness of breath, it is helpful to know other factors such as severity, duration and when this occurs. Patients can express concerns and have time to ensure they have not forgotten anything they wish to raise making the consultation process smoother.

The practice has had mixed feedback, some patients like eConsult and some find it tedious. There have been no formal complaints.

Initially eConsult was available on a 24 hour basis but this resulted in very high demand, and many issues had resolved by the time the practice contacted the patient. It is now open from 6.00 am until 9.00 pm. Changes are discussed and agreed with Northgate practice to ensure that patients of both practices are treated equitably.

Dr L reported that consultations are now much more complex because patients have been putting off seeking help during the pandemic.

**Safeguarding Patient Concerns**

The eConsult form has some inbuilt safeguards which will tell the patient to seek more urgent advice if necessary, or a red flag warning may show for the doctor completing the triaging.

GJ reported that 2 paramedic friends have repeatedly told her of high numbers of patients calling for ambulances because they have been unable to access their GP – general comment rather than specifically related to Portland.

SC gave feedback from a recent Healthwatch meeting where the Managing Director of the CCG had reported that attendance at Urgent Care and A&E was monitored and if there were high numbers of patients from the same practices the practices in question would be contacted to explore reasons and identify support needed. JH and Dr L reported that Portland has not been contacted in relation to this.

The question was raised “Is eConsult here to stay?”

Dr L answered by stating that a triaging process is here to stay as this is the only way that GPs can safely manage the demand for services, but the methods of access may change. Triaging allows greater flexibility, some consultations are very quick and take significantly much less time than the previous 10 minute slots; this allows more time for people with more complex needs.

JHi commented that he feels unsafe and worried to be ill and feels this will be true of many patients. He also expressed concerns regarding weekends. Dr L commented that weekend services have not been provided by individual practices for many years but the extended access hubs, walk-in centres and urgent care centre are available. Dr L also commented that when change happens gradually it is easier to adapt as we notice the change less, but when a big change is introduced at very short notice it is more difficult to accept.

Dr L said that he feels the practice have not been successful in explaining to patients what has been happening. SC commented that this is a broader issue and not just related to Portland. JHe suggested this might be tackled by the PCN (Primary Care Network) and SC will raise at the PPLG (Patient Participation Local Group Meeting).

Although the state mandated the triage system last March Portland have felt it important to see patients when needed. 50% of Dr L’s consultations are now in person, face to face.

GJ asked whether the practice still offer home visits and what the criteria are. Dr L said that home visits are still carried out for people who are housebound or needing palliative care, there are no specific criteria but the decision will be made as part of the triaging process. The doctor may also refer to the Rapid Access team if felt to be more appropriate, or if the doctor is unable to add to the situation.

JHe commented that many patients, particularly younger, more digitally experienced patients are more interested in other ways of gaining access to advice, for example through use of Apps.

**Summary of how practices work** – this item was deferred to a future meeting due to lack of time.

Timing of meetings was discussed; previously meetings have been held at 5.00 pm as this allows some working members to attend. Dr L may sometimes be able to attend meetings at this time but would need to leave promptly at 6.00 pm. J He said that a room could be made available if the group wished to meet without a member of the practice present; however SC commented that generally it had been agreed that meetings were much more successful if there was a member of the practice present to answer queries etc, and the process felt more collaborative. Dr L agreed that this is a group for patients to participate.

**Topics for next meeting:**

Telephone access

Appointments system

How to increase PPG membership

Phlebotomy service – query whether this can happen at the same time as a face to face consultation (raised by JHi).

Next meeting in three months, date to be arranged.

Minutes written by SC in the absence of a group secretary.