

## **Patient Participation Group**

### **Harford Health Centre Attendees:**

Nurgess Aslam (operational manager)

Thamanna Akter (administrator)

### **Patient Representative Attendees:**

Kenneth Murphy

Richard Reindorp

### **Apologies:**

Kim Ali – attempted to come

Valerie Marles – No contact

Grady Grants – DNA hospital

Linda Blake – No answer

Lee Cooper – attempted to come.

### **Agenda:**

Nurgess will be managing the meetings with the patients and taking on the role.

Will be continuing these meetings every 3 months and hope for more patients to attend.

### **Communication:**

Richard has expressed that all staff should communicate with one another with what is happening in the meeting. Reception staff should be aware of the meetings and appointments that patients are attending. Also, staff should check if the patients have any hearing problems and if they do, they will need to have a face-to-face appointment rather than a telephone appointment.

He has also expressed that when speaking to patients on the phone to let them know which staff member is contacting them so that they can let reception know who they are here to see. Staff members should always be professional with patients and ensure they are not rude towards them but helpful and understanding. This has been witnessed by Richard previously and has advised for staff members attitudes to change towards the patients, not all staff but some.

### **Letters to Patients:**

Patients who struggle with technology or who are elderly would like letters sent to them rather than text messages as they can hold the letters. They would also like the letters to be sent prior to the appointment as by the time they receive the letters the appointment has already been missed. Also, would like to ensure that they do not have any misleading information regarding their appointment. Ken has mentioned how his appointments do not give enough detail on what type of appointment would be: face-to-face or telephone etc. This can impact their appointments as they would not know if they would need to attend or not.

Moreover, Ken has asked for patients details to be checked as some patients have changed their details and staff no longer have access to contact them. This is important to check as they could potentially miss their appointments which has happened the Ken previously as they called him on his work phone that he does not use anymore and did not try to contact his other mobile.

### **Online system:**

Many patients are struggling with the appointment system that we have placed. Ken has mentioned how he cannot access the online consultation form through the NHS app and has called the surgery regarding this and was given the consultation form through the link to then is started working. The website and the app may have the old online consultation form which is not in use anymore.

It was also mentioned that the online consultation form is not clear. It does not clearly state that the urgent consultations are between 8-10:30am and for the rest of the day it is only routine appointments or admins queries. Patients would like clear instructions on the online form that way they have better understanding of it as well and will not struggle in future. Not all patients are young or good with technology; many patients are elderly and struggle with using online access to forms and would rather call the surgery to book appointments. This would be easier for patients to just call to book however, Nurgess believes this would cause problems as it could spread through word of mouth to the community and may seem that it is unfair for others to go through the online consultation. Our target is to train patients into using the online form and be able to send their requests through there.

### **Appointments:**

There are many patients who also visit A&E as they could not get appointments with the surgery, and it would be for minor issues. On the other hand, Ken has said there has been a little bit of an improvement with the online system, but it should still be improved better to suit patients' needs rather than just for the staff members.

To help with the online consultations for patients, Richard has suggested that we add posters around the surgery with instructions on how to complete the forms. We should also add other languages as there are many patients from the community who are fluent in English or is not their first language.

Many patients have recently not been attending their appointments; Richard has advised to find out the common reasons for not attending as well as any minor reasonings should have consequences such as fees given. Ken has also advised to let patients know beforehand if they miss the appointments there would be a consequence for it.

Richard has also mentioned that he must chase the surgery or hospital for their results. Nurgess has mentioned with hospitals there is a bit of a wait for them to send the surgery the results and could take up to 6 weeks. Nurgess has also mentioned patients are able to see their results on the patient access app once they are given full access. They would be able to see their results quicker than contacting the surgery to find out.

Richard has asked if he could have more details regarding his appointment as they do not clearly give any details on what the appointment will be about and with what clinician. Nurgess has said that this would be breaching GDPR as many patients' children or spouses are linked to the patient's contacts and may not want them to access to their appointment details and could cause problems. But we would add which clinician would be seeing them.

Ken has also mentioned that the clinicians are very helpful and always

**AOB:**

Will ensure that the next meeting includes the clinicians and they are able to attend.

**Actions:**

- Changes to the online consultation, ensure the right one has been added to the website and the app.
- HHC staff members to always be professional.
- Ensure there is more help towards elderly, patients who have poor hearing or disabilities.