

St Vincent Practice
Patient Participation Group Minutes

Wednesday 17th July 2013 held at St Vincent Practice

Present:	Dr P Donk	GP
	Mrs Lynne Neal	Practice Manager
	Mrs Ruth Parker	Assistant Practice Manager
	Debbie Wright	Senior Nurse
	Beverly Latti	Senior Receptionist
	Jackie Embley	Senior Receptionist
	HA	Patient
	MH	Patient
	RH	Patient
	PM	Patient
	SB	Patient
	JS	Patient
	IR	Patient
	JT	Patient
	MS	Patients
	CB	Patient
	JB	Patient
	DB	Patient
	SE	Patient
	AE	Patient

Note Taker: Mrs Ruth Parker

Dr Donk welcomed all the patients to the meeting & thanked them for taking the time to attend the meeting.

Dr Donk explained the aim of the patient participation group was to ensure that patients are involved in decisions about the range and quality of services provided. We would welcome their comments & feedback on the services we provide and we will utilise these in improving the services in the practice.

Dr Donk explained the changes that the practice had been through over the last year in that three GP partners had left & one had passed away & that we had found it very difficult during this time to cope with demand from patients. He explained that we have now recruited three new GP partners which will help in getting the practice back on track.

Dr Donk then asked if we could have their comments on the services accessed in the practice.

APPOINTMENTS

A lengthy discussion took place regarding patient access to GP appointments. The majority of the patient's expressed their concerns regarding the appointment system. They stated that up to two weeks was sometimes too long to wait for a routine appointment. They also do not like been told that they need to ring back the next day to book an appointment. Lynne explained that the practice was trying to avoid asking patients to ring back the next day as all the surgery was doing was creating a "lotto" system for patients and that those who managed to get through first that day would get an appointment & that we did not feel this was good practice.

Dr Donk & Lynne acknowledged the issues raised and explained that we are aware of them. They explained we are trying to rectify the problems & are already looking at how we can improve the appointment system for patients. We explained that as a practice we have identified that we cannot cope with the amount of registered patients and that we are looking at reducing the patient list size. We are currently discussing how this can be achieved. We informed the group that we will let them know in the near future and would also value their views on this.

We explained that at the beginning of September the GPs would be doing a catch up week where we will see as many patients who wish to be seen and start afresh with a new appointment system the following week. Lynne explained that we had thought of opening the appointment system so that half of the appointments could be booked up to four weeks advance for routine/follow up appointments and half of the appointments could be pre-booked a week in advance for problems that were more urgent & couldn't wait. Lynne asked the patients what they thought about this, they felt that this would work & that the practice should give this a try. Lynne asked the patients if they had any suggestions of how the appointment system could be improved.

One patient asked about a minor illness clinic with a nurse. Debbie (SN) said that two of the nurses were looking into doing their prescribing training which allows them to be able to facilitate a minor illness clinic in the practice. The patients thought this would be a very beneficial service. The practice found it very useful to have the patient's feedback on providing this service & said that would definitely look into this. One patient said that when she was at Uni they provided this service & that she found this was a very good, accessible service.

One patient asked how long each GP appointment slot was. We informed them that it was 10 minutes. She said that she usually likes to save her list of problems to only visit the doctor once, so we explained that if this is the case then inform the receptionist at the time of booking & they will book the patient

a double appt. We said that we would not expect all patients to be doing this as we would have no appointments and more than often a GP would be more than happy to deal with 2-3 problems depending on their complexity in a normal routine slot.

Lynne & Dr Donk explained that the practice does have a duty doc list which runs from 8am-6pm everyday & should a patient have an urgent problem or need a visit then they should ask to speak with a doctor who will do a telephone triage assessment of the patient.

One patient asked if more late evening appointments or weekend appointments could be offered. We informed the patients that the practice does provide extended opening hours for patients on a Tuesday & Thursday morning from 7am and on a Wednesday evening that the practice is open until 7.30pm. We informed the patients that we did used to open on a Saturday morning but found that this wasn't successful as there were a lot of DNAs.

Lynne suggested to patients that it is a good idea to build a patient doctor relationship with more than one GP as this then gives them the option at the time of booking should their usual GP not be available. Patients agreed that this would be a good idea.

We informed patients that they can book routine appointments online via systmonline.

We asked the patients if they were aware of how many appointments patients did not attend on a daily basis. They were amazed by how many appointments are not attended. We informed them that we were doing a big display in reception to make patients aware of how many missed appointments we have on a weekly basis & how much GP time this equates to.

We asked patients for their comments on how we can prevent DNA appointments. One patient commented we should take the approach of some airline companies & over sell them! One patient suggested that we text patients reminding them of their appointments. We informed patients that after recent guidance unfortunately unless we have written consent from the patient to do this then unfortunately we cannot just text mobile numbers we have saved to their pt record as we cannot assume that it is their mobile phone.

TELEPHONE SYSTEM

One patient said that they found the telephone system frustrating as it would just ring & ring – they said they would find it better if it said, for example, you are in queue, you are 10th in the queue, so they knew how long they were likely to be waiting. We explained that we would take their suggestion on board & look into this & explained that if patients were ringing at 8am that this

was the busiest time of the day & that all workstations in the practice are manned with a receptionist to answer the calls.

PRESCRIPTIONS

A patient mentioned about running out of medication & if the nurse was to get the qualification in prescribing would they be able to issue this. We informed the patient that if they ever ran out of medication then the doctor would always reauthorize this, but we would encourage patients to be pro active in ordering their medication to ensure that they didn't run out, although we accept that sometimes we all forget things as were all human.

We informed the patients that they are able to order their repeat prescriptions online using Systmonline & also can email reception to request repeat medication.

One patient said that sometimes his prescription can take up to a week to get to him due to having to give 48hrs notice to the practice to process this, and then his pharmacy has to collect the script. Beverley explained to the patient that medication can be ordered up to a week before its due date.

One patient asked if the prescriptions could be collected from the front desk as this was the main point of call for patients. We explained that unfortunately the front desk was very busy & as a practice we felt that it was better if we had a separate desk for the collection of scripts so that they didn't have to wait in a long queue if the main receptionist was dealing with another patient.

OTHER ITEMS DISCUSSED

One patient mentioned that he visited Spain a lot & that patients who accessed medical services out there, tried alternative methods e.g. pharmacist & self care before contacting their GP. He thought that patients should be educated in this. Dr Donk explained that the medical services provided in England were very different to Spain and that more than often when a patient consults a pharmacist in England they are told to contact their GP.

A patient asked whether we still provide regular routine home visit check ups for the older generation. Dr Donk explained that the commissioning group were currently looking at an initiative at older patients who are classed as “at risk patients”. Unfortunately GPs don’t have the time or capacity to be able to just do routine home visits/checks for older patients. The GPs feel it is more beneficial for them to deal with acute problems for these patients at the time they arise.

A patient raised concerns regarding physio & podiatry services. Debbie explained that a lot of the community services are patient self directed as unfortunately they don’t have the resources to keep seeing patients for review. The patient asked if the surgery could recommend any private podiatrists, unfortunately we explained we cannot advertise or recommend private bodies.

It was suggested the front reception desk has a bell on it to attract a receptionist’s attention. We explained we had a bell for many years but unfortunately this was stolen.

The patients asked if the tannoyed system could be reinstated rather than the caller display we currently have. We explained to the patients that if they had difficulties in seeing the caller display to inform the receptionist at the time of checking in & they would ask the doctor to collect the patient from the waiting room. This was not an inconvenience to any of the GPs or other members of staff.

One patient asked if the notice boards could be more eye-catching and updated more frequently. We informed the patient that we are currently in the process of doing this (we asked them to have a look at the notice board in the reception which was updated this week) & we are looking to do topical displays every 3 months to give awareness/advice to patients.

PATIENT SURVEY

Lynne informed the patients that one of the first steps for the patient participation group was to create a patient survey. Lynne asked if the patients could come up with questions they would like to be in the survey as this would be beneficial to the practice and the patients. She also asked if any of the patients would like to be involved & help in getting patients in the practice to complete the surveys – a couple of the patients agreed that this would be good idea & that they would liaise with Beverley/Jackie to organise this.

Lynne gave a sample questionnaire to patients to look at & asked them to input their ideas so that as a group we could create a survey. They felt that the survey was relevant to patients & were happy for this to be used.

One patient recommended a website www.webmonkey – he informed us that this is a good way of tracking & collating results more frequently rather than just doing a snap shot of the practice at this moment in time. We said we would look into this.

Next meeting – to be arranged.