# **University Health Centre**

# **Patient Reference Group**

# Minutes of the Meeting 13 November 2024

Attendees: Lucy Gardner, Neil Simmonite, George Smith, Judith Coulter (Administrator), Dr Julia Thomas (Partner), Dr Emily Lancaster (Partner)

## Introductions:

Dr Emily Lancaster had joined the meeting for the discussion on the new appointment booking system.

## Minutes from the Last meeting

Minutes had been shared with PRG members and published on the website. Outcomes had included:

- New Sustainability page on the Practice website. Any new suggestions for this are welcome.
- Drs Shanny and Lancaster have attended several student induction events this in order to educate and encourage new students to register with a GP practice before they become unwell, and to help new patients to understand the role of a GP within the NHS.
- The Health Centre Registration links are on the University Portal.

#### New Appointment Booking System introduced in July 2024:

After a considerable amount of preparation and planning the new system had been in place now for 4 months. Some tweaks have already been made. The group were asked for general feedback and in particular on the following aspects:

#### Using the eConsult Software

Although the process can sometimes be lengthy as patients are providing more information than they might have done speaking to a Receptionist, the software is good at ensuring that patients do provide adequate information for a safe clinical decision on an appropriate appointment/follow up.

Some competitor software options may be simpler to complete but do not gather adequate information. The Practice will be reviewing its choice of software provider after the initial 12 month period.

Feedback: Logging in using the NHS App does not always auto populate your details – it can be easier not to bother. The Practice have noticed that most patients do not appear to have logged in but had not realised that this may be due to an issue. ACTION – Dr Lancaster to feed this back to eConsult.

The eConsult software has improved from when it was first launched and was preferred to PATCHs.

The eConsult form is helpful to a parent who would not otherwise know what information is important to convey, and you can make notes in advance to cut and paste into the form.

Q: Is it good for being able to quickly identify need for safety netting and for straight forward conditions that can be referred eg to a Pharmacy?

A: Yes, this has helped us to direct patients who do not need a GP appointment, which in turn does not waste GP appointments. GP appointments are therefore available to see more complex cases – often necessary due to longer wait times in secondary care.

Q. How does the practice ensure that elderly or vulnerable patients who may not be able to use the eConsult software are still able to book appointments?

A. As a Practice we are very aware of our elderly and vulnerable patients and we make sure that when they call us they are able to submit their eConsult by speaking to a Receptionist over the phone who completes a version called eConsult Lite. We will of course be monitoring this so that we are not excluding such patients.

More anxious patients are able to complete the eConsult without the pressure of a phone conversation. Feedback from the University Wellbeing team is that they have been more able to encourage/assist students in getting in touch with the Health Centre as they can sit with the student and help them complete the eConsult while the student is still with them.

### Responses, Booking Links, Appointment Availability

Members of the patient group had experienced problems when trying to book an appointment via a booking link - this had been when they needed to see one particular GP and appointments with that one GP are very limited. Dr Lancaster confirmed that this problem had occurred on another occasion and can arise in particular if the patient waits to book rather than using the booking link immediately – the availability of that one Clinician may be limited to start with and decrease during the delay. Patients experiencing this kind of problem should call the surgery, as mentioned in the text message accompanying the booking link. On Call GPs (who send out the booking links) have been asked to be more aware of this issue and, if necessary, ask the Reception Team to monitor.

In general, patients who genuinely/clinically need same day appointments are more likely to be seen that day even if they have not submitted an eConsult until the early afternoon. Patients are therefore not under pressure to be on the phone form 8.15 am, nor to have to submit their eConsult at 7am. We are still able to see emergencies if necessary.

Q. Has there been any improvement in the 'Did not Attend' (DNA) rate, given that patients are using the Booking Links to book an appointment at a time that suits them.?

A: There has been neither an increase nor a decrease in the DNA rate. The Practice is currently undertaking work to contact patients to understand why they did not attend. It is frustrating when a patient has chosen a time that suits that they then DNA and waste the appointment.

A proportion of our DNAs occur because the patient arrives too late for the appointment (eg more than 5 mins late for a 10 min appt). Unfortunately, being too lenient in this area would have an impact on the wider patient population. Younger patients/Students may not realise the impact of this – they are allowed to be 15 minutes late for a lecture at Uni. As a Practice we try to educate the patient and encourage them to attend but we do have letters that we may send to serial offenders.

The Patient group commented on the importance of the that the posters in the waiting room showing wasted appointments due to DNAs. Suggestions were made that the posters could be larger, in red, and detailing how much money is wasted through DNAs – patients have a responsibility to attend.

ACTION: JC to feed back suggestions to the member of Admin Team who produces the posters. Update: Posters already detail an estimate of the £cost of wasted appointment time and are partly in red. Unfortunately the Practice do not have the resources to make the posters any larger.

#### General Feedback regarding the new system

It is reassuring to patients that a Clinician is reviewing their case – that a Receptionist is not having to make a difficult decision regarding appointments. In addition there are so many additional roles nowadays – First Contact practitioners (Physios), Pharmacists, Health and wellbeing Coaches, Social Prescribers, Paramedics etc – that the decision regarding appropriate appointments has become more complex.

Q. The 4pm cut off seems early, could it be later in the afternoon?

A: We need the cut off to be at 4pm so that the eConsults can be Triaged and any urgent cases be dealt with before the Health Centre closes.

Q. Are the variations in appointment availability related to seasonal fluctuations in demand for appointments?

A. They tend not to be as we are and always have been organised around the Academic Year. Appointment availability problems are more around the availability of particular Clinicians.

Q. Are there any plans to change the website provider to bring the website more in line the main NHS website?

A. No, not currently as we are happy with the current provider and are able to amend and adjust the website ourselves at any time.

PRG members gave additional praise to:

- Clinical Pharmacist Mohammed Patel for his help.
- The Reception Team at UHC who are always helpful and friendly, which is much appreciated by patients.
- Being referred to an FCP their clinical expertise and the available flexibility with appointments has been very positive.

PRG members were invited to send any other feedback and suggestions on the appointment system to Judith Coulter by email after the meeting – <u>judith.coulter@nhs.net</u>

Dr Lancaster left the meeting.

#### Practice Update

Dr Thomas gave an update of changes and improvements since the last meeting.

• GP registrar training – we now have another GP qualified to train. Since the last meeting two Registrars have passed their exams, one has fully completed their training and moved to

another area. The second is going to be working with us until February. A new GP Registrar has just started at the Practice. All our Registrars continue to receive excellent feedback from patients.

- Earlier in the year, relevant patients were sent a questionnaire regarding Cervical Smears and what factors may prevent or discourage them from attending for screening. Results were reviewed and various steps have been introduced to encourage attendance eg. Saturday appointments, more information, personal telephone invitations to reassure and encourage.
- The interior of the building has been redecorated. Unfortunately, we are very restricted on colour choice but waiting rooms and consultations rooms do now look cleaner and fresher.
- Referrals to Community Pharmacies can now be made for conditions that will need a prescription eg Ear Infections, UTI (Pharmacy First Scheme).
- The external Ultrasound Scan provider (Direct Medicare) are now visiting on a fortnightly weekdays as well as Saturdays, to improve waiting times.
- With the retirement of Dr Mounsey, Dr Emily Lancaster has been appointment as GP Partner
- We now have an additional FCP visiting on Fridays this has helped to reduce wait times for this service.
- Our Mental Health Practitioner Zara will be returning from maternity Leave later this month.

#### Q: Will the Health Centre benefit from the new Community Diagnostic Centre ?

A: UHC patients will benefit in the same way that any Huddersfield Practice will. The centre will be training Midwives, Podiatrists, Paramedics etc. This is an extremely positive development for Huddersfield, and we would be keen to collaborate where possible.

Feedback was also received that local Opticians did not always seem able to deliver the same day service promised by the PEARS scheme – ACTION Dr Thomas to follow up.