

**In attendance:**

Dr Kirsten Scriven  
Sarah Hargreaves  
Lauren Field  
Cathy Rogers  
Dr LJ Armstrong

**Apologies:**

Mustak Hafiji  
Kim Willis  
Lesley Passantino

<b><u>Subject</u></b>	<b><u>Notes</u></b>	<b><u>To Action:</u></b>
Welcome / previous minutes	<ul style="list-style-type: none"><li>• Sadly all had some IT problems - Cathy managed to join. No introductions needed as all met before.</li><li>• SH sent around link to all shown interest in joining. Around 4-5 other patients confirmed they would attend but have sadly not.</li></ul>	
Patient Survey	<ul style="list-style-type: none"><li>• SH presented the practice Patient Survey results. Avonside sent the survey to all patients last year after the National Patient Survey. This was to enable us to compare across an increase percentage of patients as well as allowing for additional feedback. Acknowledge the survey was long but important for feedback and development. AHC aiming to do the survey once per year.</li><li>• SH displayed the results comparison vs AHC national results, local area results and total average national results. Showed areas for improvement i.e. getting to see/speak to a preferred GP.</li><li>• Phone most used method of booking appts. Most patients prefer same day appointments.</li><li>• Most patients were not aware of Extended Access – 75% not aware of the service and additional appointments available. SH explained these are available at local hubs i.e. Priory Medical Centre.</li><li>• Most patients were not aware since September 2022, patients can choose if they'd prefer a face to face appointment.</li><li>• Common areas of feedback – help digitally excluded patients, eConsult forms are too long, why is everything being push online, struggling with telephone queues, seeing the same GP, phlebotomy in practice, pre-bookable appointments, improvements to the waiting room. SH explained how we have already make work on these areas including switching our online consultation service to Accurx, following govt/NHS guidelines with online usage.</li><li>• LF reviewed data for telephone and online usage across the practice over the past few years. January saw highest ever online usage for practice and monthly calls dropping by around 1000 calls vs same month in 2021.</li><li>• The practice is taking part in General Practice Improvement Programme to review how to move forward. This is part of a PCN project. Statistics across the PCN shown Avonside has better call stats vs other practices. NHS England</li></ul>	

	<p>representative commented on AHC's call stats being some of the best they have ever seen.</p> <ul style="list-style-type: none"><li>• Lots of feedback include GPs working full-time etc. SH explained the amount of time needed within the role i.e. paperwork, prescriptions, ward rounds etc. We need to improve on patient education to help make others aware of the workload.</li><li>• We received a high volume of feedback regarding blood tests. SH explained this is an enhanced service and how it works with funding and locality. AHC have been used Warwick Hospital due to being near the hospital and funding does not cover cost of staffing the service. Funding has not increased in over 10 years. We are reviewing this service in the near future as the local commissioner body are also reviewing. We would love to provide the service but need to ensure it is financial viable.</li><li>• Patients were requesting for eConsults to be available 24/7. Difficulty with volume over evenings and weekends which left no on the day capacity in the week. We recognise this can be tricky for those working but we had to review and ensure we are offering appointments fairly to all patients.</li><li>• Prebookable appointments we cannot offer more than two weeks ahead due to govt targets.</li><li>• Waiting room improvement requests included larger chairs and improved privacy. We are hoping to invest in chairs soon. We now have background music through the TV to help increase with privacy. We are hoping to add a computer in the waiting area to allow for patients to register, submit online consultations etc.</li><li>• SH summarised recent Friends and Family Test data (FFT). Over 90% rated as good or very good.</li><li>• Cathy highlighted it would be good to have a better understanding on targets and why some decisions are made or services offered.</li></ul>	
Dr Armstrong – Digital Exclusion Research	<ul style="list-style-type: none"><li>• Dr LJ Armstrong joined to present her New to Practice Fellowship project focus on 'The impact of technology and new working practice on gaining access to the GP'. LJ chose this project due to information being shared on the media suggesting less appointments available despite GPs feeling they are doing more work. GPs had to change the way they work due to Covid i.e. video calls etc.</li><li>• LJ felt 'worried well' patients accessing appointments but potentially elderly unwell patients not getting appointments.</li><li>• Data in 2020 showed 17% of over 65 year olds did not have access</li><li>• 66% of adults did not use the internet for healthcare</li><li>• 19% of people booked GP appointments via the app</li><li>• LJ worked with the Warwickshire County Council as well who felt she needed to consider finance as a barrier to access rather than just age.</li><li>• Designed on survey monkey to see how people respond based on ages. The survey was sent to 10% of patients in each age category. Paper copies were sent to those without digital access. Copies were also left in reception at AHC. Started at AHC and then expanded across the PCN.</li><li>• 1090 responses received. AHC with 3% of practice population responses received.</li></ul>	

- Most people responded to the survey digitally but most of paper responses came from paper this demonstrates AHC captured more of the digitally excluded.
- Mostly middle age responses with mostly English reported as their first language.
- Most patient had access to a phone but this tailed off towards older ages.
- The project also looked into internet access at home which again showed a decrease in access at the older ages. This was the same for patients with an email address.
- 25% of over 85s relied on others for texting. 50% of over 85 year old did not think their phones could text.
- The financial constraints showed more of a problem for older patients in Warwick compared to patients in Kenilworth. Likely due to the demographic.
- There are some benefits of online access I.e. convenience, can submit from anywhere, can avoid catching illness in a waiting room.
- Other reasons for finding difficulties in accessing a GP including not being allowed phones at work, telephone queues, timing of being open, felt technology discriminated against 'childless elderly people'.
- Suggestions from patients on how to help with access including being able to book appointments throughout the day, information leaflets, IT support, volunteers in surgery, having a computer in surgery. Suggestion to have a 'same day' call line as well as 'future day' appointment line.
- In conclusion, adults are finding it harder to access care since 2020. A general lack of awareness of what is available for patients i.e. being able to book face to face appointments.
- The PCN have since secured funding to allow for a PC to be in the waiting area. Further information available on website such as doctor availability.
- SH explained since the project, AHC had adapted rather than advising patients to visit the website, we would ask if they have access to the website/internet. If not, we can submit requests on their behalf.
- LF queried how we can help educate patients which aren't perhaps tech savvy. Cathy suggested leaflets etc. Finance/funding does have a big influence on what is possible.
- We will have difficulty reaching some patients as they don't have a need to see the GP. We are doing what we can to help and educate patients when they visit but it still doesn't solve the problem of our wider patients.
- We are hoping to move toward total triage which will entail patients visiting, ringing, submitting online requests via a form which will then be triaged by a GP to see what outcome is needed. Different from other practices as the GP would ring the patient for more information before booking an appointment. We acknowledge it will be difficult and will be criticised but it will help patients in need to access the care they need. The main priority is ensuring patients can access the care when they need rather than just a want.
- Cathy thinks we are heading in the right direction and has not experienced a lot of problems. We have already addressed feedback regarding online consultations. Agree we need further feedback as one person is not necessarily representative. Cathy has looked into digital wearable tech such as heart rate monitors, diabetes control etc – aware not medically accurate but could be useful for general monitoring. We have not researched into this

PPG Meeting Minutes  
20<sup>th</sup> March 2024  
Teams Meeting 18:00

	considerably at the moment but is one for the future. LJ commented how technology is great but even some of the basics do not work at the moment and general feel is we need to focus on that.	
Appointments/ Services	<ul style="list-style-type: none"><li>• LF talked through the AHC staff and services document which is a work in progress – this will be sent around to all members.</li><li>• Cathy said it is surprising how many services are available as most people do not know about them.</li><li>• All agree important to try and shout about what we have to offer.</li><li>• Once document completed, we can add to the website so it is accessible for all patients.</li></ul>	
Roles	<ul style="list-style-type: none"><li>• Still need to a chair and secretary for the PPG. Will carry over to next agenda when more members able to attend.</li><li>• We need a volunteer for member to attend the PCN PPG meeting once every three months. Cathy happy to do this if no one else wants to.</li></ul>	
What's next?	<ul style="list-style-type: none"><li>• Confirm a date for the next meeting and hope more are able to attend so we can move forward with next steps.</li></ul>	

Suggested next meeting date:

19<sup>th</sup> June 18:00-19:15 at Avonside Health Centre