**Park House Medical Centre**

**Minutes of meeting 11th December 2024**

**Present:**

Dr Patrick, C Walters, D Killen – Park House MC

A Carter, D Swain, C Williams

**Apologies:** L Gray-Williams, G Allford, G Devlin, E Devlin

**CW:** Welcomed all to the meeting and introduced Danielle Killen – Reception Manager to the meeting.

**AC:** Asked all any matters arising from the minutes of the last meeting all agreed no further action.

**CW:** Gave a Practice & CQC general update of which is on-going, and we are hopeful that all will be done pending an inspection a date not yet confirmed.

 Informed all of Practice staffing levels Gill Crawford – Practice Nurse remains at the Practice and has offered another day and will be doing 3 days per week as from January 25, giving us 3 Practice Nurses.

 Dr Morley has returned form maternity leave and will be working 2 days per week Monday & Friday.

 The practice now has 6 resident Doctors:

 Dr Patrick

 Dr Baker

 Dr Carson

 Dr Mohammadi

 Dr Morley

 Dr Diaconescu

 The patients have a choice of their preference and will be able to continue to see the Doctor going forward as Locums will only be used to cover holidays or any long-term sickness cover.

 Sian Moran continues to be an ANP and works on a Tuesday and Friday.

DS: Recently saw Gill Crawford and commented that she was superb.

CW: Updated all that all housebound and care home patients have received both their covid and flu vaccines and that flu clinics will continue at the Practice up until March 25 and that the flu uptake has been very good.

 QOF points are very good at 390 points and by the end of December we plan for that number to be over 400 then the Practice has from January-December to achieve the remainder of the points projected at 505 the Practice is aiming to achieve this result and over.

 Informed all that the Practice is now working as one full team and that there is support throughout the Practice and that all staff are working hard to achieve the points for 24/25.

 All staff have been working extremely hard to achieve these points and to offer the best care for the patients.

 Reception are capturing patients both at the front desk and on the telephones and whilst speaking to the patient all are looking at the QOF indicators and booking patients into the necessary clinics for their annual reviews to be done.

AC: Asked whether there is some form of checklist that staff go off to target the cohort of patients.

CW: Informed all that there are QOF indicators within each record and that these refresh from 1st April each year and will show what the patient requires for the year ahead and the reception staff are the ones that target the patients on each visit or call and offer them a date to be seen for their reviews whether it be an asthma, diabetic, BP review etc.

 Informed all that we are on track with annual reviews.

Cath: Commented that we receive payments by results and CW confirmed yes, we do and that we have overheads like any other business and the more we achieve the QOF points the better the Practice payment.

CW: Informed all that the support and respect from the staff has been excellent and all appear to be stronger for the changes that have taken place within the Practice and all working hard to achieve the best care for patients.

DS: Discussed as to why other NHS organisations don’t have the ability to do several actions during one appointment, and explained his recent visit to A&E as to 3 procedures undertaken by different staff members and queried as to why they all don’t have the basic skill set of doing bloods, ECG, BP etc as the whole process for him took longer than needed and that this could have been done by one nurse as oppose to seeing several individuals and a several hour visit.

Cath: Commented that not all have the same skill set and this is evident throughout the NHS organisation and CW commented that she has experienced the same issue when taking on a Locum ANP that they all arrive with a list of skill sets of who they can/cannot see.

DS: Felt that it’s bad management from an NHS point of view and that it could be better streamlined.

PA: Explained that the NHS is trying to move to a more hub-based system in the community that offer different specialities within the hub that they are trying to drive but will take some time to implement.

CW: Explained the clinics on offer within the community, MH, Drug & Alcohol, Physiotherapy all weekly and being offered by the Practice.

 In addition to those clinics, we also continue to offer an evening clinic fortnightly and Doctor/Nurse appointments at Whiston Health Centre each Saturday.

AC: Discussed the difficulty with both him and DS in trying to obtain an appointment and both met the same problem in that they were ringing at 8am the phones switching to the engaged tone AC tried over several days.

 Said that he rang late afternoon and got an appointment to be seen.

 Said that he has rang on several occasions to check whether he is able to get through some occasions faced the engaged tone and that on other occasions he did get through.

 CW confirmed that we only have 4 lines into the Practice and that once these lines have been taken the 5th person onwards receives the engaged tone and agreed that this can be frustrating for patients.

 Allan said it would be a good idea if we could have a recorded message played to inform all that “we are experiencing a high number of calls please ring the Practice after 9am if your call is not urgent” as it is very disheartening when you receive the engaged tone.

CW informed that she would speak to IT to see whether this would be possible to assign.

 CW informed that the Practice has had intermittent issues with the telephone lines and speaking with IT they said that they’ve had some Virgin Media issues and that other Practices have reported the same.

DS: Explained the issue that he had when ringing to make an appointment and that he was offered the next available appointment in 3 weeks’ time and that he wanted to see the Doctor before this date. And during his call he was held in the queue got to position 1 then the call disconnected. The same issue that DK encountered today of which has already been reported to IT.

He suggested that CW rings the main telephone number at 8am to see what response she receives.

CW: Confirmed that she did ring in as a patient on Friday, 8th November at 8.02am and received the engaged tone and continued to dial until 8.04 when she disconnected the call to take a staff incoming call on her mobile. She then rang again at 8.12 and at 8.14am the call was answered, and CW had a 4-minute conversation with the receptionist at first the receptionist was unaware that it was CW and offered either a F2F or TC appointment with SM. Both the call log and recorded message was emailed to AC/DS for their information.

 CW encountered a different experience than AC/DS. CW hears what both AC/DS was reporting and informed all that she will investigate the issues regarding the telephone lines together with DK.

CW: Discussed the November phone stats of which is produced by the PCN as follows:

 **Calls presented 5076**

 **Calls handled 4483**

 **Percent handled 88.32**

 **Calls abandoned 592**

The calls abandoned are those that have rang and received the engaged tone, patients who have been in the queue and the call has ended again highlighting an issue with the Virgin Media phone lines.

DK: Explained that day-to-day there are at least 6 staff members answering the phones between 8-9 and on some days could be up to 9 staff given the assistance from the 1st floor admin dept and that at intermittent times between 8-9 the Cisco call queueing system has display 0 waiting in Q.

 DK took a call today and that she answered the phone and could not hear the patient and was unsure as to whether the patient could hear her and after a few seconds the call ended and when she checked her call stats it displayed “call unanswered” when in fact she did answer the call, but it ended soon afterwards.

 This has been reported to IT and they have requested for her to monitor the phones and to provide at least 10 examples of this happening dates/time/caller number.

AC: Asking whether the phone system is centralised and do other Practices encounter similar issues.

CW: Confirmed yes, they do as IT have confirmed this and reported the intermittent issue with Virgin Media. Said that there is an issue that needs to be resolved.

AC: Said that the bigger picture with the other Practices in the PCN is that a lot of calls are being affected due to this issue.

CW: Read out the figures for the other Practices and they had similar abandoned calls due to the technical issues and the problem is bigger and not just for this Practice.

 Discussed the 88% of calls handled and informed all that going forward she wants to see this figure increase to 90% and over and that she will be working with DK to achieve this.

 Call back phone facility is working well as the percent handled was 99.46 and that this works well.

 The call back facility will only be offered to those patients who are currently in queue position 1,2,3 or 4.

AC: Discussed other areas that he tried to book an appointment via patient access and due to demand these are booked quickly and non-displayed at the time and that patch’s wasn’t an option for him.

CW: Said that she was saddened to hear of their experience and that this is not what she wanted for patient experience and that she will work together with DK to improve on telephone access.

 Discussed that the staff use a Cisco agent to handle all incoming calls and that she asked reception for a printout on random days as to the status of the call logging facility and showed the print outs on different days/times between 8 – 9am and that on several of these it was showing 0 in call waiting queue and it didn’t show that the queue was full during these hours.

DS: Said the strategy we are working on is very good, but patients have now got to see the results.

CW: Confirmed that at the next meeting in March 25 that she would be hopeful to report an improvement in telephone access and will provide the phone stats to show this.

 Discussed data from Ardens Manager for the past year December 23-24, and the activity shows we offered 46,854 appointments per month 3,604, DNAs 1,058.

AC: Asked whether we have any unused appointment, CW confirmed yes mainly 111 as not all patients choose to use this. Cath confirmed that she has used 111 in the past and they booked her in to speak to the Doctor the same day.

 Same goes for Extended Access appointments again these are not being fully utilised as patients choose not to use these and continue to insist on seeing their own Doctor.

DS: Says when you get an appointment, and you see the Doctor then the process is excellent, and he cannot fault this.

AC: Said that comments on the Knowsley Health Watch are mainly about an appointment of which the Practice will work on a more positive approach to this.

CW: informed all that she would like to invite them in at 8am to meet the staff and survey the 8am process of call handling and for them to see the staff actively dealing with calls, asked all to provide dates that they are able to attend in January and a day will be arranged for the PPG members to visit and see and that I would welcome any suggestions from them.

CW: Confirmed to all that there is an emergency duty clinic every day for all emergencies that need to be seen on the day.

DS: Asked for the % of 111 calls confirmed that all are not fully booked, and a lot of these slots are unused, it differs from day-to-day either it’s booked up or the 111 clinics are empty.

CW: Discussed the difficulty in trying to get the Learning Disability patients in for their review.

 In the past 3 months 5 patients have DNA for their 1-hour appointment of which equates to 6 Drs appointments therefore 30 lost appointments and this is an historical problem with LD patients.

 CW changed the process and offered a nurse home visit for their review to avoid the stress and anxiety of the patients attending this has proven to be a success and 46 have completed their review and we have another 3 to complete this month.

 The reviews are done in the best interest of the patient there is no payment element for these reviews to be completed.

 Reviews are undertaken whilst a family member or carer is present.

AC: Asked to revise the wording under Patient Access on the website to make it more informative.

AC: Gave an update on the PCN – PPG meeting a copy of those could be provided to each member if needed.

 Date of next meeting **Wednesday, 2nd April 2025** **– 12pm.**