**Ordnance Unity Centre for Health**

**Face-to-Face PPG meeting**

**Date: 24 November 2022**

**Chair**: **Mr Sean Andrews [SA]**

**Ordnance Unity: Dr H Grewal [HG], Dr S Patel [SP], Magdalena Zagajewska [MZ], Anne Bailey [AB], Dr Claire Nicol [CN]**

**PPG Members / Attendees: Mr Anthony Zotti [AZ], Mr Anthony Ebube [AE], Mr Christos Charalambous [CC], Mrs Christine Keens [CK], Mrs Joan Ross [JR], Mrs Stella Madubuko [SM], Mr Kamel Elkomaty [KE], Ms Elaine Thomas [ET], Mrs Zeliha Yayla [ZY], Mr Brian Keens [BK], Mrs Renate Couch [RC]**

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| **Agenda items** | **Discussion**  |
| **Welcome and Introduction** | * Dr HG welcomed all members and attendees to the meeting. He introduced himself, explained the role of the PPG, the purpose of the meeting and housekeeping rules
* Explanation that the PPG was not a place for addressing individual complaints or medical issues, but a forum where members could provide feedback on the service provided, a place for sharing ideas which could shape the service provided, and where the Surgery could keep members updated on developments and progress
* Introduction of the Chair, Mr Sean Andrews
* HG introduced members of the Ordnance Team in attendance and explained their job roles: Dr S Patel – GP, Anne Bailey - Reception Manager, Magdalena Zagajewska – Site Manager, and Dr Claire Nicol – our Practice Clinical Lead
* HG outlined the agenda for the meeting:
1. Surgery and Primary Care Network Update
2. Appointments and staffing
3. Digital and telephones
4. Patient feedback
5. Any other business
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| **Surgery and Primary Care Network update** | * HG outlined how the Surgery has been run by Evergreen Surgery since April 2020. This followed Haverstock Healthcare’s decision to give up running the Practice in September 2019, and a 6-month period of caretaking by AT Medics until 31 March 2020
* HG described the challenge of taking on the running of the Practice in April 2020, coinciding with the start of the Covid-19 pandemic, the rapid change to remote consulting, and the staffing challenges Evergreen inherited. In April 2020, the Surgery only had one permanent GP with the remaining Doctors working as Locums. The Surgery has since been able to recruit additional GPs into permanent positions, appoint a Lead GP for the team and had reduced its reliance on Locum GPs. HG acknowledged the challenges of recruitment and retention of all staff in the current environment. There was a national shortage of GPs with recruitment and retention often considerably more difficult in areas of significant deprivation such as east Enfield. Nonetheless, the Surgery had seen an improvement in GP numbers and appointments. The Surgery had managed to retain two Nurses and a Healthcare Assistant [HCA] and expanded some of the services available on site including better access to blood testing
* HG explained the role of Primary Care Networks [PCNs]. Ordnance Unity now operates as a part of Enfield Care Network, a group of 8 Practices working together to deliver services that could not be provided by each Practice alone. The PCN had also been able to recruit a wider group of staff to support all Practices and deliver improvements in services. The wider team now included Clinical Pharmacists who helped process prescriptions, carry out medication reviews and were steadily taking over the care of patients with long-term conditions such as high blood pressure, diabetes and asthma. The PCN also had Pharmacy Technicians, a Paramedic able to carry out home visits, Care Coordinators and GP Assistants who helped take on some of the responsibilities usually given to GPs and other Practice staff. Over time, the NHS expected PCNs to become a key part of how Practices delivered services to patients, helping to manage the workload in General Practice, and expand some of the services available
* SP explained the importance of teamwork between Practices, in order to support each other to build resilience (an example was when a GP was ill or on leave, other Practices could support that Practice), sharing staff and standardising how services were delivered, and offering extended access in the evenings and at weekends. SP also mentioned that services were slowly moving away from purely remote working and back to some of the services seen prior to Covid. HG stated that the Surgery currently offered a greater balance between face-to-face and telephone consultations with around 50% of consultations now being face-to-face and the number increasing. HG explained the importance of having online access in order to submit enquiries (explaining how online requests of sick notes/ medication requests/ medical records etc were having a positive impact on the workflow of the practice allowing Admin staff and Doctors to prioritise their job tasks)
* HG listed the different services offered to our patients in relation to Primary Care Network supported work: Ear microsuction, access to evening and weekend GP and Nurse appointments, additional blood testing, Clinical pharmacists, and Health lifestyle advisors
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| **Appointments & Staffing Update** | * HG & SP provided attendees with information about the appointments system, explaining that the Practice continued to operate during the pandemic and lockdown. The focus was now to move back to “business as usual” with more face-to-face consultations and an emphasis on managing long-term conditions, immunisations and cancer screening work. HG mentioned the NHS faced a substantial backlog of work with patients facing longed waits for hospital care and operations. SP explained that these delays had a direct impact on Practices with many more appointments requested to manage the impact of these delays
* Approximately half of all GP appointments are now face-to-face / some patients still prefer telephone or video consultations depending on personal circumstances/ possible disability or importance of consultation. The availability of local Extended Access Hub appointments [available at Evergreen] was explained, along with how 111 direct bookings worked
* Return of in-house bloods tests for diabetics, certain other long-term conditions, and patients over 75, with access to a phlebotomist at least 3 times a week
* Demand for appointments had grown significantly – the NHS summary of the number of appointments provided over the last 52 weeks was shared
* HG explained that the number of registered patients had risen to 12,000. A significant proportion – about two thirds were provided on the day – but there was also disappointingly high DNA [did not attend] rate. Patients booked but then failed to attend approximately 1 in 10 appointments. SP pointed out that this wasted all the appointments provided by 1 GP over the course of the year. He highlighted the importance of appointment attendance, either with a GP / Nurse or for vaccinations or check- ups. SP also informed the group that the Surgery could not realistically close its list to new patients as this would prevent patients accessing healthcare and would simply shift problem to other local Surgeries who were all facing the same challenges as Ordnance Unity
* HG summarised the current staffing situation and the Surgeries priorities. The Reception and Admin teams were now fully staffed with a full-time Site Manager, full-time Reception manager, 7 regular GPs supported by Locums when needed, 2 full-time Clinical Pharmacists able to health reviews and medication queries, 2 Nurses and 1 Healthcare Assistant, a part-time Community Paramedic and part-time Phlebotomist
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| **Clinical Update** | * Over 100 new diabetes diagnoses since April 2020 (534)
* Last year 45% of diabetics achieved all 3 key treatment targets
* New children’s asthma service to minimise A&E attendances
* New healthy lifestyle service run by the PCN for patients wishing to stop smoking, be more active and improve their diet
* Flu vaccination uptake for those aged 65 years or older currently at 69%
* Discussed polio vaccination boosters, which are now available as polio is now spreading in London.
* SA raised a point related to Polio vaccinations offered in schools as this was related to his work – explained that children are offered vaccinations in school and Practices
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| **Digital and Telephony Update**  | * HG & SP explained that our telephone system had been upgraded when we took over Practice. However, since demand has grown significantly, we are looking to improve our system again to provide better services to our patients
* Explained that the Practice website had also been updated to help contacts with, and the service provided by the Reception / Administration team. HG stated that many patients found this convenient, and it reduced the burden both on the telephone system and at the front desk. This in turn freed up both for those who either do not have online access or who are not comfortable with using the internet. The Surgery processed 9,699 requests via the website in the last 12 months. Patient feedback about this was very positive and had been singled out in the results of the GP National Patient Survey
* Online consultations are integrated into the website
* Call/recalls system for routine reviews, tests and vaccinations have been updated to allow booking via text message link
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| **COVID-19 Updates** | * Currently inviting eligible patients for the autumn booster (immunity decreases over time)
* Eligible patients are those in clinical risk groups or those aged 50+
* Explained that clinics usually run Tuesdays, Thursday and Saturdays at Evergreen Surgery in Edmonton
* Informed patients can book via text invites or via National Booking Service
* No current updates on when younger age groups will be invited for Autumn/ Winter booster.
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| **Questions and Points raised** | * Questions asked (some of them were to feedback on Practice services):
* Members raised points covering a few common issues, namely telephone access, the difficulty obtaining an appointment, the lack of face-to-face consultations available, and the service provided by the Reception / Administration team. HG and SP acknowledged the problems faced by patients which reflected the pressures the Surgery and the entire NHS was under. The demand for appointments had risen and the system was currently unable to meet that demand which led to frustration for both patients and the Surgery and its staff. SP stated that the Surgery was committed to recruiting more GPs if the Surgery could find them. The Surgery was hopeful that other staff could reduce the burden on GPs freeing up time for additional consultations. Some of the work traditionally the preserve of GPs could be done by Pharmacists, the Nursing team and others. The Surgery had worked hard to make the service accessible but recognised that appointment requests could not always be met. SP discussed the plan to improve telephone access by upgrading the current system and making more staff available for call handling at peak times. He emphasised that patients also had access to appointments only bookable by the 111 service and appointments provided by the Evergreen Extended Access hub
* DKA – raised a question about the process of requesting medication via pharmacies versus the Practice. The process explained by HG who stated that patients were expected to inform what medication was required rather than rely on automatic ordering by Pharmacies. This could be done online. This was to minimise waste
* Mr KE – shared concerns about the lack of appointments and asked why patients are not able to book when coming into the practice at 8 am (admin asking to phone). Feedback passed on Reception Manager and Site manager – to be discussed on next admin meeting
* KE – no appointments available on the mobile app - HG explained that some patients are locked out from booking appointments online depending on their clinical codes / disabilities (will also discuss on next admin meeting) and that the Surgery had to strike a balance between access online to that available via telephone and in person. Increasing online access would lessen the number of appointments available to those who did not have or could not use the internet. HG mentioned that the Council was planning to hold workshops in places like Libraries for patients who were currently digitally excluded so that they could gain the skills needed to access services online
* ET referenced the value PPG members placed on the ‘tea party’ meetings arranged and hosted by Doreen before the pandemic. It was agreed that these were a valuable source of support and feedback and would resume with Covid receding. (To be discussed with R Fatah [Project Manager] and Doreen)
* CK and others asked the Surgery to address the attitude of some members of Reception staff when dealing with patients. HG stated that poor customer service was not acceptable, and the Surgery would address this with staff members when highlighted. HG informed the meeting that the Surgery had dealt with instances previously with some staff leaving the Surgery as a result. It was agreed to discuss this at the next Reception/Admin meeting and consider customer service training for all staff
* In response to the DNA rate highlighted by SP, the group requested whether the Surgery would publicise the number of DNA appointments each month to raise awareness of this issue - To be discussed with R Fatah
* The group requested that when looking at the new telephone system, the Surgery would look to see if a message could be added to the system that ‘no appointments were available’ once the Surgery was fully booked – HG agreed to investigate this option (To be discussed with R Fatah and MZ)
* Several members gave positive personal examples of the care they had received from the Surgery and some of the improvements that had been made
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|  | * HG and SP thanked all those who attended and had contributed to the PPG. Minutes would be prepared and circulated. A date would be arranged for the next meeting in the new year.
* The meeting closed at 4.40pm.
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