



**SHP PPG Members Meeting  
Thursday, 26<sup>th</sup> October 2023  
6:00pm – 7.30pm  
Monkspath Medical Centre and Zoom platform**

**Minutes (transcript) of the meeting**

**PRESENT:**

LR (acting Chair); LW; SG; SK; GM; DC; JF; GP; AD (minutes)

**Online:**

PB; BS; JD; JP; PP; PC; JE

**Apologies:**

CP; SM; HA; AS; GC; MM

**Acronyms**

CN = Care Navigator/Navigation

UTC = Urgent Treatment Centres (Solihull and Birmingham)

**In attendance: Ed Turner – Digital Transformation lead for SHP**

1. LR assumed the role of Chair in the absence of SM and welcomed all attendees both at Monkspath and online. A special welcome and thanks were afforded to ET.

**2. Update on digital technology including E-Consult – Ed Turner**

ET used a shared PowerPoint presentation as the basis of his input to the meeting.

**Slide 1: What is Digital Transformation?** It is the process of integrating digital technologies and systems into various aspects of healthcare delivery and administrative operations within the practice. The aims are to;

- enhance patient care
- improve efficiency
- streamline processes

**ET additional commentary:** Began his role in January 2023

**Slide 2: The role of the Digital transformation Lead**

- Project management
- Gather and analyse data
- Research digital tools
- Liaise with system suppliers to optimise digital development
- Connect with the wider healthcare network



**It is not;**

- Directly line managing staff
- Directly handling patients' queries

### **Slide 3: Contact centre statistics**

ET showed a set of slides to demonstrate an overview of a range of measurements over the past year around telephony. These were;

- Average inbound answer times
- Maximum wait time
- % of calls answered within 10 mins
- Answered inbound calls
- Number of distinct callers

**ET additional commentary:** *trends are clear; beginning to plateau now.*

**NB.** (from AD) It is difficult to accurately describe the data on these images with the correct terminology and without bias in this document.

**ACTION:** AD to request permission to share this slide with those attending the meeting (and no wider).

### **Slides 4 and 5: Key digital projects so far.**

- Telephony (with PPG volunteers and feedback) - leading to reduced options from 5 to 3; two new contact centres for test results and prescriptions; changed 'comfort messages' better matched to patients' needs; changed 'call waiting' music; internal improvements in technology to enable more flexible deployment of contact centre staffing.
- Care Navigation workforce – detailed analysis of demand and capacity; new plans to align workforce to demand; a robust training matrix and schedule; following realignment of workforce, explore new telephony opportunities.

**ET additional commentary:** *once we can organise and train our workforce more appropriately based on feedback, we can start to build new technologies eg. a 'call back' function; currently there's call queue of 50 and we are aware of the frustrations and tensions this creates for patients and staff alike. There is an ongoing recruitment plan to add additional capacity.*

*GP asked whether there was a large turnover of staff. ET replied that the position is much improved. Much more stability currently than experienced earlier in the practice's development. Now less stressful for care navigators but still improvements to come.*

### **Slide 6 = Title slide**

### **Slide 7: What is Online Consultation?**

Online consultations allow patients to;

- Submit their request via an online form without the need to telephone or travel to a surgery from patient's home



- The form (request) arrives at the practice where the questions and answers are triaged by Care Navigators who will then contact the patient.

**ET additional commentary:** specific questions on the form that will help to provide a detailed picture of patient need and symptoms to be triaged by CN.

#### **Slide 8: What is eConsult?**

- An NHS- approved digital triage tool designed to enhance patient access, improve practice efficiency, aid care navigators (aided by a dedicated GP) signpost patients to the right place at the right time for their care.
- It was developed and is managed by NHS doctors
- One of the leading online consultation platforms in the NHS
- Designed to ensure patients receive the advice they need at the right time from the right person the first time they contact the practice about their medical issue.
- After much exploration, SHP believe eConsult is the best tool for patients and staff.

#### **Slide 9: Implementation – Phase 1**

- Go Live date = Wednesday 8 November 2023
- This is a 'soft launch' that will run for 3-4 months to fine tune the processes involved and analyse capacity and demand.
- During this phase there will be a limit of 100 forms daily between 8am and 10am
- There will be on the day appointment slots specifically reserved for eConsult use
- Phase 1 is an **additional** method for patients to contact SHP.

**ET additional commentary:** SHP tried to deliver this about 18 months but were overwhelmed with the demand and it was switched off. Lesson learned and a better understanding of the challenges, priorities and staffing needed, all lead to a controlled launch this time. The soft launch will allow us to fine tune the service as it progresses. First phase is for acute care appointment requests. On the day appointments available. Held back some appointments for eConsult patients. Not pushing patients to this; it's an additional service. There will still be telephone appointments.

#### **Slide 10: eConsult – Patient Flow**

This slide displayed the flow of the process that patients will be taken through. It was too small to reproduce.

Update 2.11.23; After requesting a copy of the Patient Flow diagram at Board, SHP will develop a patient friendly version to follow within Phase 1; they are expecting nuances and subtleties to improve the process throughout the soft launch.

**ET additional commentary;** complete the form with the NHS app preferably. Complete the relative form. On the other end of the form is CN with much more information about symptoms. Red flag symptoms are a priority. Once appointment agreed, a text message will be sent and patient can select the most appropriate appointment. Confirmation will be sent.



**ACTION:** AD will ask at Board (2.11.23) for a copy that can be shared with patients.

**Slide 11: Title slide/PPG**

**Slide 12: e Consult PPG testing**

- This took place 9<sup>th</sup> -13<sup>th</sup> October 2023
- SHP learned a great deal as a result of the pilot carried out by PPG volunteers

**ET additional commentary:** *SHP grateful for the feedback from PPG volunteers that enabled them to further amend the process prior to launch.*

**SLIDE 13: Title slide – General feedback**

**Slide 14:** The % scores can be found below (there were 10 volunteers in the pilot) (scale used was 0 = low; 5 = high)

**Q1. How satisfied were you with your overall experience of eConsult? (on a scale of 0-5)**

**6/10 responses**

17% = 2

50% = 3

33% = 4

**Q2. Were you able to access eConsult without any technical difficulties? 6/10 responses**

83% = Yes

17% = No

**Q3. Did you feel that your personal health information was adequately protected during the online consultation? 6/10 responses**

Yes = 17%

No = 0%

Don't know = 83%

**Q4. On reflection, after using the eConsult tool, would you consider using eConsult again for your future health needs? 6/10 responses**

Yes = 50%

No = 17%

Maybe = 33%

**Slide 15: Title slide- Process feedback**

**Response message #1**

You receive the message following your eConsult submission:

*'Thank you for your eConsult submission. Based on the information you provided we believe that the best course of action would be to see a clinician today. Please follow the link below to book an appointment. If your symptoms change or worsen, please recontact us or call 111/119.'*

**Q. How satisfied would you be to receive this message? 6/10 responses (Scale 0-5 as above)**

17% = 4

83% = 5



**Q. How easy did you find making an appointment making this method?**

Extremely easy = 17%

Easy = 50%

Neither easy nor difficult = 17%

Difficult = 17%

Very difficult = 0%

I did not try = 0%

**Q. Is there anything you would do to improve the message? 6 responses**

- a) No
- b) It's OK
- c) None
- d) Please don't assume that everyone can afford a taxi.
- e) Maybe include the symptoms/problem to confirm the appointment is about this.
- f) Message is fine.

**Slide 16 - Response message #2**

You receive the message following your eConsult submission:

*'Thank you for your eConsult submission. Based on the information you provided we believe that the best course of action would be to see a clinician routinely. Please follow the link below to book an appointment. If your symptoms change or worsen, please recontact us or call 111/119.'*

**Q. How satisfied would you be to receive this message? 6/10 responses (Scale 0-5 as above)**

17% = 1

66% = 4

17% = 5

**Q. How easy did you find making an appointment making this method?**

Extremely easy = 17%

Easy = 33%

Neither easy nor difficult = 33%

Difficult = 0%

Very difficult = 0%

I did not try = 17%

**Q. What time-frame from sending your eConsult, would you expect to receive this message?**

Less than an hour = 17%

1-2 hours = 50%

2-3 hours = 17%

3-4 hours = 0

4 hours+ = 0

I would be happy to wait, as long as I received an appointment = 17%

**Q. Is there anything you would do to improve the message? 6 responses**

- a) No



- b) The message text... It's OK
- c) I was not able to do this
- d) Again, I would not use the form without choice of location and healthcare professional
- e) Again, just confirm the symptom/problem responding to.
- f) Message is fine.

### Slide 17 – Response message #3

You receive the message following your eConsult submission:

*'Thank you for your eConsult submission. Based on the information you provided we believe that the best course of action would be to consult a community pharmacist. A community pharmacist will be in touch with you within the next 4 hours. If your symptoms change or worsen, please recontact us or call 111/119.'*

**Q. How satisfied would you be to receive this message? 6/10 responses (Scale 0-5 as above)**

17% = 1

17% = 2

33% = 3

17% = 4

17% = 5

**Q. What time-frame from sending your eConsult, would you expect to receive this message?**

Less than an hour = 17%

1-2 hours = 33%

2-3 hours = 17%

3-4 hours = 33%

4 hours+ = 0

**Q. Is there anything you would do to improve the message? 6 responses**

a) No

b) Wouldn't want to speak to a pharmacist after phoning a GP

c) For me personally, if I felt this was appropriate, I would have already done it or ruled it out as not suitable.

d) Depends where the pharmacist is.

e) How will the pharmacy be in touch? Text/phone/email? Should I attend pharmacy? Not very clear what happens next.

f) Is this 4 hours from receipt of form or from receipt of answer?

### Slide 18 Response message #4

You receive the message following your eConsult submission:

*'Thank you for your eConsult submission. Based on the information you provided the GP has issued a prescription for (prescription item mentioned here) to your nominated pharmacy. If your symptoms change or worsen, please recontact us or call 111/119.'*

**For information, this message will only be used in specific circumstances of a semi-recurrent condition where a patient will be expecting a specific treatment.**



**Q. How satisfied would you be to receive this message? 6/10 responses (Scale 0-5 as above)**

**17% = 3**

**83% = 5**

**Q. What time-frame from sending your eConsult, would you expect to receive this message?**

Less than an hour = 33%

1-2 hours = 17%

2-3 hours = 33%

3-4 hours = 17%

4 hours+ = 0

**Q. Is there anything you would do to improve the message? 6 responses**

a) No

b) confirm nominated pharmacy as I found mine had changed last year without my knowledge and prescription was sent to wrong place.

c) I think it would depend on whether you wanted to see a GP as just a prescription would leave me feeling worried. Also, would need to know what prescription was for and how long to take medication before getting back to practice.

d) Message is fine.

#### **Slide 19 Response message #5**

You receive one of the following messages following your eConsult submission:

A) *'Thank you for your eConsult submission. Based on the information provided, the GP would like further information. Please answer the following questions by clicking on the link below.'* (Questions provided)

B) *'Thank you for your eConsult submission. Based on the information provided, the GP would like you to send photographs of (insert health issue here). Please do not send intimate images. Please follow the link below to submit your photograph for review.'*

**Q. How satisfied would you be to receive this message? 6/10 responses (Scale 0-5 as above)**

**17% = 1**

**50% = 4**

**17% = 5**

**Q. What time-frame from sending your eConsult, would you expect to receive this message?**

Less than an hour = 33%

1-2 hours = 17%

2-3 hours = 33%

4 hours+ = 17%





**Q. Is there anything you would do to improve the message? 6 responses**

- a) No
- b) It's OK
- c) Sending photographs is not going to be suitable for some non- technical patients so, an alternative approach needs to be put in place.
- d) So, everyone has a smartphone and knows how to use it?
- e) what happens next once the photographs have been sent? Perhaps a line stating what and timescale?
- f) message is fine but would like it to say time period for response once additional information is submitted.

**ET additional commentary:** participants pointed out that safety of the site needed to be visible. This was fed back to the developers to reassure patients. During the testing phase only two SHP sites were used but the launch will include all sites. Confirmation of appointment and condition (from PPG volunteer) is a 'good idea'. Message re pharmacy referral will be taken on board. If photos can't be submitted patient will not be disadvantaged.

**Slide 20 and 21 Further feedback – free text from six volunteers. (verbatim)**

- I was disappointed that the eConsult was changed in the middle. I would have liked to have completed it. I'm glad that there will be dual screens. It concerns me that the concept was aimed at short term acute issues. If you believe that a filled in form will get you more information then I think you are mistaken. All of the scenarios that were used can become very serious. I understand this is for younger people.
- It seemed fairly easy to us. I am 69 and not that technically minded but managed it on my phone, no problem. Others might struggle so there does need to be another option for those without iphone/Android. Other than that, I was reassured by the process and the ability to get through, outlining symptoms with a response within 24 hours. A big improvement rather than taking pot luck in a phone queue. I liked the options for appointments with varied times and locations. I went through the NHS app which made it easier as personal info already stored on there. Looking forward to it going live.

**ET: the five scenarios created needed changing mid- test. Severity is subjective and some of the original scenarios turned out to be more severe so the process need changing.**

- I felt some of the questions to be repetitive and I sometimes felt I was going around in circles. I think more should be asked about ongoing conditions which could affect the response from the form.
- I felt that the Covid symptom question was irrelevant. Timeframes too long (are you asking if someone has a temperature/cough in last three weeks) it's clouding the main issue Ii also felt like the pregnancy/breastfeeding questions were irrelevant and added additional time to a consult that made no clinical difference. Same with the alcohol units' question. Overall though, I'd be delighted if this were implemented – I just think it's not a data capture exercise and some of the questions felt like they were creating data fields with limited clinical importance.

**ET: references to smoking and alcohol now removed.**

- Hung up mid- session when I gave an answer it couldn't handle. Advised to contact someone else, then hung up! I had to extract from the session and then login again.





- *Some of the pages were repetitive and could be shortened. I also noticed you asked for smoking and alcohol, could you ask for blood pressure readings as this could be useful on the run up to the end of QOF in March? Many patients now have a BP monitor at home.*

#### **Slide 22 PPG Testing Analysis**

- Dual screen (for Care Navigator) is essential (one shows patient's record for a range of information and understanding)
- Better understanding of amber and red flags (forms are prioritised; amber and red flags are important but testing demonstrated that the 'tolerance' of amber flags need to be extended)
- Average time to process an eConsult form
- Timeframe for response need to be as short as possible (6.30pm was the cut - off point each day for responses to patients using this service. This will change as the ambition is that all forms and their actions will have been completed by 12.30 that day ie. two and a half hours after the option closes – although this could be earlier in Phase 1 launch if the 100 forms are taken up before 10am)
- Develop more robust communication regarding community pharmacist (definitely)
- Advise patients of the next steps following further information/ photo request (needs to be included)
- Change process to telephone patient if prescription has been issued. (will happen)

#### **Slide 23 What does the future bring? Phase 2 and beyond.**

- Phase 2 planning will start immediately after Phase 1 'Go Live'
- Implementation – approximately 3 months
- Open the eConsult service further to allow more forms to be processed and will include requests for routine appointments and condition reviews.
- Move towards a 'total triage' model
- Phase 3 to be integrated into UHB's Urgent Treatment Centres (UTC)

**ET additional commentary:** *Phase 2 in January. More forms to be processed working towards receiving the best information from patients to address needs and issues. The reason SHP have selected eConsult is that UTC use eConsult and the future is to integrate with the UTC in the area.*

#### **End of presentation.**

Follow up questions from attendees:

**JD:** I like it. I'm tech savvy and concerned for people who aren't

**ET:** **current access channel will not change**

**JD:** So this will improve telephone access for those who aren't tech savvy?

**BS:** Sounds a very good idea compared to waiting telephone but is this indicating patients should be more proactive and take more responsibility for their conditions eg blood tests which the practice initiate now.



**ET: Absolutely not. The more outbound comms we can do the better. This is very much about CN and acute conditions rather than long term conditions, bloods etc that the 'Call and Recall' team currently deal with. We will always want to contact you before you contact us.**

**SK:** How will this system manage routine appointments?

**ET: if your condition is not urgent it will still be processed and you would still be contacted by 12.30 that day. The triaging will decide whether symptoms are urgent or routine from the information provided but if it's the latter you will still receive a routine message.**

**GP:** You said that the launch will have 100 forms. At what point will your form enter 'the list'? Is it when a patient opens it or when it is completed?

**ET:** response indistinct AD chasing up; Response from ET:

*With capping, we stop patients from starting a consultation when 90% of our cap number is reached.*

*For example, if our daily cap is 100 eConsults, after 90 submissions we will allow no more consultations to be started. If at that point more than 10 people are mid-way through submission, we may receive more than 100 eConsults in total. However, if there are no consultations in progress at that point, we may end up getting only 90 eConsults that day - this will be reviewed on a daily basis and the number of forms increased accordingly. No one will be met with a "closed" message after the form has been completed - which I think is the reason for the question.*

**JP:** I believe one of the triage outcomes could be same day appointments. Is there enough capacity in the system to honour this by 12.30?

**ET: Good question. First, we prioritise the most urgent need and these are managed first. Then CN will work through other forms in order of perceived need (from the information in the form). Appointments identified for e Consult patients are afternoon heavy for the reason you describe.**

**JF:** I think the demographic of the group that supported the trial is not representative of the patient community. You are opening the eConsult window at 8am at the same time as telephone lines open, for people who are working. This is potentially an inconvenient time and it is this group of people we need to keep fit to work to support the revenues of the country. What are you doing for those people in this category?

**ET: A very good question. I am going to take this back to the team.**

**JF:** Why are all appointment slots open until 10.00. Why not until 2pm?

**ET: This is to allow for on the day appointments. We are looking to total triage but at this point we need to ensure that CN training and the service capacity can manage the demand.**

**DC:** What happens to appointments that are not used up on a particular day? Are they offered to other patients who completed the form but didn't require an on the day appointment?

**ET: No. Spare appointments will be put back into the system for use with patients who need then who did not use eConsult. We're working towards equity. We don't want to separate the two services. We want everyone to use this service eventually.**



**DC:** Can the staff on the front desk book patients into eConsult?

**ET:** *Ultimately, say in Phase 3 or Phase 4, we're hoping to have booths on site where consultations can be accessed through eConsult. However, we need to think about confidentiality.*

**AD:** When and how will communication to patients be available?

**ET:** *Communications out Thurs/Fri ahead of the launch on SHP social medias and website. A live web page has already been prepared with information about the service and how to use it.*

**JE:** Struggled to hear much of the presentation and a couple of key areas. I didn't hear about there being any choice of sites within this service.

(sound quality from the room wasn't great tonight).

**ET** *the pilot was limited to two sites but the launch will include all seven sites.*

**JE:** struggled to hear the meaning of dual screens.

**ET:** *There will be two screens in use by CN as they accept and assess the submitted forms; one for the form and one to access each patient's medical history. This will be scrutinised alongside the information the patient has submitted in the form itself. It also provides other information that may be relevant for the patient with a health issue eg Appointments spread across the organisation in an even spread.*

**GM:** I'd like to use this system but I am having problems with the NHS app. It needs to be reset.

**ET:** *Referred GM to the registration team who deal with online services. With limited staffing at the moment ET was not sure what SHP can do but he will forward to the IT team*

**ET** *also believed that there needs to be more prominence on SHP website to support patients and the use and benefits of the NHS app.*

**JF:** I in a 1000 patients in England are registered with SHP and as the vast majority of people under 60yrs use NHS app are you suggesting this is the preferred access route?

**ET:** *Yes, because having this app saves us so much time because of the information it contains.*

**JF:** If this is so, then I do believe that this has significant training issues within the practice. I will take this point offline.

**JF:** If you are thinking of integrating eConsult with the current systems in the future, the current systems don't allow you to book or get a text sent for an appointment. It means that you have to go to a site to make the appointment. Will there be a symbiosis that allows the appointment to be made without having to go to a surgery? Eg by text messaging?

**ET:** *We are emailing currently and are working on this.*

**DC:** Can you send out the slides to this group?

**ET:** *I think so, yes. They should ultimately be for all patients but I will check.*

**DC:** How are you going to get this information out to the public?

**ET:** *as mentioned before, we will use our social media capacities and through the PPG as with all updates.*

**DC:** I was suggesting that if the information was sent out to the database you would have a much wider launch and a willing audience.



**ET: the launch is for all patients and needs to be carefully managed for maximum learning and development.**

**JF:** Another social media group exists that would provide you with more opportunities to share the information around eConsult. Perhaps you should consider this?

**ET: News travels fast within SHP community and information will be available for everyone with an interest to access.**

**LR** thanked ET for his comprehensive presentation and answers to PPG questions. ET left the meeting at 7pm.

### **3. Update of action points from last meeting 20/7**

**AD** summarised the three action points from 20 July meeting

- a. From **DC** – improvements in décor at sites for a more welcoming environment. AD explained that this had been taken to the August Board meeting and the Chair (Dr Lupoli) outlined reasons around the fact that surgeries were clinical environments and as such need to be clean and ‘free from clutter’. In addition, PPG committee members are in the process of placing PPG material at each site eg. banners; information leaflets, recruitment poster and monthly Bulletins in dispensers. DC interjected and asked AD to read the written response he had received from SHP regarding decor. PRECIS - ‘Surgeries are sterile environments with a responsibility for infection control and need to be kept free from unnecessary clutter. SHP are also undergoing a programme of maintenance and upgrade once a site manager is appointed. . If patients see areas of damage in need of repair please let us know.’

DC identified haphazard and loose paper notices in the entrance to Monkspath surgery and felt it did not support the Board’s response. (AD – I believe DC was referencing temporary, hastily -added notices directing walk-in patients to the hub for flu vaccines.)

- b. Request for Shingles and Pneumonia strategies: new, national Shingles programme available at all sites. Pneumonia – patients called on a rolling programme once they are 65. If missed out on this, patients are to contact the surgery for an appointment. Patients who are immune-suppressed will be recalled each year for ‘booster’ vaccinations. Generally, there is only one vaccination needed.
- c. Suggestions for speakers to widen patient knowledge and understanding and boost meeting attendance. PPG Mid-Year survey provided more ideas. (see attached)

**AD** identified the disappointing attendance at this meeting despite the important presentation by ET. However, apologies received cited working and family pressures at this time of the day. The PPG survey also supported this pattern.

**GM:** Isn’t this start time a bit early for people?



**AD:** This is a reoccurring discussion point at committee; timing and day of the week. If we continue to follow the same routines and patterns then we are not going to see change and will not be truly representative of the SHP patient population. There are implications ie available spaces in the area to hold later meetings. The reason the PPG have this slot at Monkspath is because extended patient access means the site is open until 8pm Monday to Friday.

**ACTION: AD** to pursue further local venues to inform any decisions around meeting times and locations.

**JF:** Queried again the prescription telephone option only open from 10am until 4pm which, again, disadvantaged working people.

**AD** responded that she believed all staff were prioritising telephone access from 8am – 10am. At this point staff should be available for additional options ie prescriptions. **AD** read from the notes of a Board meeting where this query was raised and clarification sought. It was the response above in addition to the fact that such an arrangement was an 'intentional action' by SHP to reduce call waiting times and they currently have no plans to change this approach. The update also stated that it was only 'vulnerable' patients who had an agreed arrangement around their prescriptions could phone outside these times.

**JF:** Informed the meeting that she had brought up this situation again with Steve New at the recent SHP Carer event. She shared that SN had misinterpreted the query at Board and was now prepared to review the situation. It was about workforce availability in addition to endeavouring to reduce call waiting times for all callers. **JF** suggested to SN that an answer phone facility/message was set up to at least inform patients that their request had been received would be dealt with.

**ACTION: AD** to raise **JF**'s conversation with SN at 2 November Board meeting.

#### **4. General questions from attendees.**

**JP:** Meetings – one meeting is never going to work. Perhaps consider multiple meetings on different days? This would make it more accessible? Appreciate it's difficult to staff though. Additional point an experience regarding arranging a smear test. The available options appear to be confusing patients. Maybe they are too 'condensed' and could be reviewed?

**ACTION: AD** to forward the situation to SHP via communications officer.

**JF:** Pneumonia vaccine programme? **AD** did respond by email **JF**. Patient proactivity.

Required but disadvantages those unable to establish need and/or contact the surgery. **JF** shared that she had tried to book an appointment and was told 'there weren't any'? One could be cynical. Pneumonia vaccines give incremental revenue?

**ACTION: AD** take this to Board 2.11.23

**SK** informed the group that she had received both at the same time when she asked for pneumonia vaccine.

**DC:** shared a personal situation that **AD** suggested he take up

**PC:** Links between doctor's surgery and hospitals? Where you are referred to hospital, there's no guarantee that the hospital are dealing with/have dealt with your issue. Could mean patients are waiting a week, a month, three months to hear. You just don't know





what's happening. Is there any way there could be a copy of the referral could come to the patient so they know who to contact at the hospital?

**ACTION:** AD to forward to SHP

**PC:** Tests/Scans... the results aren't on the NHS app. Is there any way this could happen? It's the results from hospital that are the issue as results from SHP are available on the NHS app.

**LW:** shared a personal situation related to the above point. Her experience was that SHP Admin team 'sorted it out' but there were a number of identity checks that need to be carried out before the connection was made. LW also indicated that communication from hospitals 'depended on which one it was'. AD suggested PC contact the admin team via email to ask the question.

**ACTION:** AD to ask SHP about 'hospital generated tests' etc appearing on NHS app.

**JF:** Would like to understand how SHP can make changes to the NHS app and not let the patient know. A generic example; linked profile disappears and when asked why and how any response from SHP 'goes into an abyss'.

**ACTION:** AD to follow up.

**SK:** Would like to know the process when a patient is referred to hospital. Practice refers you to a test at a hospital but there doesn't seem to be any communication between the two or with the patient during the process. Whilst she is able to follow such issues up, other patients would be able to.

**AD:** A theme emerging ie communication between primary care ie SHP and hospitals/ the Trust.

**JF:** Patients need to be able to access their own information on the NHS app. Person carrying out the test/scan needs to be able to say 'Your results will be available on the NHS app in two days'.

**SK:** Result data often doesn't mean much to patients.

**GM:** Illustrated where scan results had been sent to SHP from a hospital but then had not reached the doctor who first requested it.

**DC:** Had previously asked about whether a 'buddy system' was in place at SHP. He enquired what the reply had been. AD responded that SHP had stated that absentee doctors' work and patient lists was covered by other doctors. Not an official 'buddy system'.

**JF:** added that this (the opportunity to have first - hand answers/information from a senior SHP member of staff) is why PPG meetings need SHP staff at their meetings.

**GM:** We need more people here.

**AD:** Not equitable for patients when only a small group have direct opportunities to ask questions and others don't... for whatever reason.

**LR** thanked everyone for attending and reminded them that minutes will follow and be uploaded to the SHP website in the PPG area.

**4.Meeting closed at 7.27pm**

**Next wider meeting is the AGM  
Thursday 18<sup>th</sup> January 2024 from 6pm to 8pm**





**SIGNED:** ..... (LR)      **Date:** .....

### ACTION LOG

Item	Action	Responsibility	Outcome
<b>2</b> <b>Page 2</b>	Obtain slides from ET presentation	AD	16 November
	Request eConsult Flow diagram	AD	2.11.23 Board meeting SN indicated a 'patient friendly' version would be drawn up in the 'soft launch' period as some of the diagram relates to internal, organisational elements.
	Request call data slides for detail	AD	16 November
<b>3.</b> <b>Page 12</b>	Explore local venues for future meetings	AD	16 November
<b>4</b> <b>Page 13</b>	Prescription call line and JF/SN conversation		16 November
	Pneumonia process	AD	Board 2 .11.23
	Communications relationship between hospitals and SHP (Primary care) particularly related to test results and including the patient.	AD	16 November
	Hospital generated tests and appearance on NHS app – the current situation	AD	16 November