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## PRG MEETING MINUTES

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***Date: 26.02.2025***

### **CLINICAL TRIAGE:**

- Statistics for February 2025 were provided for average waiting times for calls into the practice, number of calls received, patient triage requests (online forms), face to face appointments and average response wait times.
  - **Agreed it would be useful to have statistics from previous months to be able to compare data.**
- We are trying to decrease the number of forms being received over the front desk, due to lack of confidentiality. We have had an electronic tablet fitted in the building today, in a more private area for patients to complete forms. If they need assistance to do this, the reception team are still available to help.
- Sarah has had some expressions of discontent with the new online form system due to believing going online is the only way to make an appointment now, however Sarah has continued to explain and spread the word that this is not the case, and patients can still phone in or come in to do this.
  - **Suggested idea to investigate how many forms are unmatched to patient records to see if this is an issue or not.**
- Clarified that appointments are booked within a 2-week time frame, unless the patient's preference is to see their own GP who could be on annual leave, then the wait could be longer. Urgent appointments can be seen on the day.

### **COMMUNITY VOICES MEETING:**

- This meeting was held virtually, it is organised by the health board and the aim to provide feedback.
- The discussion was based around a rebuild for NDDH but the funding is not available until ? due to other residential and diagnostic builds. They are still awaiting to receive more returned paperwork.
- The concern is that the infrastructure won't be safe to work in and may need 20 – 30 million pounds in the meantime to maintain, it would be cheaper for a complete rebuild.
- Operating theatres are not fit for purpose.
- The second topic of agenda was AI, being used to reduce waiting times. Since being implemented in other places, some clinical wait times have reduced by half in the last 12 months.
- Ambient AI is the idea, which is a listening AI. It would be fitted in all consultant rooms to record consultations. It then produces a report which can be edited and amended by the consultant, who finally signs off and saves the final version to the patient record. This would save many consulting hours and improve coding.
- Attendees of the meeting were reassured that accents do not affect the system as it can recognise over 90 – something % of voices.
- If things are being coded at the point of discussion this could save time in GP Practices too.

- The consultant would be responsible for signing off the consultation, so ultimately it is still their responsibility.
- Lastly there was a health inequalities presentation. There is a project to look at this data and, in this area, Ilfracombe is the most deprived area.

#### **INTERNET OUTAGES:**

- Seems to be a lot more frequent. We are still taking calls and answering the phones.
- GP Practices have priority access to get this resolved when it happens.
- We are reliant on the external services to fix this, as it is out of our control.
- All the outages have been national not local.
- We have a Practice mobile phone that we can communicate with 111 if needed.
- We have contingency plans in place for when these things happen.
- The NHS Internet is different to the internet providers that would be used in the everyday household.
- We do review these situations every time they happen to see if we can improve anything our end to make it better.
- It may seem like it is happening more frequently due to us being more transparent and communicating this better through our social media channels.

#### **REFERRAL:**

- The internet says 3 out of 5 referrals get rejected.
- Ed explained that primary care referrals go through an assessment process in Newton Abbott to ensure it contains all the correct information needed for the department it is going to. There is a criterion to fit the process, and the aim is to ensure all referrals received are correct.
- Ed personally does not get 3 out of 5 referrals returned to him
- Usually, if a referral has been rejected there is a reasonable explanation behind it. Sometimes the criteria get updated, and we do not get made aware.

#### **PRG – PATIENT NEWSLETTER:**

- Sarah suggested it would be a nice idea for the PRG members to have a segment in the patient newsletter that gets sent out every quarter. It would be useful to canvas the PRG's opinions and encourage feedback.

#### **PRG – HELPING THE PRACTICE:**

- The PRG is a 2-way team, we are happy to answer questions and share information, but we need the members to help us within the community too.
- It's been suggested that we could have sub committees within the PRG who potentially attend more meetings in the day to help us with relevant sections of the community.
- Queens & Litchdon PRGs have recently organised a jumble sale to raise funds.
- We could facilitate days when PRG members come to the Practice and sit in on working days to see what happens.
  - **Please let Sarah know if you have any ideas or would be interested in doing this.**
- We could try to spread the demographic of PRG members, the Practice have tried to do this in the past which has not been very successful, so members could try and help us with this.
- Parent classes and one-off chat groups have been suggested to help too.

- Weight related conditions (leading to diabetes) seem to be the ones deteriorating the most, so maybe some ideas around this.
- As smoking rates are coming down, respiratory conditions are getting better.
- Health checks are for 40 – 74 years with no chronic diseases, they are invited to have every 5 years to check and prevent for underlying conditions. Usually, the patients that need to come in for these are the unmotivated one who do not book appointments and therefore are not captured.
- There is only a small cohort of patients eligible for the RSV vaccination currently. NHS England sent out many invites without informing us, so we currently do not have enough vaccinations for the demand it is in.  
 When we had plenty of stock and sent out our own invites, the uptake was little. We can only order a certain amount of the vaccine at one time; we must also have enough space to store them at a safe temperature and they have a shelf life. We must consider these things when ordering.
- Can we provide weight management services? At the minute we can signpost to the relevant places.
  - **We could use the PRG section of the newsletter to discuss lifestyle changes.**

#### **AOB:**

- We have over £200 worth of GP letters not collected from patients, this is wasted time and loss of income for the Practice.
  - **Agreed all letters will be prepaid before writing from now on.**
- We had a fire drill/practice evacuation last week; we must do this twice a year. We chose to do it at the busiest time of day, and we managed to get everyone out the building within 3 minutes. There was useful feedback from the event such as some patients were congregating in the middle of the carpark which is unsafe and fire marshals were not immediately visible. We will be able to improve on these things next time.  
 We discovered the fire brigade do attend if the alarms go off and they are not put into 'test mode'.
- Staff changes in the treatment room include:
  - Des semi retiring, reducing to 2 days a week.
  - Teresa is starting at the end of April as a full-time lead nurse.
  - Lucy is a student nurse with us who is being employed when her pin arrives.
  - One of our receptionists Caroline is developing into an HCA role.
  - Holly is starting as an HCA next week.
  - Natasha is a nurse who started with us this week and will be trained in diabetes.
  - At the end of last year Amelia, Emily, Mandy and Ruby all left due to travelling, new roles and retirement.
- Charis, one of our salaried GPs is returning from maternity leave in April.
- Tim Chesworth is stepping down as executive partner and handing this to Amy Parkinson.
- We have a new salaried GP starting in May called Peter.
- If a parent and child music group develop, this could be shared with the Wellbeing Team to ensure referrals.
- We should encourage to support Sarah more with her responsibilities within the PRG.
- We raised over £2000 for the dementia support worker last year; this year we will be choosing another charity to support.