

## Darwin Medical Practice Patient Engagement Group (PEG)

# Minutes of Meeting held at 11am – 18<sup>th</sup> March 2025

Attendees: Teams Meeting

Roy Ellwood – Chairman
Jim Bowen – Vice Chairman - Apologies
Bill Harrison – Vice Chairman - Apologies
Ken Sheppard - Apologies
Margaret Wakelin
Jacqueline Downs
Beth Fryer
Sarah Bradbury
Janet Foord
Sheila Nicholas

Dr James Ward – GP - Partner Karen Cooper-Sollom – Patient Liaison Officer

| Notes of N | Notes of Meeting:   |   |  |
|------------|---|---|--|
|            | V   | Velcome   |  |
|            | А   | pologies  |  |
|            |   | m Bowen   |  |
|            | 1 <sup>st</sup> February -  | - 28 <sup>th</sup> February 2025                                    |  |
|            | % DNA   | Patients with multiple DNAs   |  |
|            | 4.1%  | 6%  |  |
|            | DNAs 181<br>Booked appointments 4416                                  | Patients with multiple DNAs 10 Total number of patients who DNA 168 |  |
|            |   | nultiple appointments   |  |
|            |   |   |  |
|            | _   | 24.8%   |  |
|            | Patients with multiple appointments 825 Total number of patients 3323 |   |  |
|            |   |   |  |
|            |   |   |  |
|            |   |   |  |
|            |   |   |  |
|            |   |   |  |

## **DNA Age range data**

| Less than 1 year |       |       | Booked   | 46   |
|------------------|-------|-------|----------|------|
|                  | 1%    | Total | DNA      | 1    |
|                  |       |       | DNA Rate | 2.2% |
| 1 - 5 year       |       |       | Booked   | 119  |
|                  | 2.7%  | Total | DNA      | 2    |
|                  |       |       | DNA Rate | 1.7% |
| 6 - 15 year      |       |       | Booked   | 129  |
|                  | 2.9%  | Total | DNA      | 9    |
|                  |       |       | DNA Rate | 7%   |
| 16 - 45 year     |       |       | Booked   | 1224 |
|                  | 27.8% | Total | DNA      | 93   |
|                  |       |       | DNA Rate | 7.6% |
| 46 - 64 year     |       |       | Booked   | 1245 |
|                  | 28.3% | Total | DNA      | 37   |
|                  |       |       | DNA Rate | 3%   |
| 65 - 80 year     |       |       | Booked   | 1207 |
|                  | 27.4% | Total | DNA      | 28   |
|                  |       |       | DNA Rate | 2.3% |
| 81+ year         |       |       | Booked   | 429  |
|                  | 9.7%  | Total | DNA      | 9    |
|                  |       |       | DNA Rate | 2.1% |

## **Review of February 2025 minutes**

PEG enquired if the DNA numbers are reducing – KCS has agreed to do a quick analysis of the last 6 months data and report at next meeting.

Discussion re PEG member numbers to be added to April 2025 agenda.

### **Business Update**

We have been through a difficult period of time with increased absence in our clinical team particularly GP's where we have some long-term absence. The impact of this down time has been on routine appointments particularly face to face. Through investment we have recruited a large number of locums to create capacity to help and support us through this difficult period.

We are seeing GP's returning to work but with some phased working patterns to support them back into the practice.

### **Practice Staff Updates**

Since we received the resignation of our Resource Planning Manager we have been proactively tried to recruit for this position. We have held some interviews but at this stage we haven't found the right candidate so we are continuing the recruitment.

Our Business Operations Manager starts 12 months maternity leave today (18-March).

Business Manager Lisa returned to work after an 8 week absence and is currently on a phased return.

Following a successful recruitment campaign we have offered two salaried GP positions and waiting for them to respond to the offers.

We have experienced some small amount of absence in our nursing, reception and administration teams.

Whilst it's been difficult, we have managed the pressures throughout March.

We are currently doing work in preparation for year end in making sure all our QOF is completed. This has been supported by our Clinical Manager and Lead Nurse.

In addition, the pharmacy team and also working hard to complete their QOF activities before year end.

It has recently been announced that NHS England and the British Medical Associated have agreed the GP contract.

The changes announced last week regarding NHS England won't affect us too much. Local health ICB is being cut by 50% that may affect response times and they will have to stop some processes. Streamlining process will have a positive impact on our service as currently as an example if we have a problem, we don't have administration rights to do simple tasks and have to refer to HIS the NHS IT Team for support when we could do certain things ourselves.

We have received the best uplift in 7-8 years although a high % of this will be absorbed by staffing costs we will be left with approx. 1-2%.

What you'll see as a result of the new contract is in the way we triage routine requests. We will be using online information provided by the patient that will be triaged by a GP who will determine the best route for treatment and support.

Q. What about patients who can't use computers

R. We believe at this point for patients who require support with filling the form out our Care Navigators will do this on their behalf.

Feedback from Westgate who implemented this process a while ago, is that it's working well and the national view is that it's a better service.

The contract requirement is that we have this implemented in 6 months, and we are looking to phase it in between now and October. Our objective is to be able to respond quickly and make it easier for patients.

Q. What's the triage effect on the GP's being removed from seeing patients for face-to-face appointments?

R. Some GP Practices have been able to increase their appointment slots from 10 minutes to 15 minutes and this is something we'd ultimately like to be able to offer our patients.

Investing more of the GP's time in administering the triage process will ultimately allow them to spend more time with patients who need to be seen, so in the main most GP's will be happy with this approach.

#### AOB

1. Has a decision been made on what the legacy donation is to be spent on?

The partners have agreed they would like to purchase some chairs for the Greenwood Health Centre waiting room. Chairs that are higher and more accessible.

2. Do we have any stats on our patients who have been diagnosed with Long Covid?

We don't audit patients with long covid, but we do have to provided audit data for patients with specific conditions ie learning difficulties, thyroid etc

3. Feedback from the group re the MHA session held in February

The general consensus is that they enjoyed the informative session, however one of the members raised a concern about the cost of the sessions for the population of people MHA are offering their services too, who may struggle to afford to pay.

It was acknowledged by the group that the service and support MHA offers to carers and family members to have respite hours is cheaper than some other services that are available ie day care, one to one carers.

4. Why have appointments at Chasetown been blocked?

The reason appointments are blocked is potentially because the GP who is on rota to cover Chasetown is currently off work and although we are expecting them to return, we are waiting for confirmation of their return, at which point the appointments will be released. In the event that the GP doesn't return we will attempt to secure Locum cover.

It will be a temporary situation as a result of sickness absence.

5. One of the receptionists that is covering today goes out her way to help and deal with patients.

KCS will establish which of the Care Navigators being referred to and ensure they receive feedback via our next edition of Darwin Digest our team newsletter.

6. Acknowledgement and praise was given to Dr Sadiq, she really cares about her patients going out of her way to help and support.

KCS will ensure Dr Sadiq receives this acknowledgement and feedback and we will put it in our next edition of Darwin Digest.

Next meeting scheduled for

15-April 2025