

## Patient Participation Group

### **Minutes of the Meeting held on Thursday 26<sup>th</sup> March at 6pm at the surgery**

The meeting was attended by 15 patients and the Practice was represented by: Dr Foster, Dr Moss Langfield, Louise Owen (Practice Manager), Lorraine Taylor (Administration Clerk), Carol Worthington (Reception Supervisor) and Jo Booth (Practice Nurse).

The meeting was chaired by Miss Jacey Joyce.

Dr Foster welcomed all present to the meeting and all practice staff introduced themselves.

#### **1. Introduction to meeting by Miss Joyce**

As newly appointed chair Miss Joyce briefly outlined her thoughts for the Patient Participation Group and her role within it – namely; to progress development, to liaise with help the practice and to be a point of contact for patients.

#### **2. Update on Telephone System**

The meeting was attended by Gary Flint and Alan Welsh from Nottinghamshire Health Informatics to provide an update on the on-going telephone system issues at the practice. Options considered so far included call waiting and filtering. Progression of the system was proving more problematic than had first been envisaged and some negotiation with the CCG was required as there would be some funding implications. A member of the PPG with a background in telecoms offered some suggestions for possible solutions and the NHIS team confirmed that they were already under consideration. The NHIS team would continue to look at all the available options and update the PPG on progress.

*Gary Flint and Alan Welsh were thanked for their attendance and then left the meeting.*

#### **3. Minutes of Last Meeting and Matters Arising**

The minutes of the meeting held 4<sup>th</sup> December 2014 had been circulated prior to this meeting.

- *The PPG asked if patient numbers had increased?* Dr Foster explained that the local average number of patients/GP was 2000, whilst nationally it was 1600-1800. However, as well as an increase in patient numbers demand for services from those patients had also increased dramatically. It was possible that the layout and architecture of the new building had led some patients to believe that it was an A&E facility or a walk-in centre. Dr Foster emphasised that it was neither of those things.
- *The PPG asked about the 111 service and its use and cost to the practice.* Dr Foster explained that 111 acted as an interim service level between GPs and 999. We were aware that 111 had a very high referral service to A&E and to the GP practice – often with a very short timescale i.e. must be seen within 2 hours - and further explained that there was no cost to the practice for patients calling 111, but that there was a cost for those patients who attended A&E.
- *One member of the PPG expressed dissatisfaction at the way the previous meeting notes had been written. The word 'minutes' was missing from the notes, along with*

*the time the meeting closed.* Louise apologised for any shortfalls in her minute-taking abilities.

- *The PPG queried the new phlebotomy service and noted that Ellie was very good at taking blood.* Dr Foster explained that the phlebotomist was employed jointly by Parkside and Leen View Surgery and was a good example of collaborative working. *The PPG further asked about the impact upon Ellie.* Dr Foster explained that Ellie was a highly valued member of staff and the time freed up by the employment of a phlebotomist meant that Ellie could carry out more additional tasks including ECGs, wound dressings and some injections. The Practice phlebotomy service was available Monday-Friday.
- *A member of the PPG then asked whose idea it had been for the CityCare blood clinic to change from drop-in to a booked appointment system and expressed dissatisfaction that she had not been informed.* Dr Foster explained that the CityCare arrangements were a completely separate organisation from the practice and made their own decisions and as such were responsible for their own communications with patients.

#### 4. Practice News

- i) **Dr First Appointment System** – Dr Foster explained the background to the recent trial of the Dr First Appointment System that the practice had participated in for 9 months since July 2014. This pilot scheme had been funded by the Prime Ministers Challenge Fund and had been implemented at the behest of Nottingham City CCG. In essence, all requests by patients to see a GP were triaged and the patients were then telephoned back by a doctor. Patient feedback including a sharp increase in the number of patient complaints about the appointment system had indicated that in general patients very much disliked the telephone triage system and would much prefer being able to book a face to face appointment, not wait for a telephone call back. (The system did suit some patients, but overall it had not proved popular). In addition for the surgery staff it had resulted in longer working hours, with GPs dealing with approximately 80-90 calls per day (and sometimes more); seeing patients face to face; carrying out home visits and completing paperwork and there no reduction at all in the number of patients attending A&E. It was considered that this system was becoming unsafe for patients.

The PPG asked how long it took the GPs to make the telephone calls. Dr Foster explained that the length of time varied. On average around 3-4 minutes per call, but this could stretch to 10 minutes or longer.

After careful consideration and discussion with the CCG the practice had decided to withdraw from the pilot scheme and as from Monday 30 March would be changing to a same day bookable appointment system. That is, any patient requiring a doctor's appointment would be asked to telephone the surgery on the day the appointment was required and as long as appointments were still available would be booked in with a GP on the same day. The PPG was asked to remember that there were a finite number of appointments on a daily basis. The decision to allow same-day only booking was based upon one of the benefits which had resulted from the Dr First trial – that is a huge reduction in the number of patients who did not attend their appointments and did not let us know. Disappointingly we did still experience non-attendance even from patients whose appointment had been booked only a matter of hours earlier, but overall there had been an improvement, which meant fewer wasted appointments.

The PPG questioned what flexibility there was for babies and children. Dr Foster explained that there would be a number of reserved appointments each day for patients who had a genuine clinical need to be seen. Dr Foster further emphasised that in cases of real medical emergency the practice was not the service to contact – 111 or 999 should be telephoned immediately.

The PPG asked about forward booking of appointments. Dr Foster explained that at present this was not something we would be particularly keen to do for the reasons of non-attendance and huge number of wasted appointments as explained above. However, it is something that we might consider in due course as we constantly review our appointment system to ensure it is operating as effectively as it can be given our limited NHS resources and constraints. Dr Foster went on to outline what had happened in the past when forward booking was part of the appointment system – the wait for a routine appointment went up as appointments were filled and then not necessarily used – and so patients then demanded emergency appointments as they could not get an appointment within a few days.

The PPG suggested that the practice employ an ‘emergency’ doctor jointly with Leen View. Dr Foster commented that Parkside had previously operated an ‘urgent care clinic’ which became completely overwhelmed and demand far outstripped capacity. The PPG also asked whether we had considered a mixed system i.e. a walk-in clinic in the morning and booked appointments in the afternoon. Dr Moss Langfield noted that she had worked in a previous practice which used this system and it resulted in a large number of complaints from patients about the wait time for an appointment during the walk-in sessions.

Patients visiting the walk-in centres were often told to see the GP. The PPG asked if we would consider a nurse-led triage service. Dr Foster explained that we had operated such a service a few years and it became unmanageable due to the ever-increasing demand.

It was queried whether under the new appointment system patients could come to the desk to make an appointment. Louise confirmed that they could and then had the choice of either waiting until their confirmed appointment time or returning later.

## **ii) Patients Online Access to Summary Care Records**

Louise explained that patients now had the facility to view a copy of their summary care record online (along with being able to book appointments and request repeat prescriptions). The summary care record facility can be accessed via our website ([www.parksidemedicalpractice.co.uk](http://www.parksidemedicalpractice.co.uk)) and patients must complete an online request form to be issued with access details.

The summary care record shows a brief outline of recent medications and allergies and sensitivities and might be useful for patients to print out or view via a smartphone or laptop if, for example, they are going away on holiday.

Louise thanked Mr C Pykett who had viewed his own summary care record online as a trial to ensure that the functionality was operating correctly before opening the functionality up to all patients.

**iii) Practice Mission Statement**

Dr Foster explained that the practice had been considering its mission statement and asked the members of the PPG to write down a selection of positive phrases that they would wish the practice to aspire to and this would be formed into a practice mission statement (see end of document for the final version created from the patients' suggestions). Lots of organisations have a mission statement and the reason for having one is to share values and purpose.

**iv) New Website**

Dr Foster explained that a new website for the practice was currently under construction. Further information would be made available in due course.

**5. PPG Report to NHS England**

Louise explained that NHS rules required that the practice complete a report about its PPG activities and structure and that this report was counter-signed by the PPG chair before submission to the NHS Area Team who were based in Mansfield.

Copies of the report were made available at the meeting and patients were invited to stay to read them if they wished and feedback any comments to Miss Joyce as Chair.

*The report was subsequently agreed and signed by Miss Joyce on 27 March 2015 and submitted to NHS England on the same date.*

**6. Any Other Business**

- A new member of the PPG commented that this had been an informative meeting and the practice thanked him for his remarks.
- The practice would be switching to the Electronic Prescription Service at the end of July 2015. Further information would follow, but in the meantime patients could ask their regular pharmacy for advice on how to sign-up to the scheme.
- The lack of a staff photo board was raised again. Louise apologised and noted that it will be done in due course, there have been however other priorities.
- Miss Joyce suggested that any member of the PPG who wished to contact her should do so via Louise in the first instance.
- The PPG asked what had happened to the prescription box on the ground floor. Louise explained that it had been broken and would be repaired as soon as possible. In the meantime patients were asked to kindly bring their prescriptions up to the reception desk.
- Concerns around the appointment system were again raised and Dr Foster repeated that there would always be a finite number of appointments (with a reserved number for genuine emergencies); care could be sought from other organisations if required including pharmacies, 111 and walk-in centres; and appointments could not be forward-booked at present. The comment was then made that the same day appointment system would not change anything, Dr Foster again explained the problems we had experienced in the past with appointments being booked up far into the future and then patients not attending, meaning that huge numbers of appointments were wasted. However, forward booking might be considered at some point in the future, it was not being ruled out completely.
- Relay for Life – Mr Thomas made the PPG aware of the Relay for Life Event which would be taking place on 18/19 July in support of Cancer Research. Teams were encouraged to enter and raise funds for the cause.

- Dr Foster thanked Louise for organising the meeting and also noted his thanks to her generally as she was the person who took the brunt of the complaints and patient frustration when things did not work as expected. As an adjunct to this comment Carol noted that she wished that some patients could see exactly how hard the staff did work and how much abuse they had to put up with at times.

**7. Date and Time of Next Meeting**

It was agreed that the next meeting would be held on Thursday 25 June at 6pm at the surgery. Everyone would be welcome to attend.

**Miss Joyce as Chair thanked everyone for attending and the meeting closed at 7.53pm.**

Mission Statement – composed using patient comments/suggestions

