

# TELDOC

## Patient Participation Group Meeting

Wednesday 23<sup>rd</sup> November 2022, 19:00-20:00, Euston House

### Meeting Notes/Actions

#### Attendees:

Kathryn Mitchell (Chair)	PPG Chairperson	KM
Ann Carvell	PPG Member	AC
Anthony Wood	PPG Member	AW
Donna Williams	PPG Member	DW
Elaine Edwards	Director of Quality & Governance (Teldoc)	EE
Ian Chan	Medical Director (Teldoc)	IC
Kirsty Lees	PPG Member	KL
Michael Carter	PPG Member	MC
Victoria Stokes	Patient Experience Lead (Teldoc)	VS

#### Note Taker:

Tally Chahal	Personal Assistant (Teldoc)	TC
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ITEM	SUBJECT	ACTION
1.	<b>Apologies &amp; Introductions:</b> Doreen Elliott (DE), Tania Holt (TH) and Toni Haines (ToH).	
2.	<b>Practice Update:</b> IC updated that we are now experiencing winter pressures and expect to see an increase in activity. Unfortunately this winter, due to us only receiving half of the winter monies we expected, this will have an impact on the service we can provide.  Backlog for secondary care has continued to rise which is having a knock on effect on demand for GPs. Some patients have been advised they may not be seen until 2025 (worst case scenario) which means in the interim if they require help they will be seeing their GPs.  We are trying to do our best but anticipate the waiting times and frustration will continue to grow. We are still finding it difficult to recruit staff especially clinical staff.  Since 2019 and up until the 1 <sup>st</sup> October 2022, we were open 7 days a week, from 8am-8pm. Due to funding being reduced we have had no choice but to reduce this.  As part of our estates, we are looking to co locate our services.	
3.	<b>GP Patient Survey:</b> The PPG have supported patients in completing 84 surveys so far. KL has taken spare surveys to complete with patients.  Teldoc thanked the PPG for these as this independent feedback from the patient population provides Teldoc with the firm evidence that we require to identify areas we need to be focussing on.	

# TELDOC

	In 2023, it was suggested to start collating these surveys slightly earlier (around end of September) to capture as many patients as we can.	
4.	<p><b>Practice Website:</b> This is still in the development stage. We would like the website to improve access in certain ways and not just be used to provide information.</p> <p>Once this is ready for trialling, the PPG will be requested to test it before rolling out. By the next PPG, we should be in a position for the group to provide feedback on the website.</p>	
5.	<p><b>GP Names on New Website:</b> It was agreed we could name the GP Partners and Salaried GPs but a picture of staff would not be necessary.</p>	
6.	<p><b>Newsletter:</b> The group agreed for some amendments to be made to the draft newsletter, including:</p> <ul style="list-style-type: none"> <li>• Listing names of GP Partners and Salaried GPs.</li> <li>• Including an information box including different ways patients can cancel appointments.</li> <li>• Put explanation by text "DNA".</li> </ul> <p>The next newsletter will be produced for Spring/Summer.</p> <p><b>Action:</b> IC and EE to take newsletter to Board to show what PPG have created.</p>	IC/EE
7.	<p><b>Named GP:</b> We have 50,000+ patients. Each GP would have over 3,000 patients each. Each GP works different hours and a headcount does not necessarily translate into full time working hours. It is impossible for this to work with our clinical model but we continue to find ways to try and improve continuity of care.</p> <p>The group felt when patients call and ask to see their named GPs only, call handlers could be better at explaining how another member of staff could help. Regardless of who a patient sees, the quality of care should be the same and at a level that is good. This is reviewed and monitored.</p>	
8.	<p><b>Compliments &amp; Complaints:</b> Some PPG members explained how it was difficult to find details on the current website to make a complaint. Although it was confirmed this information could be found under the feedback section, this information needs to be made clearer. Once the new website is up and running it should resolve this issue.</p> <p>We used to have a comments card box near each reception but these were removed during covid.</p>	

# TELDOC

9.	<p><b>Patients Attending Appointments:</b></p> <p>The group discussed what happened to patients who struggled to get to other sites for appointments. Although Oakengates is where most of our same day appointments take place, appointments do take place at other sites too depending on patient needs.</p> <p>We have monthly MDT (Multidisciplinary Team) meetings where we put plans in plan for patients most in need. We invite various other organisations and agencies including housing, finance, mental health etc. These groups are proving to work really well.</p>	
10.	<p><b>Any Other Business:</b></p> <p>MC raised concerns as to why patients were asked to only raise 1 issue at a time when attending appointments and how this could lead to appointments potentially being wasted. IC advised it could become clinically unsafe for a professional to make so many clinical decisions in one day. The system is not perfect by any means but we equally need to ensure we do not overwork staff any more than they already are. Most of the times if it is something that can be quickly looked at then most professionals would, but if it is something that needs time then a separate appointment would need to be booked. In most cases, the health professional would prioritise to see the most urgent health concern in the first instance.</p> <p>AW raised concerns as he wrongly received another patients blood test results.</p> <p><b>Action:</b> As the Patient Experience Lead, VS will investigate but believes this has already been completed. VS to confirm.</p>	VS
11.	<p><b>Next Meeting:</b> Wednesday 25<sup>th</sup> January 2023, 19:00 – 20:00, Euston House</p>	