**MINUTES OF THE PPG TEAM MEETING**

**24 JANUARY 2024, 18.30 hrs HHMC WAITING ROOM**

**Attendees:**

* PPG Committee members - Alison Young (PPG Chair and minute-taker), Robert Piper, Chris Saul, Anita Fox, Shara Ross, June Collins
* New member - David Beck was welcomed and we hope to see him again!
* From Hampton Hill Medical Centre (HHMC) - Dr Babeeta Staples (Partner), Dr Anjlee Sekhon (Partner), Deborah Murphy (Practice Manager)

**Apologies** - Rosemarie Ward (Secretary)

**1) Why is the Waiting Room often empty??**

There was a recent online discussion on social media platform NextDoor about how HHMC's waiting room can be empty even though some patients say it's difficult to get an appointment, giving the perception that very little work is going on!. There were also a number of positive comments about HHMC in response to the post - but we all  agreed that at times the waiting room does have very few people in it, and this is made more obvious by how big the room is. The emptiness doesn't mean inactivity - indeed, it could be said that an empty waiting room is an indicator of success! - but can be down to eg the time of day, how promptly patients are seen, the fact that may GPs work staggered hours, and the increasing use of initial telephone appointments (often at the request of patients) reducing the need to come to the practice unless it's really necessary.

Ideas to reduce the space in the waiting room were discussed, but any changes (such as new consulting rooms or a meeting space) take money - which is not available.

**ACTION POINT:** Explain all of this in a short article in the Newsletter including a snapshot of what actually happens in a typical day, including how many patients are seen, how many calls are taken, how many triage enquiries are processed etc - thus providing a summary of the 'invisible' activity as well as the number of people passing through the waiting room

**2) Appointment Availability**

The practice now has c.9500 patients compared to c6500 when it was built and the number consultations has QUADRUPLED in that time. The retention and recruitment of GPs (and other staff) has been problematic due to the exceptionally long hours being worked, compared to the contractual working day, and so HHMC has adopted a 'safe working' approach that limits the number of patient interactions per  GP to 26 a day - this has resulted in the ability to recruit a number of excellent GPs who have either joined or will join in February, thus enabling a greater availability of appointments in future without having to divert so many patients to 'hub' appointments or to Teddington Hospital. There is still a very heavy admin workload on the GP side but the Partners are covering much of this on top of their appointments quota (and working late, accordingly). The GP team will soon consist of 2 Partners, 4 salaried GPs, and 3 medically qualified doctors who are undergoing their training in General Practice.

However, while patients' needs are being *met* this may not be done in the way that some of those patients *prefer*, with many still insisting that they need to SEE a doctor rather than (a) having an intial discussion via a phone call with a GP or (b) being dealt with by someone else who is suitably qualified to handle their query (a nurse, a pharmacist etc).

There is also a high volume of patients who regularly fail to keep an appointment, and these are taking up slots that could have been given to patients who really need them. ‘Regular offenders’ who do this (and others who misuse practice services) receive a warning letter explaining that they are on notice that they may be removed from HHMC's list if they do not change. The same applies to anyone who is abusive to staff, including those on Reception, and if the abuse is sufficiently bad they may be struck off the list immediately.

It is definitely taking longer to get a routine appointment (that’s required for some time in the future) but it's hoped that this situation will improve once the newly recruited GPs are in place. It's a fact that continuity in seeing the same GP will mean an appointment doesn't need to be as long because the GP will be familiar with that patient's health needs so (other than in an urgent situation) this is HHMC’s aim for routine care. The point was made by the PPG team that it's currently very difficult to book with a specific GP and it's even more difficult to identify and book with a doctor with a particular specialism.

Hub appointments are used for urgent appointments that can't be provided at HHMC and the location for these can be very inconvenient - Hampton is fine for most people but Essex House in Barnes is almost impossible to get to for many patients. It is the intention that HHMC will reinstate weekend appointments, as staffing allows, and this should help the pressure on the weekday appointments and free up more slots. Some patients will still be sent to Teddington Hospital walk-in.

**3) Communication from and to HHMC, by whatever means**

It is difficult to contact the practice about anything other than requesting an appointment and patients aren't always sure what the website/Patient Access/NHS app can be used for. Patients find it annoying when online triage is turned off but need to know why this is - it's turned off so that urgent/potentially urgent queries don't get left when there's no one to deal with them, as they can lie unread for several days at a weekend or Bank Holiday (and even overnight may be too long). It was reported that messages confirming an appointment may not say who it will be with.

**ACTION POINTS:**

* The 'Covid' tile on the website will be changed to eg 'Contact us' even though it will actually direct those messages to the same destination as queries submitted via 'Triage' - however this will still be turned off out of hours
* Messages about an appointment having been booked will say who the appointment is with
* The website will clarify what you can/can't do via the site and when/how to use Patient Access or the NHS app (and the benefits of these
* The phone system is being changed in c18 months and it's hoped that the new one will be more patient-friendly and could include eg more than one line (one for urgent queries, one for routine requests?) and - hopefully! - an indication of how far up the queue the patient is...

**4) HHMC website and other online methods of accessing help**

Increased use of the NHS app is to be encouraged as this saves time and gives patients better access to their information. Greater use of Patient Access would also benefit patients and would reduce the number of calls to the practice.

As part of a joint project between the Richmond PPG Network and the RGPA (Richmond GP Alliance), Alison reported that she been working with 2 other PPG Chairs to look at information to help patients help themselves and sources of support beyond the GP practice, the aim being to empower patients and make them less reliant on practice appointments for the help that they need. As part of this the project team has also been looking at useful features on other local practice websites.

**ACTION POINTS:**

* Put information on the website and in the waiting room about when and where to go for help in different situations, thus meaning that the patient gets the advice and treatment they need - when they need it and from the most appropriate source
* Videos about accessing and using both Patient Access and the NHS app should be shown on the screen in the waiting room (maybe have links to these videos on the website, too?)
* HHMC's website looks pretty good but
	+ The PPG team is asked to check it out for any elements that are less user-friendly and anything that needs adding or expanding in order for patients to find the information that they need (in particular the services that can be accessed through self-referral).
	+ NHS earwax removal to be added? Any paid-for private services to be removed (or are there some that would be useful???)
	+ It would be good to know if visitor numbers to the site have gone up or down, particularly since the introduction of the 'triage' facility, and a regulat update on visitor numbers would be useful, maybe drilling down to the most and least used items on the website so we can identify what's the most popular reason/s for accessing the site

**5) PCNs (Primary Care Networks)**

We are part of a PCN that includes 3 other GP practices (Hampton Wick, Thameside in Teddington and the joint practice of The Green & Fir Road in Twickenham). We asked the Partners to outline any benefits that have been derived from this arrangement:

* Working collaboratively
* Sharing tips and best practice (across both medical and admin staff)
* Sharing additional support staff, such as paramedics, mental health staff and social prescribers

**6) FREQUENCY OF MEETINGS**

It was agreed that PPG team meetings should be held quarterly and that ad hoc meetings should be called when there is something urgent to be discussed.

**7) DATE OF NEXT MEETING: TBC - SPRING 2024**