

THE HILL SURGERY ACTION GROUP (HSAG)

Minutes of HSAG meeting with The Hill Surgery PPG 19.02.24

Basis of the meeting:

In the interests of providing improved patient healthcare the PPG had kindly invited the HSAG to attend their regular monthly meeting, but on the understanding that we had no voting rights, and the usual restrictions on abusive behaviour.

Attendees:

PPG Chair David Standen, Tom & Jan Kelly, plus other members of the PPG. The meeting was also well attended by members of the surgery team, including Dr Radia, Dr Parker, Dr Dann, and Dr Konu, as well as Julie Holloway the Operations Manager. The Salford, Manchester based call-centre operated by CallCare (callcare247.com), was represented by Caroline Gough, Head of Service Delivery. HSAG were represented by Nick Andrews (Chair and Secretary) and Maxine Green (Vice Chair) who were joined later by Anita Waters (Treasurer) and Paul Rodger (Legal/PR liaison).

Initial discussion:

The PPG is newly formed, actually has no constitution and the meeting commenced with David Standen being elected as Chair. Of the members of the PPG who attended, none volunteered for the positions of Vice Chair and Secretary.

Dr Parker spoke about the merger, about the many updates that had been made to the telephone answering system and was supportive of the efforts made to get the surgery operating as efficiently as possible.

Call Handling:

Caroline Gough (CallCare) explained that they have 8 tele-handlers permanently assigned to THS (The Hill Surgery) from 8:30 until 16:30 (with fewer outside those hours), and that those people have the same access rights to patient records as a surgery-based receptionist would have. She ran through several statistics supported by graphical information, showing how efficient the system was. Currently the numbers of calls average 585 per day, but vary quite widely, from 1000 per day on a Monday to much lower at off-peak times.

It may be of interest to many to know that CallCare is not specifically a health related company. It provides call reception, switchboard and triage services to many industries, such as professional services to business, healthcare, facilities management, and e-commerce. Avenues of communication are primarily telephone, but can also include email and text if required by the client.

It was felt by surgery staff that many patients still expect to see a GP when they do not need to, i.e. when a Nurse Practitioner, Nurse or Physiotherapist could treat their condition. Alternatively the patient could ask a health-related question or even self-diagnose, using **Engage & Consult** via the surgery website or the NHS App, between 06.30 and 11:00 hrs each weekday (except bank holidays).

GP to patient ratio:

Maxine Green cited the BMA published figure of around 7.8 GPs per 10,000 patients; this would equate to a total 22 qualified GP's working out of the 3 sites operated by THS.

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Currently the practice has 5 full-time GP's, plus an undisclosed number of locums. Maxine asked if they could publish the details of exactly how many GP's/locums are working over the three sites on the surgery website, but was told that it was not a priority. Locums are not salaried GP's, they only work from 9am to 5pm and they do not get involved with administrative paperwork. They can cease working for the practice whenever they choose.

Dr Radia and Dr Dann both emphasised how difficult it was to recruit additional GP's, and that there were 2 primary reasons for this:

- (a) A general shortage of available GP's. Despite government pledges to increase GP training numbers, nationally the number of qualified GP's has dropped by around 2,000 since 2019, as GP's retire or move out of general practice.
- (b) Hastings is perceived as a town with high levels of deprivation, substance abuse and mental health issues, and GP's are reluctant to live and work here.

Staffing & Resources/Surgery Availability:

Dr Dann went on to say that the surgery is striving to recruit additional GP's and Advanced Nurse Practitioners, and stated that currently the surgery employs 2 training doctors and 2 registrars in addition to the existing GP partners.

Additionally there will be a new type of clinician available to recruit in the future: the Physician Associate. These clinicians work under the supervision of a GP but will have the skills necessary to perform examinations, diagnose illnesses, analyse test results, work with the patient to develop management plans for long-term chronic conditions, take medical history and give advice.

For the HSAG, Maxine Green and Nick Andrews both stressed that they appreciated how difficult it was to provide a fully staffed practice with 3 sites under current recruitment conditions, and that our aim was to offer our help and advice in a proactive and constructive way, in the interests of both the surgery and its patients.

Appointments:

GP appointments are limited to 25 per day. Due to a general lack of clinicians at all levels it is only possible to book GP appointments on the day, and nurse practitioner/nurse appointments a few days ahead. The long-term plan, once clinician numbers increase, is to offer appointments weeks ahead. Unfortunately that is not possible at the moment.

Communication:

It was agreed that the surgery website is an ideal source of information for patients, and that it could be improved to include ALL the clinicians. Dr Radia pointed out that some are reluctant to have their pictures and names displayed due to abusive behaviour experienced in the past, but HSAG proposed a that simple box on the 'teams' page with the clinicians' role would at least give patients an accurate visual guide to number and type of available clinicians.

Additionally, Dr Dann stated that it would be possible to add webinars (short on-line films) showing how patients could access NHS App services (i.e. repeat prescriptions) and **Engage & Consult** to view medical history, ask questions and self-diagnose.

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Julie Holloway said that she would also put up information on Engage & Consult on the waiting room notice boards.

Conclusion of the PPG meeting:

Although the meeting overran by 30 minutes (it was supposed to run from 17:00hrs for an hour), most attendees remained to discuss the issues. Dr Parker left the meeting early and DR Radia left at 18:00hrs. The next PPG meeting was set for Monday 18th March at 17:00hrs.

The HSAG continued their meeting:

Maxine has been very busy expanding on her initial Constitution document to include specific wording relating to our Mission and Purpose. Thank you Maxine.

Paul Rodger proposed a short bio of each members work experience and applicable skill sets, to include in our HSAG documentation. This was agreed, so could each member please provide that information as soon as possible.

Anita reported that she had met patients who had recently visited the Harold Road surgery only to find that the queue was out of the door.

Karen sent her apologies as she had a heavy cold. However she was at the Harold Road site that morning and reported the reception staff as being extremely helpful and efficient. Victoria Peckham also sent her belated apologies, as she missed the email concerning the meeting time

We had a discussion around our next steps:

1. Nick Andrews will write up the minutes and distribute to committee members. In addition he will post on the Nextdoor HSAG page, together with the minutes from our committee meeting on Friday 16th February.
He will also post the minutes from all 3 meetings on the HSAG Facebook page.
2. Nick Andrews will forward a copy of the minutes and our constitution document to Jackie Horton and the management team, together with a covering letter from himself and Maxine thanking her for their time, and requesting a face-to-face meeting with representative(s) from the surgery.
3. Maxine Green will continue with her work creating the HSAG webpages and email addresses.
4. One of the questions we need to ask at the next opportunity is just how much information the call handlers are allowed to reveal about test results, and whether or not they are security checked prior to being offered a position at CallCare.

The meeting concluded at approximately 8:15pm.