

Notes from Patient Participation Group meeting held at Oadby Central Surgery on Tuesday 11 February 2014

Attendees: Paul Gibson (PG, Chair), Audrey Wicks (AW), Valerie Leech (VL), Valerie Cleaver (VC), Laura Record (LR), Mabel Sharpe (MS), Lynn Hunter (LH), Peter Halford (PH), Margaret Howe (MH), Mark Hardy (MH), Geoff Atkinson (GF), Bob Fahey (BF), Rachel Hunt (RH). Claire Deare (CD, Practice Manager), Susan Hadley (SH, GP)

Apologies: Dorothy Kent, Suzy Allsopp, Imran Mayet
Welcome and Introductions

PG welcomed the group.

Those present introduced themselves.

Minutes of the last meeting

The notes of the meeting on 26th November were agreed as a true record.

Matters arising

The following actions still to be completed:

- Source quotes for cost of sound proofing front reception desk be end of 2013 (CD) – still ongoing. CD sincerely apologised this had not been done; changes to the NHS had taken up a lot of attention recently.
- Set up waiting room digital information system be end of 2013 (CD) – CD reported the Community Network made contact just before Christmas with the good news that they had signed up enough sponsors to cover its costs. She is waiting to hear about delivery date.

Membership Update

MH was warmly welcomed to the group. Richard Vearncombe, one of the group's founder members, has offered his resignation.

Review of suggestions received

Three Suggestions had been received since the last meeting, one via the practice website and two via the Suggestions Box in the reception area.

Suggestion	Action
From website 'good no improvements required	None
From website 'more detailed information on making appointments. I held for 10 minutes only to be told to call back on Monday morning to make an appointment'	CD had contacted this patient and discussed the issue- receptionists have been advised not to tell the patient to call back on Monday. This has been discussed at reception team meeting also.
From website – request we put a link to a therapy directory	CD will review the suitability of this link and update if it is an NHS service
From Suggestions Box 'Fine all patients who do not keep their appointments it is disgusting keeping other patients from taking them. The dentists do this £5!	CD reflected it was not permissible within the practice's NHS contract to fine patients.
From Suggestions Box 'Be able to call through at lunch time to cancel appts'	There was a long discussion about this- CD explained it was not as simple as receptionists all having their lunchbreaks at the same time. PPG members felt the practice should review its telephone opening hours, although they noted there would be costs associated with this, and CD agreed to take away the request to discuss with the GP partners.
From Suggestions Box 'Please explain if the appt is for a doctor or a nurse'	None.

Topics for discussion

Results of the Local Patient Survey

CD was pleased the survey had been completed by 230 respondents, which was a much higher number of patients than the previous year. There was a discussion about how challenging it had been to get folk to complete a survey- the majority of responses had been paper copies completed in the waiting room. The reception team had worked really hard to encourage folk to complete it. PH suggested survey results were looking at a self-selecting group. BF expressed the view the survey doesn't tell us anything new, and we would need far more responses than we have had.

PG reflected that any apathy could be interpreted positively, in that there are no 'burning issues'. He felt increasing the number of responses fourfold had been an achievement.

The general view that the respondents were more representative of Oadby demographics, in terms of age groups and ethnicity.

The appointment system was commented on a great deal. Many folk commented how they could get an appointment, and there was approximately a 50/50 split of demand for being seen quickly versus seeing GP of choice.

CD was concerned around 15% of respondents said they could not get seen on the same day, but the consensus of opinion within the group was that this was not a priority issue, as they suspected folk could not get an appointment with their preferred GP- the group's experience is that you can get an appointment. CD felt perhaps there was scope to do some training with the receptionists about explaining the system.

She was pleased that respondents had had a much better experience of the flu clinic, as the nursing and admin team had put a lot of effort into organising it with a view to improving patients' experience, and it is quite a logistical challenge to immunise over 2000 patients while still delivering a 'business as usual' service.

There was a discussion about comments about repeat prescriptions. Previously the practice had invited local pharmacists to PPG meetings. It was felt patients had to take responsibility for their own medications.

CD was concerned by the sheer volume of comments about problems with collecting repeat prescriptions. She suspected there was a combination of issues created by pharmacies and the surgery, and she felt it was a priority to address these issues.

SH explained medication reviews are good medicine, and the practice tries to personalise them around the types of medication and the individual patient. Patients whose prescriptions are collected by the pharmacies may not see the message on the right hand side that tells them when their medication review is.

Overall it was felt to be a positive reflection of services, with no one 'burning issue'. CD had only just received the results a few days prior to the meeting, so she had not yet drafted the actions plan. She also wanted to see the view of the PPG on the priorities

Suggestions for actions practice could take in response to feedback received

It was noted there had been a number of comments about the opening times of the practice phone lines, as they are closed for routine enquiries for one hour per day, 12:30 to 1:30 pm Monday to Thursday and 12:00 to 1:00 pm on Fridays. Relating back to comments about number of appointments not attended from suggestions, MH felt we the practice could consider being more accessible for phone calls. There was a discussion about working people only having their lunchbreak in which to make calls.

CD acknowledged the suggestion, but explained it was not as simple as just changing the lunch break times of the reception team members. The majority of staff are part time and work on a shift pattern, so providing more staff would be a considerable cost. Lunchtimes are also the time when the practice team do other duties, e.g. dealing with repeat prescriptions and mopping up queries from throughout the morning, so CD was concerned there could be knock on impacts to other activities.

Put a section in the next practice newsletter about what a medication review is. RH also suggested the newsletter could feature a '10 top tips' from PPG' section and offered to write this.

It was agreed to get a clock for the waiting room.

The group asked CD what she felt the practice should focus on, and she said the main themes she had identified were the speed of getting through on the phone, keeping the 50/50 split between urgent and pre-bookable appointments in the system, looking at issues with mistakes/frustrations caused by obtaining repeat prescriptions.

She also agreed to take away the view from the group about extending phone opening times at lunchtime, but she was unsure if she would have the resources to be able to change it without impacting another service.

She explained she had not yet had the opportunity to share the survey results with the practice team. It was agreed that CD would send the draft of the action plan incorporating the PPG's suggestions out, and members can direct their comments at CD. She will liaise with the chair for any amendments.

Any Other Business

NHS Changes since 1 April (BF)

BF asked if the changes to the NHS since 1 April were impacting the practice. CD said yes, they were. Services were becoming more fragmented, and it was getting more challenging to keep track of who provides what, as there are a lot more new providers of services. This means the practice has to work harder on keeping track of who to refer patients to for what. She also said there would be more changes coming the practice's way in the new financial year.

Data Sharing within the NHS

CD explained there were a number of different initiatives all being rolled out around the same time, which was confusing. There is the Summary Care Record, which is a central database of patients' medications, drug allergies and adverse reactions which will be available to other clinicians, e.g. the ambulance service and A&E. Patients can opt out by completing the Opt Out form available in reception and on the practice website.

There is also a much bigger central database called Care.Data, due to be created later in the year. The practice is legally not allowed to opt its patients out en masse. It will link data between GP practice records and the existing database of hospital records, in order for the government to have a clearer view of future health needs. Other organisations will have access to the data, but CD did not know who that would be. Again, patients can opt out of this, although rather unhelpfully there is not a standard format to do this. She has devised a form for Central Surgery patients to complete, again available in reception and on the practice website.

Electronic Prescribing

BF asked when the practice would move to the Electronic Prescribing System. CD said that is a big project and the practice had not yet committed to signing up. She wanted to gain a clearer understanding of new contractual changes in the new financial year (which starts on 1 April) before making any firm commitments.

Date of next meeting

A date of **Tuesday 8th April at 6:30 pm** for the next meeting was agreed.