



Chalkhill Family Practice

The Welford Centre
113 Chalkhill Road

Wembley
HA9 9FX

Tel: 020 3836 5030

www.chalkhillfamilypractice.nhs.uk

**Patient Participation Group
Minutes of an On-line Meeting
held on Tuesday 26th March 2024
via Zoom**

Present Patients: KF, JK, HS, RK, MK

GP Partner Dr Majida Hussain (MH)
Practice Manager Ekram Ar-Rikaby (EA)

Announcements:

PPG group to suggest what they would like to add to the newsletter.

K&W Pilot

Matters Arising

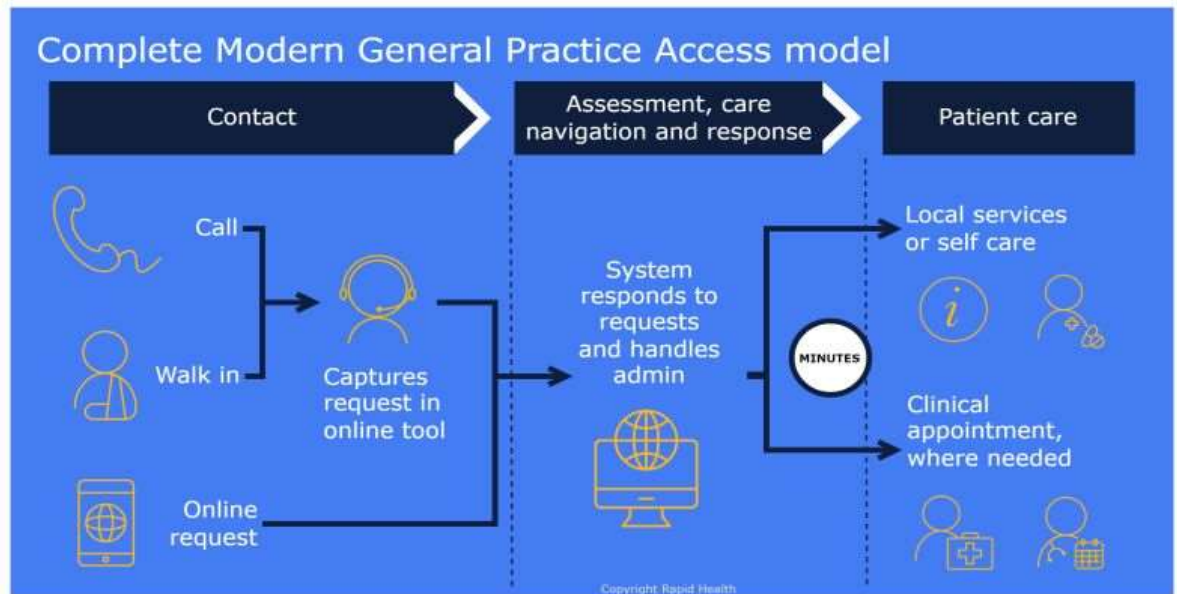
Summary of previous meeting – EA would like to hear feedback on previous newsletter (KF and RK did not receive newsletter). EA will ask admin to send it again.

Addressing negative comments

EA – The first comment was regarding a patient who came to reception asking to see the Doctor, the receptionist doing their duties asked what the reason for the appointment was. The patient felt it was not appropriate to ask them for the reason because they had an issue that they did not want to mention publicly, and there were people behind them in the waiting area. Patient was upset as they did not want to disclose the reason. EA asked the group if they have had this experience and if they are aware why we are asking for the reason when booking appointments.

JK commented that he does not like to share the reason for the appointment when coming to reception to book an appointment, as people in the waiting area may listen.

EA explained the options available for booking appointments: Phoning the Practice and speaking to reception or choosing the option for a call back when there are many patients in the queue. The other option is to log the request online by going to the surgery website and answer the questions on the e-consultation service. The following model explains the above.



The practice is making sure that all channels are open to patients during core hours. Dr MH explained more regarding the extra options offered by our network recently. Patients can press 2 for the automated service when someone can call the patient back to triage their case.

Dr **MH** added that our network which is called K&W is providing services on our behalf, and other GP practices in Brent. The network is commissioned to run clinics called HUB services. K&W is the big umbrella that Practices are under. There are 23 Practices under this umbrella and some of the money that is paid to the Practice is paid to the big Umbrella to provide services for the patient of all 23 practices. There are many services, i.e. the K&W hub, they are running every day of the week including Saturday and Sunday. They have telephone and face to face appointments for Doctors, Nurses and Pharmacists. Recently to increase patient access to services of we have joined a pilot programme. When a patient calls the surgery, the automated message gives you options for a new automated service, the service can be in 4-5 different languages, if you agree then K&W can triage the call and book you an appointment if necessary. So for patients who are waiting a long time in the queue, they can choose to be triaged by K&W, who will book them in accordingly. They can book with them appointments at the surgery if available or with the Hub. It's a way of increasing access for our Patients.

MK – when you fill out the eConsult, it sometimes tells you to go to A&E which is frustrating because the symptoms do not require A&E, just to speak to a medical person.

MH- We cannot change this, as the templates are made by the organisers as per the guidelines from the government. We have no control over this. This is a generic document, by NHS digital, it has an internal system of triaging. Some answers to questions are considered as red flags according to the system. You can go back and re-word your answers to continue to the end and submit your E-consult.

MK – A few times this has happened and it is not a medical emergency.

MH – Sometimes if you describe your symptoms in a different way, it will change the flow of the triage.

KF- When the eConsult says to go to A&E, to change to the answer slightly as you describe the symptom not the reason.

The eConsult did not pick-up the diagnosis, saw Dr at the Surgery found out the medical issue.

The process is necessary but there should be somewhere the elderly and others are shown how to go through the process properly.

MH- Please write to us your suggestions and the issues you are facing so we can send them to NHS digital to review to templates.

This is why the people that created the e-Consultation have also create the e-Lite template. There are simple questions the staff will ask the patients as and when they call for an appointment. The guidelines are to triage every single call. This is so the patient can be booked with the most appropriate service.

Since COVID-19 we have been training our staff, what questions to ask, how to vet what is urgent, what service is most appropriate for what symptoms. It is a learning process; we must go through this process before we can assess its success.

EA- Just to conclude from the conversation, when we say to submit your request online, this is just for submission. We do not rely on the diagnosis of the eConsult, there is always someone looking at the request.

Secondly – Please try calling the Practice and use the automated service facility next time to see how they deal with your query and where they book.

Thirdly, if you cannot fill out eConsult online yourself, we have staff trained to fill a shorter version of it called e-lite. Please let the receptionists know that you cannot do it online.

Thank you for your continuous feedback. If you have any problem with any of these services, we need to know to plan for improvement.

RK- Regarding a letter needed for a referral, why is an appointment with the Doctor necessary, can the letter just be written?

MH- The referral letter needs supporting evidence, such an examination or discussion as to why it is needed. The referral can get rejected without the necessary notes, we have seen an increase in rejections which take up a lot of admin time for the GP's. When anyone needs a referral, they must be triaged and booked with someone to discuss the problem before we can do the referral.

EA- Once the minutes are sent to everyone, please write to us letting us know the problems you are facing, and we will try to address them.

KF- that's a really good suggestion to save time.

EA- We encourage you to let us know, as your problems are other people's problems too, we are doing this meeting to hear from you to help us improve our service.

Other feedback we received... some patients feel that they should have blood tests when they want, regardless of them having problem or not. Blood tests are regulated, there are restrictions on it. The GP should not request blood test's regardless, only if there are certain diagnosis or certain investigations needed.

MH- This is the NHS's money; the GP's and fellow clinician's are the safe keepers. We must justify why we are requesting blood tests and we need to write a cause for it. We are either investigating something or patients on a certain medication or a medical condition require a certain blood test to see if they are improving or not.

EA – Another matter that was reported was that the phlebotomist sometimes fails to take blood; the vein cannot always be found, which is normal. Patients think the Phlebotomist should not be employed again because they could not get the blood, however, even in a hospital with highly experienced staff the vein sometimes cannot be found.

Patients sometimes see the physiotherapist and are told they will be referred for further investigation such as a scan. One patient wrote to us saying they were not referred, if there is a Clinical issue, its best to call the Surgery to chase this up rather than putting it on a feedback form. Please let us know what you would do in this case.

Another feedback we received, one patient mentioned that the GP told them the environment and weather may contribute to them feeling low, the patient did not like this. Some people suffer from winter blues, it is good to know that this can influence your mood. It may be good to know that you can try doing group activities and other things to help.

KF- We will try to raise awareness with posters and drop ins at the community centre. There are a lot of things going on at the community centres for people to join.

MH – There is a problem with patient's being unwilling to commit to for example a 'Befriend service', we have offered patient's referrals to this but they did not want to take part. The GP is trying to reassure the patient that clinically speaking, there is nothing wrong with them. The day is often short and dark most of the time, and this can affect our mood and make us feel down, so instead of reassuring the patient with these facts, they can take it negatively, as not respecting their feelings, so it is very difficult. The services are there for patient's to accept this help and we will continue to suggest them as we believe they are the solution to patient's to improve their wellbeing.

EA- KF if you can let us know what activities are happening downstairs, then our receptionists and Clinicians can encourage patients to attend.

Thank you for attending.