

MINUTES OF THE AGM OF DAVENPORT HOUSE PATIENTS GROUP

HELD ON WEDNESDAY, 3RD MAY 2023 BY ZOOM

	Present: Simon Speirs (In the chair), Dr. C. Thenuwara and 42 Members. Apologies were noted.	
1.	<p><u>Chairman's Report</u></p> <p>In his opening remarks Simon said that the Trustees were focusing on improvement in working with the Practice and this had resulted in much better communication. It had been difficult to produce a regular bulletin over the last few months but with continued support from the Practice he hoped that the trustees would be able to resume these in the future.</p> <p>He continued that the telephone system was still not as good as patients wished, but once their calls were answered they were generally happy with the response. He added that the Trustees had donated further amount to the practice in order to improve the system, but more to be done.</p> <p>He said that the Webinars had proved popular with excellent attendance and he hoped this would continue.</p> <p>He advised that John, the Treasurer for many years, and Brian, the Vice Chairman, were standing down as Trustees and he thanked them for their support over many years. He added that John had had a particularly difficult time dealing the banking community over the past months and it was to be hoped that the problems were now solved. He further advised that Katie would be taking over from John as Treasurer. He advised that the Trustees had 1160 email addresses which represented only 15% of the total number of patients registered and every effort was being made by the Practice to improve that figure.</p>	
2.	<p><u>Treasurer's Report</u></p> <p>John presented full audited accounts; these had previously been circulated, together with his report. He added that the cash balance of £13,000 was high. The accounts showed that as at 1st March the Trustees had donated £10,823 to the Practice. Following his comment that there was a slow decline in the membership there was discussion on how to encourage members to change their standing orders to donations. John explained that the trustees had been reluctant to do so as the result might be that some standing orders might be cancelled. It was agreed to include details on how to become a Friend on the website. It was further agreed that whilst it might result in losing some members an email would be sent to those members still paying by standing order asking them to change their payment to a donation. 42 votes accepting the accounts had been received.</p>	
3.	<p><u>Election of Chairman</u></p> <p>Simon Speirs was re-elected as Chairman of the Trustees.</p>	
4.	<p><u>Election of Trustees</u></p> <p>The following Trustees were re-elected/elected to the Trustees Helen Hartley – Steve Twelftree – Kingsley Roberts - Katie Hills – Claire Watts -Bob Fletcher – Joan Shopper</p>	
5.	<p><u>Election of Ian Farnsworth</u></p> <p>Ian Farnsworth was elected as Hon. Auditor</p>	
6.	<p><u>Any Other Business</u></p> <p>No matters having been notified, the meeting then closed.</p>	

The following is the report given by Dr. Thenuwara at the AGM

“There have been a number of NHS changes over the past year that have impacted on Davenport House. We have made a determined effort to recruit the right balance of staff in order to move the practice forward. We have been looking for the right people and I think we now have the right balance. We have appointed two new receptionists, Lisa Thorpe and Adele Walker and we’ve had an asthma nurse leave and rather than replace we’ve had some general training. We have a new Practice manager, Adarsh Mehta, who joined us in December, and an Assistant Manager, Shareen Conteh-Jones, who joined us last August. It has taken a bit of time to get the right balance, we have had some difficulties in the past, but I think with Adarsh and Shareen the balance works well and they are both very approachable, friendly and hard-working and really good with difficult situations. This means they can keep on top of things and be more proactive. Hopefully you’ll notice the difference as we move forward.

Dr Bagga has returned from paternity leave in April, and Dr Yasotharan is going to be away for six months, returning in October. Dr Guzi, who covered Dr Bagga’s leave, will be leaving in May, and we needed a full-time replacement for Dr Yasotharan, so we’ve recruited Dr Lindsay Fraser-Moodie who will be doing five sessions and Dr Gillian Gray-Fynn working two sessions, and will mean there is no overall loss of appointments. It also means we will have an increased number of female appointments; the lack of which, I know, is a real difficulty sometimes. Both of these doctors have worked in our practice before so we’re very happy to have them back and confident they will be able to hit the ground running. These are the main personnel changes.

The PPG/FoDH have been involved in, and helped finance: the JX machine that is used to login rather than check in at reception, is back up and running.- that really saves time as you can basically book in directly. The screen licence and upgrade has been paid for by the PPG. The POD machine, which was out of action during Covid because we couldn’t clean the machine between patients, is now back up and running and the licence fee has been paid so this is really good for helping with monitoring chronic diseases rather than using an appointment to have your blood pressure checked you can again do it on the machine and then that can just be put onto your notes automatically. We can action anything that comes through from there.

We did some renovating upstairs and the secretarial area has had a makeover to make it larger. We have added a room to ensure patient confidentiality. The Spirometry Machine, which is basically machine used to monitor respiratory diseases that need to be calibrated, and the ECG had to be upgraded. We do ECG monitoring for chest pain or palpitations; the Hyfrecator, which is used for minor surgery, has had the probes replaced - this is very useful for minor surgery. Update courses which is a legal requirement for us, at the Royal College of GPs, have also been paid for.

So the next area I need to talk about is ‘appointments and booking appointments’, we know that there has always been difficulty with trying to get appointments. Appointments in different areas often have bottle necks. The problem you have is getting through on the phones. We have had an upgrade in terms of increasing the number of lines to reception and we have enough receptionists, it is just in those peak times it’s difficult to get through the phone calls quickly enough. We’re looking at different ways of solving this and looking at how other surgeries are handling calls, Some surgeries have a call-back mechanism.

We’re also looking at ways of speeding up the telephone triage so that the patients details can be pulled up automatically. I don’t want to say too much because often with these things when you look into them there are pros and cons, so until we know for definite I don’t want to say too much about this. We have mentioned online con-

sultations and we are definitely looking to get a little more detail on this; some practices use something called an Econsultation where you can put in your details about your issue and send it to the practice for a response. There are also some online consultations that are available as telephone calls, but not face-to-face; we also have online consultations for things like cervical smears and blood pressure monitoring, and things like that. and we will gradually move towards that, but as I mentioned earlier, it's all about capacity and ensuring that by offering more online consultations we don't lose capacity elsewhere. I'm hoping that people will have noticed the fact that we are offering a lot more face-to-face appointments than we used to during Covid. Previously, it was first a telephone consultation only and patients were being phoned and then many of them needed to come in as well so we were basically double booking a patient. Now we are offering patients, the option of a face-to-face or telephone consultation, which means that the patient consultation is face-to-face, straightaway, as opposed to telephone calls and then a face-to-face afterwards at a separate time, and that has definitely increased capacity. Other things that we've tried to do, for example, , our Advanced Nurse Practitioner, Helen Cruickshanks, is now seeing patients with minor illnesses, for example a sore throat, or minor infection, and that will free up more appointments with the GPs as well.

There have been some big changes for the PCN as well. We've been using PCN pharmacists, first contact physios, counsellors, paramedics, physician associates, mental health workers, dieticians and we've even got an HRT nurse now, so we're slowly but surely opening up skill sets in our practice so that we can refer people so that they can go directly to those who specialise, which might also prevent a long wait. This is a process of learning, and hopefully next year they can start to look at a patient's medication when discharged, and try and get all of those medications switched more quickly. We are learning as we go along. These roles are changing the face of general practice and we are working closely with the PCN (Davenport/Elms/Village Surgeries), to recruit more people in the future.

Lastly, I want to talk a little bit about the future, and how general practice is going to change. You may have noticed the practice is open for longer., The government has made a change to working hours for general practice/PCNs and these hours are now called '**standard network hours**' and they are coming into full effect in October. This will mean surgeries (within a PCN) will be open from 8.30am to 8pm on weekdays, and 9 to 5 on Saturdays. It may be that you'll be offered an appointment in a different practice in these later hours, but one of the PCN practices will be open for the additional working hours. We've actually made a lot of changes in the last year, hopefully in the right direction, moving into a position where we can offer increased capacity, which is what we are really looking at. Choosing a method that will allow patients to book in a variety of ways, but also to allow enough capacity, so that if someone is really ill on the day there' are enough appointments available.as well offering the right balance between the different types of appointment."

The meeting was closed with thanks given to the attendees.