

# Robin Lane Health & Wellbeing Centre

## Patient Participation Group Meeting Minutes

Tuesday 30<sup>th</sup> April at 3pm

### Attendees:

Claire Turnbull (Head of Support Services)

Lucy Jones (Patient Experience Manager)

Deborah Stamper (Lead Nurse)

Phillip Crann

Lynne Mcglinchey

Sara Demaine

John Parker

Lynn Dacre

Kath Wilkinson

Derek Wilkinson

Pat Bonnington

Byron Bonnington

Helen Burrell

Edna Cowan

<b>1.</b>	<b>Welcome and introductions</b>  Claire welcomed everyone to the meeting.  Everyone introduced themselves.
<b>2.</b>	<b>Ground Rules</b>  LJ read out the Ground rules and everyone agreed to them.

**3.**

**Practice Updates**

Claire explained that we are now at the start of a new NHS year, and we have been focusing on access over the last year and we will continue to do this. There will be further access improvement updates in the complaints analysis section.

We have been under resourced in our clinical and non-clinical teams at Robin Lane, and we are reviewing the 8am rush to see what we can do to improve this. Only patients calling for a GP appointment need to call at the 8am rush. We have had times recently when we have only had 2 care navigators answering the phones due to recruitment needs and unplanned absences. We have recruited 2 new staff members, but training can take up to 6 months for the care navigator role. The care navigator team are on the phones, on the front desk, admin triaging, dealing with PATCH's and 111 reports, booking appointments at the surgery and with the PCN. Pre-covid, we never struggled to recruit these candidates but now we do.

Nurse Deborah mentioned that 3 members of her team have been on maternity leave and are due back soon which will help the nursing team.

We had a GP leave in July last year and Dr Zara Iqbal join us in February this year who has replaced those sessions. Another GP has recently returned from maternity leave.

**4.**

**West Leeds PCN Updates & Services Offered**

Jemima discussed the additional services offered by the PCN (Primary Care Network) and the role of the admin and booking team. The PCN now have a centralised admin and booking team. Each patient was provided with a slip containing the PCN's contact details. Jemima explained that some services need to be booked via the surgery first but for most services, patients can contact the PCN admin and booking team directly.

Created in 2019, the PCN is there to bridge the gap between the GP and community healthcare. In January, the PCN took over the extended access to provide additional GP appointments on a Saturday.

	<ul style="list-style-type: none"> <li>➤ Jemima will create a PCN display in the waiting area on the corridor at the surgery to promote the services to our patients. Jemima explained the PCN want to spread the word and promote the PCN as much as possible but that it all depends on resource and capacity. The PCN is promoted on our TV screens, websites, Facebook and by the care navigator team.</li> <li>➤ A discussion was had regarding the pharmacy team and what things are suitable to book in with them. There is a new Pharmacy First scheme where patients can go to the pharmacy for the following 7 ailments without having to see a GP. <ul style="list-style-type: none"> <li>– Uncomplicated urinary tract infection. (UTI) in women</li> <li>– Shingles. 18+ years</li> <li>– Impetigo. 1+ years</li> <li>– Infected insect bites. 1+ years</li> <li>– Acute sore throat. 5+</li> <li>– Acute sinusitis. 12+ years</li> <li>– Acute Otitis Media. 1 - 17 years</li> </ul> </li> </ul>
5.	<p><b>Complaints Analysis 2022-2023 &amp; Compliments</b></p> <p>Every year we analyse our formal complaints which run from April to March to review any trends or themes, this display is then shared with our patients. We wanted to share our analysis with our PPG to ask for feedback and to make sure our analysis is patient friendly.</p> <p>LJ talked through the complaints presentation and compliments received between April 2023 – March 2024. These will be displayed on the notice boards in the surgery and on our practice website.</p> <p>Our complaints analysis talks about our new PATCH’s service that we introduced in April last year and the benefits of this. This has replaced our online appointments that were available to book via patient's online services. It also explains what we have been doing to improve patient access and some things that we are planning to review.</p> <p>In May, we will be moving to a new cloud based telephone system, where patients can request a call back. This means patients won’t have</p>

	<p>to wait on hold for their call to be answered while still maintaining their place in the queue.</p> <ul style="list-style-type: none"> <li>➤ A number of members requested call queue numbering and so we will look into this again. It was previously trialled over 4 years ago and caused some complaints from patients that fed back to us that it was appalling to know they were 39+ in the queue during the 8am mad rush. We discussed it and we would be happy to trial it again if it makes things better for our patients</li> <li>➤ It was also discussed about the possibility of a message on the phone explaining when all the appointments have gone to avoid patients staying on line unnecessarily.</li> <li>➤ A patient representative asked how our complaints have reduced by more than 50% than the year before. Now we have the resource, when we receive any feedback or complaint, where appropriate we will ring the patient to try and resolve the issue as soon as possible so that it doesn't lead to a formal complaint. It was agreed to add this insight to the analysis display, so it is clear to patients that we are doing something to reduce our complaints. Patients were advised if they have any other suggestions, to email them to us.</li> </ul>
<p><b>6.</b></p>	<p><b>Next Meeting Date</b>  Patient representatives agreed the next meeting date:  Tuesday 17<sup>th</sup> September at 3pm</p>
<p><b>7.</b></p>	<p><b>AOB</b></p> <ul style="list-style-type: none"> <li>➤ It was suggested that the GP's make patients aware to expect documentation through the post once a referral has been made for them, which we will feed back to our clinicians.</li> <li>➤ Patients that are eligible for a shingles vaccination will receive an invite once they are due for this.</li> <li>➤ There was a discussion about GP appointments. Some patients felt that they should be able to briefly discuss another issue during their ten-minute appointment with a GP. We explained that although patients may only be with a GP for 5 minutes, the GP then must add documentation to their record and do any other additional work e.g., writing up tasks, creating referrals etc which fills up the allocated appointment time.</li> </ul>

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|  | <ul style="list-style-type: none"><li>➤ We discussed the organisational structure and how our PPG members can support the surgery and maintain staff morale. Our teams can take comfort breaks and if they experience a difficult call, they are able to take some time away from the phones. The nursing team have lunches together and often the GP's will join.</li><li>➤ A patient representative said that all the staff she had dealt with had all been helpful. We will share this with the team.</li></ul> |
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