SHP PPG Annual Meeting #2

Thursday 2nd May, 2024
6:00 pm – 8:00 pm Monkspath Surgery

Minutes of the meeting

1. There were 27 attendees at Monkspath and 9 attending online.
Three apologies were received prior to the meeting.

Dr A Lupoli, Steve New were in attendance and Bal Devi joined partway through.

Please note that some parts of the audio recording were unclear and thus content was taken from written notes.

2. Sandra Matthews (SM) SHP PPG Chair welcomed everyone to the meeting and thanked them for their attendance.

Anne Devrell (AD) covered the 'housekeeping' comprising evacuation procedure and online etiquette to ensure everyone could hear what was being said and asked throughout the meeting.

SM then continued with a summary of PPG activity since the last AM in January 2023:

- PPG support at the recent Carer event. She explained to the meeting that these events gave carers the opportunity to meet with various care organisations and that the PPG were always happy to support SHP in this type of event.
- PPG support at the recent Prostate Cancer and PSA testing clinic. This was scheduled to take place a few days after the meeting so SM said further update would be supplied after the event.
- PPG support for vaccination programmes. SM explained that this covered the regular Flu clinics as well as the COVID booster programme. In addition to the 'meet and greet' portion of the support it gave the PPG an opportunity to interact with patients who may not yet be members of the PPG but might consider it in the future.
- Support in developing the eConsult service. SM explained to the meeting that the PPG had been involved in developing and testing the eConsult programme. Members had been invited to join the testing by completing

forms for test scenarios and then to test the results based on the symptoms they presented.

Additionally, SM stated that whilst the PPG are more than happy to support SHP in all these areas the committee felt we should have some projects which are PPG led. SM informed the meeting that as a starting point for this a PPG run survey would shortly be circulated to all PPG members. The survey is separate from the NHS national survey and is designed to get the local feedback from SHP patients. The intention is not to use it in a critical manner but to try and determine areas where the PPG could set projects to tackle these areas in the coming year. More details will be shared once the survey has been completed.

She then invited Dr Lupoli to speak to the meeting outlining the positives, challenges and future planning for SHP.

3. Dr Lupoli thanked the PPG for their continued contributions, reminding them that the PPG also assisted in shaping the new telephony systems. He based his update around a request from a PPG member that SHP consider, for the last twelve months, three areas they were proud of; three areas of challenge and three areas for focus for 2024- 2025.

The launch of eConsult and telephony improvements have contributed to a more positive reputation locally, regionally and nationally. The Board have over the past year been invited to regional and national conferences to share how they have met, and continue to meet, the ongoing challenges of Primary Care. There are many further issues to address and there will always be hurdles to cross and, given that general practice provides 90% of health and care contacts for the public but only receive 6% of the total NHS budget, it is clear that challenges are ever increasing. He believed that SHP have improved access to surgeries but they will never be able to meet demand. 20% of GPs in the UK will retire in the next five years and general practice is becoming less attractive to trainees. SHP will work hard to continue to meet these challenges in new and innovative ways. There are four retirements within SHP currently and over the next twelve months:

Dr Green (now employed by SHP as a Senior Salaried GP)
Dr Stokes (retiring end of May 2024)
Dr Pal (retired from Partnership to take on a new portfolio of work specialties outside general practice as well as being employed by SHP as a Senior Salaried GP)
Dr Sterry (October 2024)

Dr Lupoli also alerted the meeting to the real fact that there will be more retirements within the next three to five years.

Recruitment is extremely challenging and the changing face of the NHS workforce is one way of addressing the shortfall in general practitioners ie Physician Associates. These are very talented individuals but they cannot fully replace the level of experience the Senior GP profession is now losing.

With the additional workforce in general practice, SHP estates is running out of space so this will add to the challenges going forward. SHP have learned that they should be eligible for new funding to support works but this has yet to be clarified or confirmed and with the political situation as it is, nothing can be counted on.
Dr Lupoli confirmed that SHP will continue to look at access as they know that there is a small cohort of patients for whom it is difficult to access services for a number of reasons and they will continue to explore how this situation can be mitigated and improved. This will initially be through the telephone access but there are still challenging periods eg school holidays. SHP continue to look at cohorts who find access to appointments difficult and will seek improvements for these patients.
eConsult has really helped deliver services and SHP will continue the rollout of this channel over the next twelve months. Feedback has been positive and a second phase will be available over the next few months.
Dr Lupoli referenced the Fuller Stocktake Report

https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf

as a key document in integrating health and care within communities and explained that all general practices have an obligation to meet its recommendations. It centres around a community approach to health and care in localities to provide a more integrated approach – something that has been around in health discussions for decades. However, there is now a real responsibility on all practices to take the report's recommendations on board. It will be a continuing focus within SHP.
Dr Lupoli again thanked the PPG for its support and without it, SHP would not have the reputational strength it currently has. As 'critical friends', the PPG has actively supported service.

Bal Devi – Head of Operations for SHP was introduced to the meeting by Dr Lupoli.

Steve New (CEO) than continued, reiterating that it was good to have such a supportive PPG. Discussions were often challenging!

He referenced that reputational improvement had led to an increase in recruitment for the partnership where SHP have been very successful in recruiting new doctors to offset retirements and explained that patients would soon see new faces within the surgeries of SHP. During May, there will be an additional recruitment drive for new GP Partners in preparation for current partners stepping back. SHP plan to complete this process by the end of 2024 in order to ensure the retirements do not cause any issues or challenges.

In terms of telephony, Mr New stated that SHP are really proud of the improvements made, but reiterated that there is still more to do. He explained that he has presented telephony data to the PPG committee on a quarterly basis and would send the most recent evaluation to the PPG for wider circulation.

An update on telephone answering, which has been a huge challenge for some time, showed that over the last fifteen months there has been a significant increase of up to 600 appointment requests per day: now increased to sometimes close to 1000. During this same period telephone answering has improved. There are SHP set targets to answer calls and a tracking of longest wait times. These are hugely better; on average SHP answer calls around five minutes (target is ten minutes); wait times target is currently and realistically 25 mins due to the volume of calls at certain parts of the day and certain days of the week. On average the wait is less. To lower this target would require a huge increase in workforce (and subsequent increase in space). Operationally, SHP have transformed the way the previous teams of receptionists have, through training, development and recruitment become a team of highly skilled Care Navigators. This is now a team of 50+.

4. There was then a question and answer session from the room and from those online.

Q1

DC: How is AI used in eConsult?

A. Dr Lupoli eConsult does not use AI however there are AI products being offered to practices for use in patient care. They are in their infancy, being fine- tuned and improved but may well become integrated as time goes on. However, this would be done in conjunction with the Integrated Care System (ICS).

DC: So when a form is submitted within the eConsult system, a person reads and makes the decisions?

A. Yes – it's part of the role of the Care Navigators.

Q2. CR (online)

I take issue with calls being answered within ten minutes. When we can't get through we are told to call back at 8am the next day which accounts for the '8am rush'. When we do call back, after a while we are cut off.

A.

SN There are two areas we are reviewing. This is one of them. There is a cap on the queue (50 callers) and the last audit showed that there were 160 callers at 8am. The majority will therefore be asked to call back later. There is a choice about what we do with this; we can change our telephone system to increase the queue but the workforce isn't there to manage this in an acceptable timescale for waiting patients. As the call times have reduced, we may be at a point at which we can make some changes around queue cap. The other option is 'call back' and we will look at this.
NK raised the point that the issue is that patients are still told to call back at 8am by care navigators. SN agreed and responded that this is an area that SHP are working to address at in the next year. NK continued that another big area is where patients are told to call to book an appointment only to be told that there are no appointments available. SN emphasised that this is another are that SHP will be looking at improving.

Q3.

NK What about an online booking system (for appointments to see a doctor)?
SN responded that the problem was that (in the last month's audit) doctors reported that in half of GP appointments, the GP felt that patients didn't need to see a doctor. The demand cannot be met so SHP always prioritise seeing the right patient, at the right time, in the right place. Patients have access to many more healthcare professionals and triaging is the way to match up need with the most appropriate professional. It followed that NK was effectively seeking the service that eConsult offers without realising that such access was in place. (audio indistinct here). Dr Lupoli added that SHP will be embracing a call back service in the next twelve months where patients can leave their number when in the call waiting queue to be called back by a Care Navigator when they are reached in the queue.
AR related a personal experience and feedback from her friends relating to SHP services. She had a less positive perspective.

Q4

MG (online) How soon are scan results from private hospitals downloaded onto a patient's records at SHP? Is there electronic linkage between SHP and UHB?
Dr Lupoli responded that when SHP receive reports they are uploaded onto patient records within 24 hours. He continued that general practice have not been able to

book scans within the NHS for some fifteen years. If a patient has a scan booked by the NHS then the onus is on the hospital to send reports back to SHP.
She relayed a personal experience regarding access to records by hospital staff
Dr Lupoli confirmed that if a patient has consented to the sharing of records with the local Trust, then they are accessible. If hospital staff are unable to do this, then the issue is with the hospital as patient records are available on the 'Spine'.

Q5

JF A threefold question: why doesn't SHP emphasise the gains to be made for patients and staff by using the NHS app to order repeat prescriptions? Dr Lupoli responded that SHP were one of the leading practices in the region for patients using the app (and Patient Access) for repeat prescriptions. 65% of SHP patients use this method. SN stated that SHP have been cited nationally for their success in this area and continue to promote it. JF then moved on to a point shared earlier regarding funding for Primary Care and patients' use of the Urgent Treatment centre (UTC) at Solihull Hospital which she understood was a more expensive use of NHS resources. Shouldn't SHP be working harder to enable appointments so that this was not the case? Dr Lupoli responded that the UTC is run by BADGER a GP led organisation providing out of hours services for Solihull. This service is also capped. ICB does not allow the UTC unlimited access. It is part of the primary care offer that the ICB provide as well as general practice. SHP work in partnership with the UTC to meet the demand for the Solihull population. It is also a reflection of demand v capacity that exists not just for SHP but for the NHS as a whole. JF asked whether SHP were creating their own 'peak' times in terms of appointments and telephony. Could they not stagger these windows to other parts of the morning and afternoon therefore reducing the peaks? Dr Lupoli replied that this has been tried even before SHP and experience shows there is always going to be a 'bun fight' at 8am. It's really difficult to unpick the 8am habit. JF acknowledged that the issue has been created by the NHS not just by SHP. SN added that another important report 'Recovering Access to Primary Care' May 2023

https://www.england.nhs.uk/publication/delivery-plan-for-recovering-access-to-primary-care/

was about exploring ways of reducing the 8am rush and improving general practice access. He agreed that SHP was perhaps, guilty of fuelling the peak at this time but that SHP are actively seeking solutions.

Q6
B*

I can see all this is a vicious circle. How many doctors are we short of at SHP? SN responded that SHP are not short of doctors and have more doctors than pre-merger. How many patients per doctor do we have now? It must be more as we can't get appointments. Dr Lupoli responded that, back in the early 90s there was one GP for 1800 patients, nationally. Now, there are nationally 2800 patients per GP. Additionally, the average consultations per patient per year was 3.5 in the '90s; today that rate is around 7.5 consultations per patient per year. The situation is that there are fewer doctors in general practice and more patients, living longer with more complex and multiple needs requiring more complex interventions. Most of this is falling on general practice. The speaker added that he thought the situation was worse now as he used to be able to 'always get an appointment on the day'. 'Things were better then'. There was an audible response from the floor that perhaps, for them, this wasn't the case. Dr Lupoli described that, years ago, when patients called the surgery the line would be engaged. What's changed is the telephony system but the demand is still the same. He felt that, since 2003 demand has fallen 'off a ledge' whilst staffing has reduced. It's a national issue that needs to be solved at the highest level. The question was asked again and the reply was that SHP have more doctors now than before the merger and in addition have a wide range of other healthcare professionals (he cited that in the '90s there were generally just doctors and very few, if any nurses). SN continued that although nationally there is a shortage of GPs, SHP are not short but still not sufficient to meet the growing demand within th3 SHP catchment area. AR asked how many GPs were part time. SN responded 'almost all of them'.

At this point there was a question regarding female doctors and their employment status. Audio was unclear as people were talking at cross purposes close to the speakers. What was described by the PPG member was refuted by SN re childcare responsibilities.

SN continued over the last five years SHP have employed five clinical pharmacists; 5 pharmacy technicians; three Physician Associates thus adding thirteen more clinical staff to the workforce. The use of Care Navigators works to match patients with the right clinician at the right time, but still demand outweighs capacity. SN suggested that patients need to better understand the importance of the whole workforce and the how their roles can benefit their health and wellbeing.

PD added that he believed this shouldn't just fall on SHP but on everyone to inform and educate patients about the breadth of workforce and services. SM - this is what the PPG aims to do. He appreciated the information via the PPG database.

NK asked why patients couldn't get appointments for three months ahead. SN explained the purpose of the Call and Recall team at SHP who proactively call

patients for health reviews etc on a cycle of recall. Appointments are booked in advance for patients with known, long term conditions. PD was interested in this service and asked for the criteria. Further details were personal and thus not minuted.
NK appreciated all the information being given out and asked how this could be shared more widely with all patients. SN explained that multiple channels were used and that SHP were the only partnership in Solihull that employed a Communications Professional for the sole purpose of sharing information and health updates from SHP.
Another input from the floor explained that while texts message notifications to book appointments are really helpful but using the link in the text to book the appointment doesn't generally work. SN acknowledged that SHP are aware of this and it is an area they are working on.
JF interjected with an observation that there were a range of experiences and opinions regarding SHP 'performance'. She asked for a show of hands to the question 'Who thinks that SHP has improved in the last year?' and 'Who thinks it hasn't?' she observed a ratio of 3:1 in favour of 'improved'. SG stated she abstained because she, thankfully, hasn't needed any appointments! JD added another personal experience that isn't minuted but reflected SHP's excellent care of her condition. She also added that a local social media platform was an example of fewer negative comments. Dr Lupoli added that there's no such thing as a perfect organisation and that complaints are an important measure of performance. He added that eighteen months ago SHP were overwhelmed with complaints to themselves, the then CCG (now ICS), CQC and NHSE. At the time this was a fair reflection as SHP weren't meeting patient needs but this situation has dramatically improved. There are still complaints but the numbers are far less.
He added SHP are not resting on their laurels. They prioritise need and work hard to meet the demand.

SM enquired about further PPG visits to work teams and AD updated the meeting that the communications officer was in the process of arranging further visits to teams by the PPG.

SM then thanked Dr Lupoli and Steve New for their time and this was acknowledged by the meeting.

5. Attendees were invited to have a refreshment break. After the break JD stated that he had no knowledge of what SHP had shared at the meeting (he found it helpful) and asked why SHP don't share the changes with patients. AD responded that they do but not all patients access the channels they use. His

response was that SHP need to be better at informing patients. He agreed that AD would share his observations with SHP for a response.

DC enquired about the process of electing PPG roles and had been expecting this at this meeting. SM responded that roles had been decided in 2023 for a period of three years.

The Chair ended the meeting at this point. It was 7.28pm.

Signed:……. **Date: ……..**