

# King's Family Practice Patient Participation Group (PPG)

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**Date of Meeting:** 22 April 2015

**Time of Meeting:** 1:00pm

**Location of Meeting:** Magpie Hall Road, Chatham

	Name	Position
<b>Present</b>	Mr Lakhwinder Anota (LA)	Practice Manager
	Mrs Tracey Maple (TM)	Office Manager
	Mr Paul Stephens (PS)	Patient (Chair)
	Mrs Susan Stephens (SS)	Patient
	Mrs Jean Morrissey (JM)	Patient
	Mr Michael Morrissey (MM)	Patient
	Mr Fredrick John Smith (FS)	Patient
	Mrs Jennifer Dewis (JD)	Patient

	Name	Position
<b>Absent</b>	Mr. Elgar Curling (EC)	Patient

TOPIC	ACTION
<p><b>Welcome</b></p> <p>PS - Welcomed everyone to the meeting. The minutes of the last PPG meeting were done by PS and LA. Both sets of minutes were reviewed and agreed, however the set of minutes done by PS were adopted.</p>	
<p><b>Actions from previous meeting</b></p> <p>PS – Started by addressing the actions set from last meeting. Produce a newsletter, which Lak did do. Did you get any comments?  LA – No, we didn't receive any comments. Patients just took the newsletter and digested the information on it.  PS – Did the newsletter go out?  LA – It is published on the website and hard copies were put in reception. We only had one patient say the newsletter was very good.  PS – Should we close this now?  LA – Agreed  PS - Closed action date 22.04.2015</p> <p><b>PS – 1) Amend the minutes from the previous meeting that were uploaded to the website. The only change was a spelling error.</b>  PS – The other actions are a bit more detailed. What I have done with the actions is list and allocate each action a number in sequence and then the reference number being the meeting date. So 1, Feb 2015 was amend the minutes.</p> <p><b>PS – 2) Invite the CCG to give us advice on encouraging the users to attend appointments. Advice and guidance on patient demand</b></p> <p><b>PS – 3) Repeat prescriptions which we did discuss in depth. Perhaps this is something we need to delay as we can't provide a solution at this point in time. Perhaps we are unable to have an 'Action completed' date. Should we keep this on the list?</b>  LA – Agreed to keep it on the list. We can keep it as an open item and set a closed date at August 2015.</p> <p><b>PS – 4) Ascertain whether a practice doctor can attend the PPG meeting.</b>  LA – I have spoken to Dr Najjar who advised he would pop in today at some point but he was unsure when. I did stress to him that the meeting was only 1hr long.  MM – Dr Najjar was very useful the last time he attended.  PS – let us close this one then.  PS – Patients viewing their own medical records  LA – This is an error on the minutes. I have amended them to reflect this change.</p> <p><b>PS – 5) To establish a social media presence to encourage greater participation. This is reliant on me and it's not been done yet. Perhaps you can suggest a date to be done by?</b></p> <p>MM – So what social media do you mean?  PS – We are talking about Facebook probably  LA – How much time do you have?  PS – Not a lot. If we said July I'd be pushed. I like deadlines.  JM – Perhaps the end of the year sometime?  PS – Six months' time?  LA – Perhaps September 30<sup>th</sup></p>	

**PS** – Agreed to complete this action by 30<sup>th</sup> September 2015.  
**PS** – Current documentation needs to be updated as it is not fit for purpose. I've had another look at it today and names of representatives are wrong. I volunteered at the last meeting to take on that role and I haven't done that yet, but I have set a target date of mid-2015.  
**FS** – This wouldn't be in place of a newsletter would it?  
**PS** – No, I wouldn't amend the constitution, but it does have the previous but one Practice Manager on there.  
**MM** – The constitution is fine it just needs updating.

**PS 6) Having a representative under the age of 30 on the PPG.**

**LA** – Has not been able to recruit one as yet. The message on the checking in screen has been updated to reflect anyone in a particular age group, between the ages of 18 and 40.

**PS** – Tracey do you have anything you would like to add?

**TM** – Well having had a quick review of the minutes of your previous meeting, it was good to see that as a PPG you are aware of some of the struggles our staff face on a daily basis, especially around appointments and repeat prescription.

**JM** – Yes, we have to forward plan with our medication if we are going away and take into consideration Bank Holidays, so we will put our request for medication in sooner rather than later.

**FS** – It's just forward planning.

**PS** – Perhaps this is something for the new newsletter. There are obviously going to be occasions when people forget to put their medications in.

**TM** – Agreed, occasionally these things do happen.

**MM** – Do the receptionists hand patient's an appointment card when booking them an appointment?

**TM** – Yes we should be doing that.

**MM** – I use my diary and write it down. I've seen it where people have made an appointment, it's in their head and off they've gone.

**Social Media**

**FS** – Can I ask, is anyone here actually on Facebook? About social media, how would you police 'abuse' on there?

**PS** – LA did specify at the last meeting it would not be a Kings Family Practice Facebook account, it would be a PPG Kings Family Practice Account and I avidly support that.

**PS** – There are various accounts you can have on Facebook. You can have an organisational one, a personal one, etc. These accounts limit access to people so they can access information but they can't actively comment on it.

**FS** – I know you are not allowed to get anything derogatory on there but you certainly do.

**PS** – Yes

**LA** – I understand what you are saying. The uncomplimentary comments we receive via NHS link are Anonymous, so any system is open to abuse.

**PS** – The information on the page will be timely and relevant e.g. repeat prescriptions, etc. If we do start it, we would need an experimental period to see whether it is working or not.

**LA** – I do have information on Forums which I will pass on to you. It may come in useful when engaging people who would not normally come to meetings.

<p><b>Toilets</b></p> <p><b>JM</b> – What is happening to the toilet downstairs?</p> <p><b>LA</b> – We are trying to fix the actual locking mechanism on it to stop abuse of it. Basically, as it is open to abuse at the moment, we have taken the decision to take it out of commission until we can get a Locksmith out to fit a lock onto it, whereby we can attach a very large key ring.</p> <p><b>PS</b> – Has anyone locked themselves in the toilet?</p> <p><b>LA</b> – There is a manual lock on the inside, so that shouldn't be an issue from the inside. We need to keep up with who is using the toilet facilities, so that they are not abused.</p>	
<p><b>Appointments</b></p> <p><b>MM</b> – When I had a blood test on about 3 March, I was asked to make a pre-booked appointment for 6 weeks' time. In the meantime I've seen the Dermatologist who advised to see my GP straight away. So I came down one morning and stood in the queue to book an appointment, saw the doctor and was referred. We are now 7 weeks down the line.</p> <p><b>JM</b> – This has happened to us before</p> <p><b>LA</b> – There is a shortage of GP's for us to recruit. This is not an excuse, it's a fact. Dr Anota has also been away for personal reasons, so we have had to rely on a lot of the Book on the Day appointments as opposed to the pre-booked appointments.</p> <p><b>MM</b> – I would like to point out that once I saw the GP, the process went very quickly, however, initially, I thought, 6 weeks, why bother.</p> <p><b>LA</b> – The demand is very high and it is unlikely to change any time soon. We are discussing different strategies to do with appointments; specifically possibly three surgeries across the day with one starting considerably earlier and closing later post 6:30pm.</p> <p><b>PS</b> – In relation to 'Did not Attend' there is a figure on the newsletter for October to December but it doesn't actually specify which appointments they refer to, whether they are doctor appointments or nurse appointments.</p> <p><b>LA</b> – It is across the board. We could break these down however missed appointments are an issue as a whole.</p> <p><b>PS</b> – Are they planned appointments that are being missed?</p> <p><b>LA</b> – It is a mixture of planned an unplanned appointments. Some appointments only booked the day before.</p> <p><b>TM</b> – We did another tally for January to March and the rate was almost 500 missed appointments and the majority of those appointments were actually nurse appointments however there were still a high majority of doctor appointments which were missed either on the day or pre-booked. Generally though, the missed appointments were with nurses, which would have been pre-booked.</p> <p><b>PS</b> – I just wonder whether there is a trend as to why people are not attending. Do you go back to the patient and ask them why they didn't attend?</p> <p><b>TM</b> – We have started sending them letters informing them that they have missed their appointments and sometimes they will call the surgery and apologise, other times we receive no contact at all.</p> <p><b>SS</b> – The hospital sends me a text.</p> <p><b>LA</b> – Our system is geared up to do those but it requires a lot more testing. I know that a lot of patients have said that they do get messages but I don't know if it is because they are being tested on or not. Unlike yourselves, no one keeps a phone for more than 24 hours</p> <p><b>SS</b> – My dentist can send a recorded message</p> <p><b>LA</b> – We are unable to do this. Part of Information Governance is that we have to obtain consent before leaving messages.</p>	

**PS** – This is what I found at a doctor’s surgery 3 weeks ago, they had 23 missed appointment and 28 people removed from their books. Now 28 people might not have missed appointments but it does focus the mind.

**TM** – People do get two letters, with the second letter warning them that they will be removed if they DNA any further appointments within 6 months.

**FS** – There appears to be a duplication of work, whereby patients are requested to attend the surgery for blood tests. They book an appointment and have the test done. A few weeks later, they receive a further letter asking them to attend for a further blood test, as they had not originally attended. For example, the Flu jabs

**LA** – We are aware that there was a coding issue with the Flu jabs. Additionally, when a patient falls into two or three disease areas {i.e. Diabetes, Coronary Heart Disease (CHD), and Chronic Kidney Disease (CKD)} they may receive two or three letters.

**LA**-The partners are looking into different ways of managing the appointments. However, due to recruiting issues, surgery resources are limited and there are only a few options available to us. After consultations with colleagues yesterday, we were informed that nurses are no longer coming into General Practice, mainly focusing on secondary care. There is a recruiting crisis in General Practice.

**PS** – How are the appointments allocated over the week?

**LA** – It varies depending on which GP’s we have in that day. On average there are approximately 16 Book on the day appointments in the morning and the same again in the afternoon. However, in the afternoon, the duty doctor will do 16 appointments in the morning, any home visits. In the afternoon they will do emergency triage calls and then may also see these patients if deemed appropriate. These numbers can be minimal or a lot, depending on the week.

**PS** – What sort of demand do you get for appointments in terms of how these appointments are utilised?

**LA** – A lot of the appointments are booked by patients wanting medication or a MED 3 certificate, as they are not happy to wait for the ‘2 working day’ turnaround time.

**PS** – Sometimes patients call at 8:20 but there are no appointments available. What is the ratio of patients actually requiring appointments and those using appointments for prescriptions or MED3’s?

**LA**- I am unable to provide an accurate number as these occurrences vary from day to day. Usually Monday, Tuesday and Friday are heaviest days, whilst Wednesday and Thursday tend to be a bit lighter. If you add Bank Holidays into a week, it increases the workload across the entire week.

**TM** – Receptionists are asking patients why they need to see a GP, so as to prevent as much of this occurring as possible. However, we can only take the information that the patients provide us and several patients are aware that they will not get an appointment for medication or a MED 3. They may well then tell a lie in order to get an appointment.

**PS** – The government are aware of the recruitment issue

**LA** – Yes and we are unsure as to how bad things are actually going to get, depending on what the government want to do. They are talking about putting extra funding into the NHS, but I think this is too little too late.

**PS** – Are there any options for patients who call up at 8:20am and can’t get an appointment. Would you advise them to ring the following day or is there another service provider, like MEDOCC, who could see the patient?

**LA** – No we don’t work that way. MEDOCC won’t take anybody. If they see

<p>any patients or triage them, they will charge the practice. MEDOCC is a paid for service. It comes out of the practice budget. With regards to the actual diverting patients to an alternative service provider for medical attention, we have Minor Ailments services, the Walk in Centre and community services that do various different things. So yes, we do try to direct them to a specific service depending upon their need. If the problem is urgent, then we would most definitely refer the patient to either A&amp;E or the Walk in Centre.</p> <p><b>PS</b> – So if it was urgent, you wouldn't necessarily refer the patient to MEDOCC When you are closed and a patient is ill, where would the patient go?</p> <p><b>LA</b> – The structure of MEDOCC has changed since Medway Community Healthcare took over the contract from Medway CCG. If a patient is unwell, our telephone message will request that they call NHS111, who will triage them and book them an appointment at MEDOCC if necessary. There is no longer a direct line to MEDOCC anymore.</p> <p><b>PS</b> – The concern here is there are patients who require urgent appointments and people, particularly our generation, won't necessarily say it is urgent, so will remain in pain.</p> <p><b>LA</b> – Interestingly, last week I spoke to a gentleman who was quite distressed as he was not registered anywhere and needed a home visit. In this instance, I spoke to MEDOCC on his behalf to see whether they would be able to assist him further. They requested that the patient call them directly. So we are aware that there are some people who have genuine needs and in that instance, if we are unable to help them, we will try and help in some other way.</p> <p><b>PS</b> – The irony is that if patients can't get an appointment at the surgery and go to A&amp;E, where A&amp;E then refers the patient to MEDOCC as their problem is not urgent, the patient may land up seeing their own GP at MEDOCC.</p> <p><b>LA</b> – We are unable to control whether our GP's do out of hours cover, it is their decision. We can only offer appointments for the hours that a GP works at the practice. There are a lot of GP's in the local areas who do undertake Locum work alongside their work at a practice. So unfortunately, we don't have control over this.</p> <p><b>PS</b> – I think the biggest worry is that when you want to book an appointment immediately, you may be waiting 6 weeks to be seen. We worry about this service and the way it is going.</p> <p><b>MM</b> – If I had been dying on the spot, I would have gone to the Walk in Centre. Which I've done before because I've been advised to go and I've been seen and sorted.</p>	
<p><b>CQC Inspection</b></p> <p><b>LA</b> – Feedback that we received was very positive. There was some negative feedback from patients; however overall, CQC said that we are doing the right things. We are providing good level of care and our staff members feel motivated and supported. Patients that they spoke to were happy with their care. Once we receive the draft, we will review it and then publish the findings.</p>	<p>Initial report will be sent through for us to review and will be published at a later date.</p>
<p><b>Cleave Road</b></p> <p><b>JM</b> – Update on Cleave Road</p> <p><b>LA</b> – May 15<sup>th</sup>. Letters have already gone out to patients. We did suggest closing Cleave Road at the end of March however NHS England said it was too short notice for patients, so we agreed with them a provisional date of 30 April. However due to their delay in them reviewing the information we sent them, they requested that we extend the closure for a further 4 weeks. The partners agreed to extend it for a further 2 weeks and they agreed to that. The final closing date is May 15<sup>th</sup>. A lot of patients registered at Cleave Road really want to be registered there and not here at Magpie. At the consultation meeting held in</p>	

<p>September, quite a few patients turned up. Those that didn't make it were either house bound and patients will now be informed in the letter that Cleave Road will be closing. They will be given the option to stay with the practice and be treated at Magpie Hall Road or seek an alternative means.</p> <p><b>MM</b> – Our daughter was asking yesterday as she works for People Plus and their clients are texting her to find out what the status is with Cleave Road.</p> <p><b>FS</b> – Yes. How many patients do you have there at the moment?</p> <p><b>LA</b> – Approximately just under 2000</p> <p><b>FS</b> – Just under 2000. How many patients in the practice?</p> <p><b>LA</b> – Within the practice, approximately 9170 patients.</p> <p><b>SS</b> – Do you think this might impact on the service here?</p> <p><b>LA</b> – No, hopefully it is easier. The numbers used to be closer to 11,000. If there is additional cover that is required, we will accommodate people here.</p>	
<p><b>Patient Education</b></p> <p><b>PS</b> – Gave scenario relating to mother whose child was unwell she lacked the basic knowledge to prevent her child's illness from getting worse. Is there anyway the practice can hold one of those classes and advertise them in the practice.</p> <p><b>FS</b> – Agreed that there is a great lack of knowledge for parent on First Aid in general.</p> <p><b>LA</b> – Medway council provide Adult education on various courses and First Aid is one of them. It may be worthwhile speaking to the council to see if there is funding for this.</p> <p><b>PS</b> – Would the Community Centre run courses like this?</p> <p><b>FS</b> – Perhaps more likely to be the All Saint's Children's Centre. Its only Sure Start</p>	