



## **SHP PPG Committee Meeting**

**Thursday 21<sup>st</sup> September 2023**

**6:30pm – 7.45pm**

**Monkspath Medical Centre & On-line (Zoom)**

### **Minutes of the meeting**

#### **PRESENT:**

Sandra Matthews (SM) Chair; LW; HA; GC; SK; MM; GM; Anne Devrell (AD) Secretary

**ONLINE:** no-one

#### **APOLOGIES:**

AS; LR; PC; GA; DA

#### **In attendance:**

**Steve New (CEO) - SN**

**Ed Turner (Digital Transformation Lead) – ET**

#### **Jargon Buster:**

**GPAD** - General Practice Appointment Data

**NHSE** – National Health Service (England)

**BSol ICB** – Birmingham and Solihull Integrated Care Board

**CN** – Care Navigators

- 1. SM** welcomed Steve and Ed to the meeting and thanked them for giving up their time.  
**SN** explained that he would brief the committee with his quarterly telephony associated updates together with other information that impacts on patients and Ed would introduce some of the digital activity he is currently working on together with a brief outline of potential future digital developments.  
**1.1 SN** began with a reminder of the data within the recently shared GPAD for July (attached) and drew attention to the consistency and positive levels of the SHP figures in relation to NHSE averages; same day appointments; GP appointment levels; face to face appointments. He drew attention to the total number of appointments attended and reiterated what he has said in the past in that 'ward rounds', for examples in Care Homes were counted as one appointment rather than the 20 or so patients that will have been seen. This skews the data somewhat. He also reminded the meeting of the positivity of the new cancelation channels. He indicated that appointments being booked digitally are significant. Other digital communications were highlighted eg. texts alerts for the Carer event. Some at the meeting had not received these whilst others had. SN also highlighted a recent visit by representatives from NHSE, BSol ICB and Sakeeb Bhatti MP for Meriden – all involved long-term with SHP since the merger and the arising communications, appointment and access issues first appeared.



They were seeking an update on what was happening in Primary Care in general in these difficult times and at SHP specifically. The occasion was very positive and commissioners congratulated SHP on their improvements as well as their development of new services and systems.

SN reiterated that, despite new and more effective systems demand continues to outstrip capacity.

He used this table to demonstrate the most recent position with call answering.

	JULY 2023	August 2023
<b>Total calls answered</b>	14 849	14 894
<b>Average number of calls per day</b>	708	709
<b>Average inbound calls answer time</b>	7 mins 42 secs	6 mins 45 secs

More calls and associated activities are received on Mondays than any other day. He maintained that their own target of a 10 min answer time was being achieved regularly. Additionally, more and more inbound calls are being answered. He then stated that SHP's focus was now on workforce and a push to have more CN to receive calls on Mondays.

**1.2 SN** He then posed the question 'What have SHP done to achieve these improvements?'

'Addressing the 8am rush' NHSE have provided a package of support for a 6 mth period lead by specialist management consultants. After visiting SHP to see what was in place, the consultants and SHP agreed on seven 'projects' that will provide real improvements for SHP and patients. These projects are clinician driven and will ensure continuous improvement. There is still much to do. The areas of focus include

- **Disease management** and the triage of long- term conditions; providing appointment capacity that meets need. The Call and Recall team are already part of this approach.
- Working with the same level of workforce through looking at working patterns to enable 'right person, right time, right place.
- **Estates...** providing services based on patient need within sites with limited spaces.
- **'Utilisation'** SHP have a huge challenge around doctors and nurses. They are needed now more than ever with the growing complexity of patients' needs. However, buildings remain the same. Optimising space is challenging. Now more of a focus on getting the most out of available/ flexible spaces. With the digitisation of all patient records (undertaken by the Digital Transformation Lead) spaces at many sites, where records were stored securely as hard copies, are now available for clinical use. The Call and Recall Team work in a space that was previously records' storage.
- **'Appointments'** there is a potential to overload doctors eg within phlebotomy where there is a need to review and communicate that creates more work.



SHP looking at more efficient non- face-to-face services. There is a greater demand that the current available capacity and there is a focus on the diversity of staff roles making sure that patient need is met by the appointments provided.

- **SM** made a comment that SHP's communications about these projects and developments/ changes need to be well communicated to all patients.
- **Digital Tools'** Nurse team functions are especially important in the successful arrangement of long-term conditions. This project will be vital going forward for SHP and also NHSE.
- **'Continuous Improvement'** SHP workforce has increased from 160 to 210. Nurses are key in the alignment of SHP's Delivery Strategy. **SM** asked whether SHP were still taking patients. The answer was 'Yes' as surgeries cannot refuse new registrations. SHP have approaching 57 000 patients. **SN** stated that 'we're working hard to get the best out of what we have'.

**1.3** Upcoming NSHE Primary Care Conference 10 October 2023 focused on 'Best Practice' where SHP have been asked to present their approach to 'Care Navigation'.

**1.4** SN now handed over to Ed Turner, Digital Transformation Lead at SHP for his introductory presentation around how digitisation is supporting innovation and best practice for patient benefit. He began by explaining what Digital Transformation is in a GP surgery: *'the process of integrating digital technologies and systems into various aspects of healthcare delivery and administrative operations within the practice.'*

**1.5** The aims of effective digitisation are;

- To enhance patient care
- Improve efficiency
- Streamline processes through digital tools and platforms.

**1.6 Telephony Project (PPG support through a pilot)**

- Reduced main menu options from five to three
- Created two new call centres for test results and prescriptions
- Introduced 'comfort messages' relevant to patient needs
- Changed 'call waiting' music
- Internal improvements to technology to enable more flexibility in ensuring contact centre staffing is appropriate
- Liaising with the PPG that played an integral part in set up.

**1.7 'What next?'**

ET explained that the next step will be the implementation of a robust online consultation tool as part of the NHSE Delivery Plan that was published in May 2023. Broadly, NHSE expectations are that SHP will;

- Implement the Modern General Practice Access to tackle the 8am rush
- Provide rapid assessment and response
- Avoid asking patients to 'ring back another day' to make appointments

**1.7 'What is Online Consultation?'**



**ET** went on to briefly explain that Online Consultation is a platform where patients are able to submit medical and administrative queries online through a secure app/webpage. The objectives of this service platform are to;

- Support SHP care navigators in assessing appointment requests
- Allow patients to access the GP surgery without the requirement to call or visit a practice
- Increase patient outcomes through a 'total triage model' ensuring all patients are seen by the most suitable clinician in the most suitable time-frame
- Save clinical and administrative time
- Create a single avenue in which all queries enter the practice to allow standardisation service

**ET** then shared a visual model of the 'total triage' system. This will be available once the system is real time tested (by the PPG) and the process secured.

**ET** explained that the expectation was that the above would be achieved by 'simpler online requests' where the ambition is to make online requests easy and dependable. The ultimate aims are to aid care navigation and improve resource management.

The timeline for a roll-out of this system (Econsult) is planned to be;

- Testing of the system by PPG volunteers
- Phase 1 live from November (based on the experiences within the initial pilot)
- a controlled roll-out, where time and number of forms received are limited
- this will allow time for 'fine tuning' processes and resources to scale usage ready for 'Phase 2'

This concluded the quarterly update from SHP. There were some questions relating to the detail of what had been discussed but, until the system is trialled, there was no benefit in exploring these beforehand. Essentially, patients would access the system online, by phone or face to face on sites. They will complete a form that would then pass to care navigators who would assess and direct the needs on the form to the most appropriate clinician. Decisions about what and when to pass to the clinician will be made on the urgency of need. This is not a first come, first served approach.

There followed a series of questions:

**GM** this sounds a bit 111? **ET** responded that the process would be targeted questions relating to patient needs and analysis of responses would be carried out professionally;

**GM** what about confidentiality in terms of these questions if the patient decided to attend a surgery at the front desk? **ET** replied that the aim is to identify a private room and use tablets to remove the front desk situation.

**GC** asked when the system would be fully operational. **ET** hoping for two to three months.

**SM** observed that the system had huge potential and would free up time for those who needed it.

The issue of NHS app and difficulty of some committee members being unable to access it or being on Patient Access and concerned about a 'transition' to the NHS app. **SN** responded that there is no planned 'transition'. Both platforms can be used. Patients just need to know that



NHSE will continue to use the NHS app for updates, access and new developments. When asked about downloading the app onto a smartphone SN informed the group that this could be done on a PC through a web browser (can also be 'Googled' by entering 'NHS app' in the search window. It is the first to appear in the search).

Another question related to medical records and the NHS app. **SN** informed the meeting that all historical records had been withdrawn from the app (these can be requested at sites but time was need to access, be vetted and printed out) but on 2 October medical records going forward can be accessed.

**GM** questioned the capacity of CN to deal with the demand of the new econsult system. ET explained that the organisation of the roll-out was crucial. ET shared that last time SHP had introduced an online system the resources were completely overwhelmed. This is the reason for Phase 1. Additionally, the focus will still be on answering calls at 8am. Returning to queries around making non urgent appointments beyond the two week window, SN replied that SHP continue to analyse the data around appointments. SM said she would chase these areas.

**ACTION: SM** to access definitive information around the issues of not being able to be booked in for appointments more than two weeks ahead.

SM thanked SN and ET for their time and for an informative update. She said that PPG members will look forward to being involved in this exciting development.

2. **Approval of minutes (17.8.23)** These were accepted as a true record and were approved for uploading to PPG web page.
3. **PPG Membership half year Survey Proposal** Following the last committee meeting, and email communication seeking approval, AD had developed a survey form for members in an effort to include and improve wider membership involvement in PPG activities. Committee were asked to agree the areas within the form; suggest new areas; delete those believed not to be required. Following brief discussions and suggestions, she went away to reframe the content.  
**ACTION: AD** to reframe a new survey based on feedback from committee and circulate to the wider membership for comment and feedback. AD to collate.
4. **PPG area at remaining sites. Rota needed for on-going promotion of PPG.** Following a review of PPG literature at Shirley Medical Centre (SMC), SM asked for volunteers to complete the process at other sites. A table of volunteers was produced by SM after the meeting and circulated to the committee. SHP will purchase dispensers and the new sites manager will put in place.
5. **Update from SHP Board meeting & Review of PPG Action Plan**  
The following areas were taken to Board for clarification
  - 26<sup>th</sup> October 2023 wider meeting (to be confirmed)
    - Chief Pharmacist – NHS app
    - Dr Ladd – Proxy Access



- Ed Turner – Digital Transformation Lead and online appointments and access

- Can book limited number of extended access appointments online
- Econsult – ET working on this
- PPG will be asked to test pilot for online appointments through a new platform (possibly October)
- 242 members

#### The following were also shared with the Board 7.9.23 by AD

- Refresh 'merger' rationale for new and existing patients- **agreed**
- Any news on Task & Finish group to become Research Active? – **in set up**
- Any other news on Covid booster Autumn programme – **comms as soon as information received from NHSE**
- Suggested two 'patient stories' at the start of monthly Board appearance – **agreed as a good idea**

#### From Board to PPG

- As above, plus...
- Carer event – local MP and KG attending; SHP engagement points; health checks; possibly flu vaccines; CH to update AD

#### From SM

- 'SHP at every meeting' – this arose from a recent committee meeting. It was felt that, given the pressures in general practice it would be difficult to agree to this in principle at the moment and would not be sustainable as SHP felt they were doing more with less; PPG is not SHP's in that the PPG is its own entity; PPG are advocates 'ears on the ground' for patient experiences which is vital and much appreciated.
- PPG involvement earlier in changes to processes/services eg telephone cancellation line
- SHP partner at AGM with overview of 'the next 12 months' **Dr Lupoli – agreed he and SN would attend.**

#### 6. Items to be included on agenda at next Full Member meeting on 26<sup>th</sup> October, 2023(see above Item 5)

By the meeting end, this needed to be finally confirmed but ET had agreed to attend to follow up tonight's input around econsult and any further digital developments as they affect patients.

**ACTION: SM** to finally confirm SHP attendees for next wider membership meeting 26 October 2023

**SM** also asked committee members to assist in the updates for the PPG action plan so that it became a collaborative and real document that captured PPG activities.

**ACTION: Committee members to add and share their input to the PPG action plan.**



7. Meeting closed at 7.43pm

Next committee meeting is 19<sup>th</sup> October  
 Next wider membership meeting is 26<sup>th</sup> October from 6pm to 7.30pm

Signed: .....*Sandie Matthews*.....

Date: ...16/11/23.....

**ACTION LOG**

ITEM	ACTION	RESPONSIBILITY	OUTCOME
1.	Seek clear understanding of why appointments cannot be booked more than two weeks ahead.	SM	asap
3.	Reframe mid-year survey	AD	Circulated 25.9.23 Closing date: 23.10.23
6.	Confirm SHP attendees at 26.10.23 wider membership meeting	SM	asap
	Committee members to share their input to the PPG action plan at meetings or by email to AD	All	Ongoing from October 2023