

Notes from meeting held on Tuesday 29th June 2021

LINCOLN HOUSE SURGERY PRACTICE PATIENT GROUP VIDEO MEETING



Attendees: Chris Cook (CC), Dr Vipul Parbat (VP), Juliana Reinaldos (JR), Caryn Robinson (CR), Carys Faichney (CF), Sally Malyon (SM), Brian Malyon (BM), Barry Dixon (BD), John Stacey (JS), Adrian Whyte (AW),

Apologies: Brian Ayling (BA), Margaret Miller (MM), John Howat (JH)

Chair: Chris Cook (CC)

13:00 to 14:00

1. Welcome, introductions and apologies	VP/CC
2. Notes and actions of the meeting held on 27th April 2021 Feedback on the Maltings PPG members. Comments from (BD) was that it was interesting to see how other practices and their PPGs operate but that he does not propose to make any changes to our operation based on this. (CF) and (BD) reiterated their agreement in our decision to not auto-enrol patients into our PPG. All others in agreement (VP) raised that there is nothing that actively stops us from recruiting more interest/patients into our PPG. Our new website may be beneficial to this point.	All/BD
3. Updates from the surgery <ul style="list-style-type: none">• Lincoln House moving forward post Covid-19 (JR) A lot of the changes we have made are with the long-term view to offer a better a service to our patient base. It was reiterated that our doors have never been closed to the public. (VP) A lot of the changes that are being made in healthcare is not directly a result of this Covid pandemic. Rather, we need to realise that the NHS along with Primary Care services was always going to change and develop in line with advances in technology. What this pandemic has done, is accelerate the pace at which these advances have been made and implemented. Healthcare will look different post covid stage. This was always going to be inevitable, regardless of whether we had a pandemic or not. (VP) Appreciate that a bit of autonomy has been taken away from patients but from a surgery point of view the advantages that appropriate signposting	VP/JR

<p>to the best and most appropriate care gives patients is advantageous. It also saves patients' time and allows for faster treatment.</p> <p>Whilst we acknowledge that some patients may feel that they are losing the "personal touch", realistically all they are losing is the telephone call speaking with a receptionist.</p> <p>General Practice funding was based at an average of 2 contacts per patient, per year. This has since increased to an average of 6 contacts per year. The increased demand is obvious, patients are accessing our services more and patient registrations are increasing too. This demand is being felt across the country.</p> <p>The PPG needs to consider ways to educate our patients to understand why the patient experience has changed and the benefits of change.</p> <p>(AW) The patient experience has changed. Staff have maintained professional and in good moods despite the challenges.</p> <ul style="list-style-type: none"> • Update on staffing levels and changes <p>(JR) 2x Care and Admin Coordinators have been recruited and are settling into their new roles well. All eConsults, as well as the eLites which receptionists complete on patients' behalf, are triaged by these two coordinators. This ensures that all patients, regardless of whether they complete an eConsult online or telephone in to have an eLite completed for them, will have their issue triaged according to clinical need.</p> <p>New telephone system is being launched and goes live on 8th July. A queuing functionality will allow patients the option to receive a call back once they reach the front of the queue. This will save them having to remain on hold. If they do not answer the call back, they will be sent a text message that the surgery tried to call them and that they are required to phone in again.</p> <ul style="list-style-type: none"> • Website <p>(JR) New website has been launched and we have already received some feedback. The website is highly customisable allowing us to make changes relatively quickly, based on constructive feedback received. (JR) & (CC) to work on the PPG section.</p>	<p>All</p>
<p>4. eConsult An in-depth discussion evaluating all aspects relating to use of eConsult.</p> <p>(VP) eConsult is being used by numerous surgeries. However, Lincoln House is the only surgery in Hertfordshire to employ eConsult as a total triage platform, whereas other surgeries are using eConsult as an additional slipstream/channel. This means that in these surgeries they have their usual access channels for patients as well as eConsult. Because of the increased demand these surgeries are experiencing an increase across all channels as well as eConsult. There are discussions being had all over the county with surgeries requesting to switch off/reduce the hours in which eConsults can be submitted by patients.</p> <p>Lincoln House opted to pay for the billable eConsult service and use it as our main point of access. There is a misconception that eConsult is an</p>	<p>JR/VP/All</p>

<p>alternative way of consulting. This is not the case. It needs to be viewed rather as the “front door” which allows the information to come into the surgery in a standardised way, thereby reducing the burden to wait for reception to book your appointment. It is not to create a wall between doctor and patient, but rather to streamline and cater for the increased demand better.</p> <p>The losing of patient contact is not because of eConsult. The only thing a patient is losing is the chat with the receptionist. The majority of our eConsults result in a call back from the doctor.</p> <p>eConsult triage list explained by (VP).</p> <p>(VP) it is important that we understand, and separate, the frustration with the “front end” (access point) of eConsult which includes the various questions the system asks a patient to input. This is part of the actual software and to a degree, is out of our hands. It should be likened to any online application. eConsult has a built-in flagging system to create amber or red alerts depending on the information the patient inputs. This is the reason that patients need to answer all the questions.</p> <p>The “back end” (booking side) of eConsult which is the service delivery side, falls within our control and with regards to this, we have managed particularly well.</p> <p>Patients need to see eConsult as a type of booking system and not a consulting system. (CF) suggested that in that case it would be beneficial to change the name.</p> <p>(JR) stated that there had been an increase in the number of complaints following the introduction of eConsult. Each complaint was actioned and a number of changes to the system were implemented as a result. (JR) explained that there are only a few areas where changes can be made but positive feedback is now being received. Notably, some patients have commented that a lot of duplicated input has been removed and now they have become familiar with the system, they prefer eConsult.</p> <p>(BM) Raised the question of how to get the message across that eConsult is not going anywhere and (JR) suggested that some of the members create a user experience (possibly a short video clip) that can be shared with patients.</p>	
<p>5. Any other business</p> <p>There was no additional business.</p>	
<p>6. Dates next meeting</p> <p>October 5th 2021</p>	