KINGS MEDICAL CENTRE

Patient Participation Group Meeting (PPG)

at 17:00-18:15 on the Tuesday 11th March, 2025

Location: KMC meeting room

MINUTES

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| 1. **Introductions**

Attendees; J Forsey (Chair), E Leung, S Boyle, G Kilbey, L Culpin, C Parle, C Doughty, P Farrier (all Patients), Dr S Rebel and G Thorogood (Kings)Apologies; B Mooney, S Callen, F Solarz, R Coffer | 17:00 |
| 1. ***Actions from Previous minutes***

*Website Scoped and Launched**GT-thanked the Website subgroup for their work done in scoping and feeding back on changes required. Practice is very pleased with the result.**GT-Work to be completed on the Referral page on the website to better to support patients following up on referrals that have been made. Will have tangible usage numbers by the end of April, which I will be able to share* *LC-really pleased with the site**SB-Please with outcome**All group members felt the site looked and felt very good and was a much better resource for patients of the practice* | 17:05 |
| 1. **Patient triage data and Progress**

How has this effect our service and telephone access over peak seasonGT shared presentation detailing how call volumes had decreased as the number of patient triage requests have increase. At the Launch of the new patient triage system call volumes continued to be higher than requests. However, over the year Jan 24 to Dec 24 the number of requests has moved ahead of the number of calls that come into reception. As a snap shot the call numbers for Jan 25 were 17% lower than the calls in Jan 24. The number of patient triage requests in Dec 24 were 18% higher than Dec 23.GT-if you also compare the Telephone wait times for Jan 24 to Jan 25 the following was found. The average **weekly** wait time on telephone calls in to the practice was 31% shorter in Jan 25 compared to Jan 24. The average wait time on a **Monday** on telephone calls in to the practice was 55% shorter in Jan 25 compared to Jan 24. We feel that this is a direct result in the improved uptake in the use of the Patient triage system.GT-Monday average wait times across the year have also come down and are now much closer to the weekly average wait time across each month from Jan 24 through to Dec 24.GT-We hope that the improved website will continue to offer patients an alternative way of contacting us and obtaining information without having to call the practice. This will only make it easier for patients who are unable to use the triage system, or really need to speak to the reception team to get through to us quickerGT-Both Dr Rebel and I feel that the current average wait time is more than satisfactory, especially if you compare this to other public sector, private sector call lines or even other local GP practices. An average call wait time of 5 minutes will now be difficult to improve on, however improving access to information to enable patients to be more in control of health care information is very important | 17:15 |
| 1. **Automated access doors**

GT-quote obtained for automatic door installation, waiting on second quote, aim is to commission and complete this work before the summer, aim is to improve access to entrance of surgery for those with mobility issues.PF-I really welcome this as, as someone who brings someone in who uses a wheel chair the current access is quite difficult. | 17:35 |
| 1. **Discuss Role of NHS app ambassador**

How patient group can support with this and how can we encourage wider usage among our patientsGT-I am taking on the role of NHS ambassador for the practice. We would like you input on engaging more of our patient into not only registering with the NHS app but also patient to use the app more, especially with items such as ordering prescriptions. Patient understanding what is available through the app will enhance this.GT showed patient group a video clip, [www.youtube.com/watch?v=PgxPiHb3OMQ](http://www.youtube.com/watch?v=PgxPiHb3OMQ)This was an introduction to the app, there were also other short clips about specific areas of what you can use the app for[NHS App walk through videos - NHS England Digital](https://digital.nhs.uk/services/nhs-app/toolkit/walk-through-videos)The links have been attached so you can view the introduction video again and the individual app areas in shorter specific clips.GK-issues found around ordering prescriptions if all the medication isn’t aligned and I have also noticed that a single abnormal test result message can be published against all blood tests in the same batch even if it is a single result that is out of lineSR-can sometimes happen, depends on how the results are published within the recordsGT-be useful to set up a walk through with your app Guy, would enable us to see what functionality you have / KMC allows, screen shots of the results issues would be useful.EL-have notice that I have linked accounts on my app for my children but cannot see all of the informationGT-Happy to look at the settings to see why this is, please send me the details. This will also be useful in seeing what the real life experience of using the app is like.GT-would like to propose that the patient group help the practice to engage with other patients that attend the practice to show them the NHS app and our new website. With an initial focus upon Prescription ordering. GT will circulate some dates/times when he and admin will be speaking to patients in the waiting area, it would be great if patient group members would nominate themselves to support on any of the suggested dates/times. | 17:40 |
| 1. **Any other Business**

**Osteopathy (GK)**GK-Noticed my wife was seen by an Osteopath in her local surgery, was not sure if this was a normal thing or what the value is as they could not actually put hands on into practice whilst seeing patientsSR-We have same here under headline of First Contact practitioner (FCP), ours is also an Osteopath by qualification, this role is purely assessment only in General practice, with them having the ability to refer onto specialist areas / x-rays etc if they feel appropriate. It’s a useful option for us to have in Practice**Consent to speak on behalf of Patient, staff to appraise themselves of the patient before making contact (PF)**PF-hight the difficulty in speaking on behalf of a patient where you speak to a different clinician over different consultations and if the doctor isn’t appraised of the situation you are asked a lot about the history of conditions, this can be very frustrating and upsetting. Feel the calling doctor should be reviewing notes before calling.GT-this is something that we will be starting some work on. Whilst patient carer/POA information is recorded on the patient home page, the reviewing doctor will need to identify this. Continuity of care is the key point in this. This is something we have started to discuss about the benefit of certain patients (this could be based on type of long term condition or other determining factors) that mean we plan any appointments with the same clinician. It would be good to put this on the agenda of the next meeting. | 18.00 |
| **Close** | 18.15 |
| ActionsGT-Complete Referral section on new website (by 31st May)GT-Share first quarter website hit numbers (as soon as these are available)GT-Share dates of planned waiting room sessions to engage patients in the NHS app (by 31st March)ALL-once GT has shared dates PG members to support on dates that they can to support with engaging patients that are in the waiting room area.GT-to work with G Kilbey (using his app) to better understand the full available functions that our practice is currently set up to allowGT-Patient continuity of care to be agenda point at the next meetingGT-Information regarding FCP’s and other specialists to be promoted on the website. |  |
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