

King's Family Practice Patient Participation Group (PPG)

Date of Meeting: 27 April 2016

Time of Meeting: 13:00

Location of Meeting: Magpie Hall Road, Chatham

	Name	Position	Apologies / Comments
Present	Mr Lakhwinder Anota (LA)	Practice Manager	-
	Mrs Tracey Maple (TM)	Office Manager	-
	Mr Paul Stephens (PS)	Patient (Chair)	-
	Mrs Susan Stephens (SS)	Patient	-
	Mrs Renee Coussens (RC)	Patient	<i>Late arrival</i>

	Name	Position	
Absent	Mr Frederick John Smith (FS)	Patient	<i>Apologies sent</i>
	Ms Lois Maybury (LM)	Patient	
	Mrs Jennifer Dewis (JD)	Patient	
	Ms Melanie Gay (MG)	Patient	<i>Apologies sent</i>

ACTION	DUE	WHO
Review documentation posted on surgery website is in .pdf format.	6 th July 2016	LA
Patients to be notified of complaints procedure. Procedure to be published online and in the waiting area.	6 th July 2016	LA / TM
PPG and Surgery to review ways to educate patients on when to use A&E, Out of Hours providers, etc.	On going	PPG / LA
Telephone system to be reviewed with telecoms provider. Problem patients have with being in queue (hearing music) then being disconnected	No date decided	LA

1. Meeting

- Started at 13:02.

2. Minutes

- PS – Minutes need to be reviewed and approved by PPG before being published on the surgery website.
- LA – Documentation needed to be submitted as evidence to CCG, which is why previous minutes were published before approval.

All present agreed the minutes to be an accurate account of previous meeting

3. Action Plan Review

- PPG Newsletter

PS – PPG Monthly newsletter was too ambitious. PS agreed to try a quarterly newsletter. PPG notice is displayed in waiting area as well as a recruitment notice for PPG members, on the reception desk.

- Survey

Survey completed and data reviewed. PS – Data being published on the surgery website should be in .pdf format and not Microsoft Word document.

LA – All documents are in .pdf format. Will review and ensure there has not been an oversight. See further discussion in section 4.

- Did not attend Notices (DNA)

TM confirmed that out of 8623 appointments, 448 patients did not attend within the last three months. Four patients have been removed, due to repeat DNA's.

- Update PPG details on surgery website

PS confirmed this has been done.

- Publish practice boundary image on the surgery website

LA confirmed this is now active. Prospective patients input their post code into the 'Post code check' to see whether they are within our Practice Boundary.

- PPG recruiting letter to be put in with patient letters / prescriptions

PS brought prospective letter to meeting. LA will get the doctors to review and then will be slotted in with prescriptions and any patient correspondence leaving the surgery.

4. Survey and Report Update

PS – Overall, the report was present well, with a Glossary of Terms. Please could the 'Glossary' items to be in alphabetical order?

- Appendix B

Profile of practice does not mention Gillingham patients. Only makes reference to Chatham. The general feeling from patients in the waiting room is that they are fiercely protective of the surgery and the doctors.

- Appendix C

Makes reference to 'Positive' comments. This should really be a balanced view i.e. including positive and negative feedback. Suggestion made to re-word this section as 'positive constructive' feedback.

4. Survey and Report Update (cont.)

- Appendix D

Makes reference to the complaints process. PS requested for the complaints procedure to be made available online to patients. LA confirmed that the surgery did have a Complaints procedure and would look at ways to make this easier for patients to access.

- Free Text

PS requested to view comments made in the 'free text' section of the survey.

SS requested whether there were any positive or negative comments we could review?

LA advised surgery was unable to extract 'free text' information from online survey, however only some people left comments and they predominantly highlighted a problem with the appointments system and a lack of awareness of the PPG. There was an opportunity to leave an e-mail address if patients were interested in finding out more information about the PPG but no one did leave their details.

- Out of hours use

PS noticed one patient regularly attended Out of Hours service providers and A&E but did not contact surgery for an appointment. Was this investigated further by the surgery?

LA advised this may be due to lack of appointments and patient education.

PS advised that the PPG and surgery should work together to alleviate the use of A&E.

5. Representatives Update

- SS provided a scenario recently experienced by a family member.

Family member called the GP surgery requesting a home visit. The Receptionist informed them that doctor would not attend as it was Friday afternoon and home visit requests need to be made before 11am. They were advised to contact NHS111 for further assistance. The family did as instructed but were informed by NHS111 that they were unable to offer a home visit or an appointment for the patient until after 6pm, when the patient's GP surgery closed. TM confirmed that if our Receptionists were faced with this situation, the patient would be put down for a telephone call from the duty doctor. Patients who are over the age of 75 will also receive a telephone call on the same day from the duty doctor, in accordance with the 'Unplanned Admissions' care plan.

- Telephone system / Appointments

SS requested whether there could be a queuing system whereby patients were informed they were number 2, 5, 15 in the queue.

RC added that when she has called the surgery before 8am, although she assumed she was in the queue for the surgery, she was actually in the queue for MEDOCC and had to start again. PS advised that he was previously in the queue for booking an appointment and the line was ringing, however he was then was cut off. When a patient does eventually get through, there are no more appointments. In this instance, a suggestion was made as to whether the receptionist could note down details of the patient's problem and confer with a GP to discuss best course of action? Has a recent review of the appointment system be carried out?

LA Appointment review was conducted in the latter part of last year. The idea behind doing triage was to increase capacity of appointments because we are aware that the 'Book on the Day' appointment system was not working. There is a GP shortage and recruitment crisis in this area.

RC From a patient's point of view, the receptionist is seen as a barrier to getting seen by a GP.

LA advised that the GP's have requested that receptionists ask patient's reason for requesting GP appointment to prioritise their workload and negate the need for a patient to use an appointment for something which could be dealt with by the nurse or administration team.

PS Suggested a poster for patient information, communicating current situation in respect of appointments system changes, both past and present.

5. Representatives Update (cont.d)

- Telephone system / Appointments (cont.d)

LA Demand for appointments is very high, which increases the pressure on GP's.

SS Receptionists are perceived as a barrier but they actually are there to help the patients and sign post them to other providers. This needs to be communicated to patients.

LA Appointment system was changed recently, without patient consultation, which didn't help the patients.

RC Historically, there has not been very good communication between the surgery and patients. This seems to have broken down over the years. Recently met a GP who uses a triage system whereby one doctor will only see walk in patients.

LA Had a discussion with peers about this system but it didn't work. Another system was to release appointments for the next day in the afternoon of the day before.

SS Phlebotomy service at medway Maritime Hospital used to use this system, with their ticket machine.

PS Walk in service was trialled before. Patients need to be made aware of the action that the surgery has taken towards finding a solution to the appointment system problems

RC Telephone system is worse than ever before.

LA explained that there are 10 telephone lines coming into the surgery. If a patient receives an engaged tone, this indicates all 10 lines are full. The surgery took the decision to switch the telephone number to a local rate number, to make it more cost effective for patients.

Central Chatham has been identified as the most deprived area in Medway. We do have a diverse population and some patients will require more intervention than others.

- Movement of patient records

PS raised the issue on behalf of LM (absent) regarding movement of patient records when a patient registered at a new surgery.

TM explained new process around movement of records and confirmed that due to these changes, initially, no medical records were collected from any surgery for 4 weeks.

LA explained that the movement of records have been outsourced to CAPITA. Surgery has no control over the new system.

PS agreed to highlight this to the CCG.

- Delay in receiving documentation from secondary care

RC was concerned regarding the delay in receiving correspondence when attending appointments in secondary care. She received correspondence for her husband several months after he had passed away.

LA echoed concerns. This affects GP practice as well as patients, especially when adjustments are made to medication and there is a delay in us receiving the information.

PS is aware that this matter is on Medway Maritime Hospital's administration action plan.

LA confirmed that where ever possible, the receptionists and administration team will obtain the relevant documentation at source.

RC enquired whether there was specific communication between secondary care and primary care?

LA replied that there is limited communication between the two. There was a trial some years ago, however it eventually fell away.

PS then briefly outlined how 'Vanguard Care' was providing secondary care in a primary care setting.

LA advised that he is aware of a service in Whitstable, whereby the GP practices have direct links with the local hospital and are able to refer directly. This service is not available in Medway.

6. Practice Update

- Nurse on maternity leave

Naomi Huxham will be leaving on Friday, 29 April 2016 to start her maternity leave. We have secured a locum nurse, who will be working morning and afternoon clinics on a Tuesday and Friday. The surgery is looking at employing a Clinical Pharmacist, who will be trained and who will provide a 'triage' service for minor illnesses.

- Did Not Attend notices (DNA's)

TM confirmed that for the period 27 January 2016 to 27 April 2016, 458 patients out of 8663 booked appointments, did not attend their appointments and 4 patients had been removed.

- Registrations

LA provided an update on the registration status. Although the practice is aware of the problems with appointments, if the surgery officially closes their books to new registrations, then this will have a direct impact on the services that we will be able to offer. PS had recently observed a situation in which a new patient was unable to communicate with the receptionist on duty, due to the language barrier. He felt the situation was not improving. LA confirmed that the local population is diverse and they do not always engage with services in the community. We do offer appointment bookings with interpreters and there are occasions when patients who have interpreters booked, do not attend appointments. This does waste tax payer funds.

- Online appointments

LA would like to begin to offer appointment for online booking, if the GP's agree. Suggestion was made for the PPG members to utilise this service in the first instance, to iron out any niggles, before making it available to all patients. LA explained that for patients to use the service, we would need an up to date e-mail address. The patient would need to register for this service with their e-mail address and will then also be able to access their repeat medication and appointment information.

7. Any other business

- PPG Newsletter

PS asked whether there were any reviews, comments or additions from the surgery perspective. The PPG are very keen to keep the patients up to date with surgery information. Requested whether a small PPG notice could be attached to each prescription and letter/

- CCG representative to attend a PPG meeting

PS has arranged for a CCG representative to attend the PPG meeting in July. One topic which will definitely be discussed is how to recruit into the PPG. RC suggested that the PPG needed to be more visible to the patients. SS highlighted that there was a notice on the notice board in waiting area, as well as little notes on the reception desk.

The next PPG meeting will be held on 6 July 2016 at 1pm

Meeting closed at 2:30pm