

Lion Health: PPG Meeting Minutes: Thursday 16th February 2023

Attendees: Terry Burke (Chair), Dr Lisa Jones, Kerry Morgan (LTC Team Leader), Lynn Chadbone, Mary Yeates, Judy Hall, Stella Layton, Nigel Caplen, David Scott, Sandra Newall, Mark O’Neill, Linda Crockett, Nigel Haydon, Maggie McColgan, Veronica Catherall, Ruby Brown, Mike Jones, Chris Hare, Robert Derricott, Lin Bruntnell, Helen Taplin (minutes)

Apologies: Jo Ferrington, Bob Jasper, Kirk Bignell, Karen Skingley, Nanette Hedley, Veronica Astley, Kate Wells

	Agenda Item	Summary Of Discussion	Action
1	Introduction by TB	Terry introduced Kerry Morgan and Dr Jones. He thanked everyone for attending and said we would use the larger room next time to give everyone more room. He also thanked members for helping with the flu campaign.	
2	Long Term Conditions with Kerry Morgan, Team Leader	<p>Kerry introduced herself and the Long Term Condition Team. There are four members, soon to be five, and they all work part-time.</p> <p>Long Term Condition patients are recalled for a review every 12 months. Primary Care encourage patients to take an active role in their care and lead a stable and good lifestyle.</p> <p>There are two main registers for Long Term conditions: Respiratory – includes asthma and COPD Vascular – includes diabetes, hypertension, heart disease, CKD, learning difficulties, dementia and severe mental health.</p> <p>There are around 9,000 patients on the LTC Register. Some patients have several Long Term Conditions. 3,000 LTC patients are housebound so nurses carry out the</p>	

LTC review in their homes. The majority of LTC patients are invited in-house to see either an ANP, HCA or nurse who is skilled enough to manage their condition.

Searches for these recalls are carried out by the computer system. This was quite a challenge during Covid as staff were pulled to other services such as Covid Clinics. During Covid the recall list became unevenly distributed and left a waiting list and backlog. The majority of Annual Reviews are now face 2 face. From April this year patients will be called in for a review in the month of their birthday. The LTC Team book 1200 – 1400 patients a month. The invite will be by telephone or text message. The patients are prioritised buy their clinical need first and foremost. There are improving services and efficiencies in-house.

Managing DNAs – some patients have an appointment and do not turn up or cancel as late as 11am on the day of appointment. Those appointments can be switched to telephone follow-ups for the clinicians. There is a 10% DNA rate across departments.

NC commented that texts can get lost and that appointments do not appear on Patient Access. Kerry advised appointments cannot be seen so patients cannot cancel online without the booking team’s knowledge of this.

Kerry has carried out some research into DNAs as to how to communicate with patients during the postal strikes. During this time, brief texts were sent. A letter is generally sent out. DNAs lengthen the waiting time for appointments for patients as well as posing a potential risk of these patients needing a routine GP appointment for similar monitoring. Kerry advised that more appointments are put on with capacity to deal with the DNA rate.

MO commented that the use of emails are very useful to which Terry replied that Lion Health had applied to the IT system for emails to be sent, reduce the number of letters posted. Lion Health cannot put any APPs on the computers without the authority from Dudley IT.

DS mentioned he had received a letter from one of the GPs with a link to follow but the link could not be opened.

Kerry said mobile phone numbers and email addresses were not always up-to-date and NC informed a portal works very well at the Queen Elizabeth Hospital. MO added that the NHS App also works very well.

Dr Jones suggested putting the question of text and email addresses on the review paperwork. Kerry wondered if we could use an automated function and this could be done outside of the appointment time in order to save time for clinical work.

RB asked which patients are on the LTC lists. Kerry explained that patients on the BP register are coded as hypertensive. They are automatically added to the register from the code. Certain mental health diagnoses will be coded and will be added to the LTC register, such as schizophrenia, bipolar some aspects of depression and anxiety. The CCG dictate certain standards for patients with Long Term Conditions.

NC asked how the letters from the hospitals are coded. Terry explained the Clinical Records Officers (CROs) code these letters. Any new diagnoses are coded and sent to the GP to view. Protocols are in place to capture as many people as possible.

Kerry told that many patients with diabetes are also managed in Secondary Care and that the LTC reviews compliment this. To ensure inaccurate BP readings are not due to White Coat Syndrome, and to check that hypertension is the correct diagnosis, patients take their BP at home for up to two weeks. A form and leaflet with guidance on taking BP readings accurately is sent to the patients. Patients are more in control of self-care.

MO asked how patients know their home BP readings have been seen by a clinician after they have returned them to the practice. The readings are documented on the patient's records and sent to the clinician who requested the readings or the Healthcare Assistants. Terry replied that the clinicians work on the principle that no news is good news. LC suggested this is acceptable if the patients are aware of this principle.

Terry said communication is the key and he will look at this prior to the next meeting.
Terry will take this to the next Operations Meeting next Thursday.

3	PHONE SYSTEM UPDATE	<p>We are waiting for extra cabling to be put into the building. The new system will have a call back facility which patients can request. The new telephone system will not guarantee more appointments but will give different types of access to patients. The call back will be to the telephone number the patient has called from. NH asked when the call back would be. Terry said the patient stays in place in the queue. Terry will be able to check how the new system is working more easily and the volume of calls can be more accurately monitored. Patients will be informed of how many patients are waiting on the line.</p> <p>MJ asked how patients will be told of this new system and changes involved. Terry replied this will be by Social Media and the website and needs to be carried out simultaneously. Terry advised that we can now batch message general messages to patients.</p>	
4	WEBSITE	<p>NC feels the website needs updating. Terry explained he has deleted messages from the website that are not relevant any longer. LC wondered if such messages can be archived. LJ informed that Dr Wilcox may be doing a newsletter. Terry will email the website developers to see if this can be done and then we can add-on this facility on. There is no facility for group emails at present.</p>	
5	Questions from PPG members - Terry	<p>1) <u>Rumours of Lion Health becoming a Walk-In Centre.</u> This is definitely not true.</p>	

2) Patients advised to phone 111

Dr Jones explained that a certain number of our appointments each day are 111 appointments. 111 can book into these appointments. Dr Jones said some patients DNA these appointments or patients can be put on the On Call GP list. MM was told by 111 that GPs have a 'Duty of Care'. Dr Jones explained that once all our appointments are gone, that we direct to Urgent Care. Patients over 75 years of age and under 5 years of age can be put on the GP On Call list if condition is an emergency.

MJ feels more appointments are needed in advance. Terry commented that the DNA rate of the appointments 1 – 2 weeks in advance is extremely high because sometimes patients book another appointment at an earlier date and forget to cancel the initial one. **Dr Jones will communicate this with Beth.**

3) One issue per appointment policy

This policy gives more patients the chance of securing a GP appointment. If the clinician has got the time, they may discuss a second issue but potentially the patient may be told to discuss the most urgent problem and save any others for another time.

NH feels this is not an effective way to deal with multiple problems.

Terry said that patients should be made aware appointments are only for 10 minutes.

Dr Jones informed that the telephone consultations are working well and sometimes are very short appointments which can leave a little more time for another patient.

RD felt that the telephone consultations are very effective and the clinician can see the patient face to face later in the day if felt necessary. He commented that patients need to have faith that they will see a GP face to face if necessary.

6	AOB	<p>NH asked Terry if Lion Health could make clear to patients how to book appointments.</p> <p>LB enjoyed helping with the Covid Clinics and wondered how the PPG could be used more regularly to help.</p>	
		<p>Terry thanked all for attending the meeting.</p> <p>Date of next meeting to be confirmed.</p>	

