

Bennfield Surgery

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Patient Reference Group (PRG) meeting

Date of meeting:	Thursday 18 th November 2021
Chair of meeting:	Fiona Phillips (FPh)
Secretary:	George Baxter (GBa)
Attendees:	Martin Saxby (MSa), Christine Batchelor (CBa), Mary Stewart (MSt), Annie McKay (AMcK), Eva Bridges (EBr), Nazi Malik (NMa), Danuta Freeman (DFr), Jane Gardner, Office Manager at Bennfield Surgery (JGa), Kayley Delaney, Practice Manager at Bennfield Surgery (KDe)
Apologies:	Yvonne Bodman, Catherine Heatley
Minutes taken by:	Sarah Ludford, Medical Secretary at Bennfield Surgery (SLu)

1. Welcome (FPh)	Action
<p>New members of the PRG welcomed.</p> <p>FPh, on behalf of the PRG, wanted to thank all surgery staff for everything they have done during the pandemic.</p>	<p>KDe to share this with all staff members.</p>
2. Working through the pandemic (KDa)	
<p>KDe highlighted that the last PRG meeting was approximately 2 years ago before the pandemic. KDe explained that at the start of the pandemic the surgery had to shut the doors and only offer telephone or video appointments, as instructed by NHS England.</p> <p>Initially, it took some time to set up the telephone and video consultations and that, combined with staff having to isolate, caused a backlog. For the first 6 months of the pandemic, it was very challenging for staff and for patients. Doctors continued to work from home when they had to isolate to try and tackle the backlog.</p> <p>More recently, the surgery has adapted its working ways to offer telephone triage in the first instance and, where necessary, are then offering face to face appointments. KDe explained that feedback from some patients has been positive as a telephone appointment suits them. KDe stated she welcomes feedback on the new way of working and any suggestions for improvement will be investigated.</p> <p>JGa stated that the phone lines are still very busy now. NHS England have sent patients information about COVID vaccines which then generates more calls to the surgery with queries from patients, even though the practice is not involved in the COVID vaccination programme. On top of this, it is flu season, and the surgery are sending out texts to invite people in for their flu jab; this again causes an increase in phone calls. There are lots of pressures on the Reception team with respect to the phone calls now. The telephone lines ring constantly until lunchtime. There is an e-consultation available on the website for those patients who have a non-urgent query (i.e., continuation of sicknote request), which can be easier to complete rather than trying to phone during busy times.</p>	

KDe highlighted that there has been a lot of bad press about GP surgeries which hasn't helped with the pressures. KDe stated that instances of verbal abuse had tripled at the practice over the past 12 months, with the majority of these being over the phone.

GBa asked if anyone has had to be removed from the practice? KDe advised that she has a strict zero-tolerance policy in place and has had to issue warnings to some patients. She confirmed that there had been some who were removed from the practice list, but these are patients who had previously received warnings about their behaviour and continued to act in an unacceptable manner despite this.

MSa advised that he has been a patient at the practice for over 30 years and he has always felt that it was the best practice in town. However, recently he has had more negative feelings generally, not to do with the Doctor's patient care, just a generalised feeling. He stated he considers himself a friend of the practice and as a friend, he wrote to KDe with some of his feedback. As a result, KDe invited him to attend the PRG meeting and he saw his role as one to help the practice to continue to be the best in Rugby by providing constructive feedback as a friend.

MSa advised that one of the things he did write to KDe about what the tone of the message when you phone the surgery. The first message you heard when phoning was about the zero tolerance to NHS staff, and it made him feel quite offended. He advised that, whilst not acceptable, the abuse is likely to have increased as patients are frustrated when they must wait in a telephone queue for over an hour before they are able to speak to someone and when they do, they are advised to phone back another day. KDe advised because of this, the telephone message was reviewed and amended.

MSa asked KDe and JGa; with so much more being done over the phone now, has the practice increased its phone lines and staff to answer the increased volume of calls? KDe explained that the practice has had several companies in to look at the telephone lines as currently there are only 2 lines. The practice has been advised that a 3rd telephone line cannot be put in, but she was unsure of the reason why. However, the issue would remain that there would still only be the same number of appointments available, regardless of how quick the phones are answered.

AMcK advised that she had phoned at 08:32 and was 12th in the queue when the phone lines had only opened at 08:30 and she wondered how the telephone system worked with staff answering calls. KDe advised that she had received quite a lot of complaints from patients who had tried to phone in the morning and were just getting the engaged tone, so they increased the telephone queuing system to allow more people to be placed in a queue. There are 2 Receptionists answering the telephones at any one time and the telephone system will just put the call through as soon as the line becomes available, in order of placement in the queue.

DFr advised that as she is retired, she doesn't mind sitting waiting in the queuing system for her call to be answered but wondered how people who work coped. Do most working patients try to use the e-consult rather than trying to phone? KDe advised that the practice does offer the e-consultation for non-urgent queries, but they also have an 'ad hoc list' which the Receptionists can put you on if all appointments had gone and your query could not wait. The Doctor will review this and often, will have a telephone consultation with you. There is also the option of the 'extended hours' appointments which, again, are for appointments with a GP from the extended hours service where it is deemed more urgent/significant for that day. If, when talking to the Receptionist, your query is routine, they will advise you to phone back a different day. KDe advised that at present, she cannot see a solution to not having high call volumes.

KDe to explore options of a 3rd telephone line with the practice.

<p>DFr mentioned that appointments used to be available to book online through patient access and she wondered when/if that functionality may be returning. KDe advised that with telephone triage at present, they are unable to use the online patient access appointments. Bennfield, along with many other practices in Rugby have switched this functionality off for the time being.</p>	
3. How the practice is currently working	
<p>Gba asked how he sends the practice his blood pressure readings. He advised that he had looked at the website but couldn't find the correct information anywhere. SLu advised that there is a page called Patient Forms, on this page there is a section with information about blood pressure readings.</p> <p>JGa advised that the pod is now working again in Reception. Patients do have to come to Reception before using it so that the staff can monitor and ensure it is cleaned down after each use.</p> <p>JGa stated that it was 'status quo' with the way the appointments system is working. KDe informed that this will be continually reviewed and may change depending on advice and guidance in relation to COVID cases.</p> <p>MSa stated that whilst it was good to have telephone triage, careful thought was needed as to how the appointments can be readily available for those patients who wish to have a face-to-face appointment. KDe advised that patients are having face to face appointments now but must have a telephone triage appointment initially.</p> <p>FPh advised that she had phoned the surgery, had a telephone triage appointment first thing in the morning with a GP and, because it was deemed as urgent, she was in the surgery for a face-to-face appointment later that morning. She stated, in her case, it had been a quick process.</p> <p>DFr stated that she felt for the trainee Doctors who were now doing a lot of their appointments over the phone and were missing out on valuable face to face contact with patients.</p> <p>KDe advised that if COVID were to spread through the surgery staff, it would be impossible to function on low staffing numbers, which is why the surgery tried to minimise the face-to-face contact. KDe advised that GP surgeries do not receive the same sort of support as NHS Hospital as GP practices are commissioned by the NHS, not directly employed by them. MSa advised that part of the problem is that patients don't necessarily understand this, and he put forward a suggestion to send an email to all registered patients who have an email address with an update/newsletter from time to time to help them to understand. NMa stated that it wouldn't be as easy as just sending an email and this would cause more work for the staff. KDe advised that this information is available on the website.</p>	
4. Primary Care Network (PCN) Staff	
<p>KDe advised that all 12 surgeries in Rugby are part of the same Primary Care Network (PCN). The PCNs are given a lump sum of money which they then decide how to allocate, based on the need in the area.</p> <p>The PCN we are part of has employed staff to help ease the pressure from GPs such as a Pharmacist (who will do medication reviews from the surgery), a 1st Contact Physiotherapist (for any new non-complex aches/pains), an Occupational Therapist, Dietitian and Community Physician.</p> <p>JGa advised that the Pharmacist currently works at the surgery for 2.5 days a week, which equates to 50 appointments for medication reviews. These are appointments that would previously have been made with a GP, therefore the benefits are apparent quite early on.</p>	

<p>The Reception team have been trained to identify and signpost patients to suitable professions, so you may be offered an appointment with one of the PCN staff rather than a GP, if suitable.</p>	
5. Future of Patient Reference Group	
<p>KDe acknowledged how many people were at the meeting and stated it was nice to see so many people in attendance.</p> <p>FPh asked how it could be promoted better? EBr advised she had tried to recruit patients from the waiting room previously, and although people expressed an interest, they never came to the meetings. JGa advised that information is on the website and on the noticeboards in Reception. DFr stated that it would be good to get a diverse group of people in the meeting as most of the members are retired.</p> <p>MSa suggested a written term of reference could be set up and put on the website that clearly states the frequency of the meeting, the aims of the meetings and people's roles/responsibilities. This might help patients understand the purpose of the meetings better.</p> <p>KDe advised that the PRG is a group for patients, ran by patients. Practice staff that attend are there to answer questions, provide updates and note down feedback to take forward to the GP Partners.</p> <p>KDe advised that the PRG usually meet once every 6 months but that they could meet in the Board Room, without practice staff, in between these times if they felt the need to.</p> <p>EBa mentioned the CQC inspection; KDe advised the last inspection was rated good, this was followed up a year later by a telephone inspection where they spoke to some patients, and again, the surgery was rated Good.</p>	<p>FPh and GBa to discuss 'Terms of reference' further with MSa</p>
6. Any other business	
<p>MSa stated that he had noticed that the website had been updated and he had noticed the improvement to it. He did have one suggestion for improvement; more information about prescription medication reviews with the Pharmacist needed to be on there as currently it relates to the old way of doing medication reviews.</p> <p>MSa brought forward that there are currently 3 separate recorded messages on the telephone system when you phone the surgery, and some of the information in those messages is duplicated. He asked if this could be reviewed and streamlined. JGa advised that at present they haven't had the opportunity to do a full review of the telephone message. Discussions were had about how it could be improved and KDe agreed to review it later.</p> <p>MSa mentioned that it is not clear about the different ways in which you can order your prescription if you are unable to do it over the phone and do not use a computer. SLu advised that you can ask your nominated pharmacy to order your prescription for you – there may be an agreement you have to sign with the Pharmacy first. Staff from the pharmacies are in the practice most days. MSa suggested this option was added to the website also as he was not aware of this process.</p> <p>CBa asked what was happening over the Christmas period; KDe confirmed that the practice will be open as usual on Christmas eve, then closed on the Monday and Tuesday following Christmas day, open as usual the Wednesday-Friday and then closed again the following Monday.</p>	<p>SLu to review and update information on website.</p> <p>KDe to review telephone message.</p> <p>SLu to update the website with pharmacy prescription ordering information.</p>

EBr asked if the practice list is likely to be closing to new patients? KDe advised that currently the practice list will not be closing to new patients. The practice does monitor this, and it is based on ratio of registered patients per GP Partner. If the practice felt it was becoming unmanageable, they would investigate closing the practice list, but this is not something they are looking at currently.

FPh asked if it is difficult to recruit GPs. KDe advised that currently we have 5 Partner GPs and 3 Registrars (trainee GPs). Unfortunately, not all GPs want to go into a partnership and this surgery is partnership based, not salaried GP based. Historically it has been hard to recruit Partners to the practice. A lot of GPs are going into the Private sector or working as Locum GPs. GPs work through their lunch, on their days off, and longer than expected hours. The admin aspect of the job has increased with more technology and it is not always appealing for a Doctor to come into General Practice because of this.

Date of next meeting: April 2022 (date to be confirmed)