

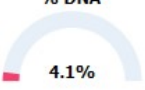
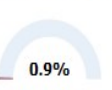
Darwin Medical Practice Patient Engagement Group (PEG)

Minutes of Meeting held at 11am 19th March 2024

Attendees: Teams Meeting

Roy Ellwood – Chairman
 Jim Bowen – Vice Chairman
 Bill Harrison – Vice Chairman
 Ken Sheppard
 Margaret Wakelin
 Sheila Nicholas
 Jacqueline Downs
 Beth Fryer
 Malcolm Poulton
 Sarah Bradbury

Dr James Ward – GP - Partner
 Karen Cooper-Sollom - Patient Liaison Officer - apologies
 Emma Jones – Business Support Team Administrator

	Notes of Meeting:	Action
1.	<p>Welcome</p> <p>Roy welcomed everyone to the meeting.</p>	
2.	<p><u>1st – 29th February 2024 DNA Data</u></p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>% DNA</p>  <p>4.1%</p> <p>DNAs 109 Booked appointments 2652</p> </div> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Patients with multiple DNAs</p>  <p>0.9%</p> <p>Patients with multiple DNAs 1 Total number of patients who DNA 107</p> </div> </div> <p><u>Review of February's minutes</u></p> <p>It had previously been documented in the last two meetings minutes that the wait time for a routine appointment was 2-3 weeks. One of the PEG members wanted it noted that in their experience it was more like 4-5 weeks. Dr Ward said the wait times do fluctuate and the wait for an appointment had consistently been 4-5 weeks, however recently the trend had lowered but unfortunately it has got worse again for the following reasons.</p> <p>1. We have had quite a big surge of patients throughout February and March who have joined us with requirements to catch up on their chronic disease management and other things.</p>	

<p>3.</p>	<p>2. There has been a drop in our staffing because our junior doctors rotate in April, so we haven't got the junior doctor's new appointments on the system to book into. If we want to start booking six weeks in advance that starts to hit us in February,</p> <p>3. The school holidays have had a big impact due to some clinicians on annual leave, we also have Easter coming up with two bank holidays for staff etc. It is a wait of four weeks for any Doctor at the moment and if patients want to see a specific doctor this can put the wait time for an appointment back another week. Dr Ward says they are closely monitoring the situation and anticipates that this will improve again.</p> <p style="text-align: center;"><u>Business Update</u></p> <p style="text-align: center;">Operational Matters</p> <p>This week is transfer week for the Health and Well Being centre patients. They were due to finish their provision at the end of March but due to it coinciding with the year end, this has been brought forward and is happening on 20.03.24. The three practices who have a base in Burntwood have agreed to take a third each of the patients who had not registered with another practice, and this equates to about 400 patients each.</p> <p>The number of patients we have spoken about at previous meetings coming over to us were about 3,000 this in fact will be more like 3,500 by the end of April.</p> <p>The big impact this is going to have on us is with our IT system. We would usually manually register patients through the desk or the online portal, but this is being done as a bulk transfer. This will require down time because it will affect some of the software we use. EMIS is one of the software programmes we use, and we think this will run smoothly, although Doctors workflows will increase massively showing them patients that appear to need medication reviews etc. The document management system we use (Docman) may have to close their system all day Thursday for all the Health and Wellbeing patient's files to transfer onto our system.</p> <p>We are hoping that we will be able work around this, but it is not ideal for patients with appointments on Thursday because we will not be able to look at any of the results/scans etc. This will not only affect the 400 new patients being transferred it will affect all 22,000 plus of our patients for that day. We are hoping that a solution will be found for this before Thursday.</p> <p>It was asked if the patients who would be affected by this on Thursday could have their paperwork printed off beforehand, but Dr Ward said it would be a logistical nightmare because we will have approximately 300 patients booked in Thursday and to try and get paperwork printed off and ready for everyone on top of the normal job would be near on impossible.</p> <p style="text-align: center;">One of the trees was cut down 19.03.24.</p> <p>Covid vaccination programme starts in May. Dr Ward hasn't seen the exact details, but he is expecting these to be the same as previous e.g., over 65's and the vulnerable.</p> <p>There have been high numbers of Whooping cough through January so there is talk of catching up with those eligible patients too.</p>	
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	<p style="text-align: center;">Staff Updates</p> <p style="text-align: center;">New Salaried GP starting three week's time</p> <p style="text-align: center;">Physician's Associate restarting in two weeks.</p> <p style="text-align: center;">Sharan Bharj Clinical Pharmacist is returning from maternity leave.</p> <p>We have interviewed and appointed an Advanced Clinical Practitioner – She will be working alongside the UCT Team and dealing with Chronic Disease Management</p> <p style="text-align: center;"><u>AOB</u></p> <p style="text-align: center;"><u>Questions from Virtual PEG Group</u></p> <p style="text-align: center;">Q. Why is the wait for routine appointments 4 weeks?</p> <p>R. This has been discussed and noted at the beginning of today's meeting and been discussed and mentioned in previous minutes many times before.</p> <p style="text-align: center;">Q Clarification with screen displays at the surgery recent TV advertising; is the patient to contact their Pharmacy or NHS 111 before attempting to get a GP appointment?</p> <p>R. If it's not serious enough to warrant seeing a GP then yes, patients should be contacting 111 or a pharmacist first.</p> <p style="text-align: center;">Q. Why do we not have any parking for people with babies? Parking bays are tight, and people are having doors damaged when trying to get babies/toddlers out of car seats.</p> <p>R. It is something as a practice we would like to do although we are already short of parking at the Surgery. Dr Ward will look into this further to see if there is a way we can solve the issue, there is the possibility of providing something by the bike sheds that aren't often used.</p> <p style="text-align: center;">Q. Has the practice seen any reduction in prescription requests for appointments given Pharmacies can now prescribe for seven conditions?</p> <p>R. We haven't noticed any reduction; our services are slightly less pressured than before but still fully booked. The other thing to think about is that a lot of these schemes have existed for a while, they have just been re-branded or there has been a big advertising campaign.</p> <p style="text-align: center;">Q. How are we communicating this new approach?</p> <p>R. We put notices on the call screens, website, and national campaigns. Ask KCS to put a note in the next newsletter.</p> <p style="text-align: center;">Q. Lichfield seems to have fewer doctors on call than Burntwood. Are the plans to have the Lichfield Practice, St chads, as a potential Health Clinic rather a Doctors Surgery? I ask because there are a number of clinics/health meetings/groups that seem to be a regular occurrence. I believe this is good. However, I worry about access to doctors.</p> <p>R. We always have at least one Doctor in Lichfield and one member of the UCT. As well as trainee doctors. The fuller we are at Greenwood the extra capacity we have at Lichfield. Patients will often follow their doctor, so lots of patients are happy to see their usual Doctor at any Practice. We are not changing to a Health Clinic. There is some modernisation that we are planning for Lichfield - The PEG members said it always seems well organised at Lichfield.</p>	
		KCS

	<p>Q. Is it possible to have stats on the most common patient visits/treatment that the surgery has actioned over the last two years since Covid. I understand that data may be restricted by GDPR. If possible and available could it be cut by age and gender?</p> <p>R. We will ask KCS to contact the patient to find out exactly which data they would like. We can offer lots of data but will find out first exactly which data is required.</p> <p>Q. Is it better to take you blood pressure at your wrist or upper arm?</p> <p>R. Dr Ward said definitely upper arm.</p> <p>Q. The Vice Chairperson said he still hasn't had a meeting with Burntwood Council regarding the land - he thinks it's been about 14 weeks. It has been asked if KCS can look into this.</p> <p>R. Have asked our Business Manager for some suitable dates when we could schedule a meeting.</p> <p>Q, It was brought up that the buzzer volume has gone low again on the call in screens, can this be looked into again please?</p> <p>R. KCS has checked the setting and it remains set at level 68 which is what it was increased too following previous feedback. KCS has increased to 70 and will monitor feedback from the wider patient group.</p>	<p>KCS</p> <p>KCS</p> <p>KCS</p>
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Next meeting scheduled for

16th April 2024

11:00am

Greenwood Health Centre or via Team's link