**Patient Group Meeting Minutes**

**22nd March 2016**

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| **Attendees** | **Apologies** |
| Fran  Davinder  Dr Rehman  Dr Anderson  Noelle  Martin  Terry  Pat  Patricia  Doug  Cate  Dave | Winifred  Naeem  Christine  Adrian B  Melissa  Adrian A  Angela |

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| **Summary of discussion** | **Action for** |
| **Review of Actions from the Last Meeting**  All but one of the previous actions have been completed.  **Action: To inform patients they can also email us cancel appointments.**  There was no identifiable pattern from the DNA audit to identify a trend in specific age groups who miss more appointments than others.  Average (over 3 months – Dec, Jan, Feb)  0-19yrs – 79 DNAs  20-29yrs – 61 DNAs  30-39yrs – 71 DNAs  40-49yrs – 51 DNAs  50-59yrs – 50 DNAs  60-69yrs – 25 DNAs  70+ yrs – 30 DNAs  **Action – is it possible to audit % of DNAs across age group, rather than volume?**  **Action – No of patients removed per week due to DNAs onto TV screen in waiting room**  Noelle called for clarity about the minor ailments scheme at the pharmacy and the minor ailments/children’s clinic in the practice.  **Action: Clear, concise information about minor ailments scheme and the minor ailments/children’s clinic to be added/updated on the website.**  **Action: To deliver refresher training to admin colleagues on how to inform patients about minor ailments scheme at pharmacy and our in-house minor ailments clinic.**  It was discussed that the GPs have noticed a large number of 20-30year old patients being added to the speak list. Many of these patients did not require a GP’s input, and might benefit from better information about how to manage minor ailments.  **Action: Refresh colleagues on how to direct patients to the most appropriate health care professional or service i.e. local pharmacy, NHS 111 etc.**  **Staff updates and Recruitment**  IN  Dr Shetty – Locum GP. There is a possibility she will increase her sessions and she may be interested in becoming a partner.  Alan Howe – Advanced Practitioner – now seeing patients.  Ashley Benjamin – Patient Support  Two of our in-house pharmacists will start seeing patients in the near future.  OUT  Julie Tunnaclife – Nurse Practitioner  Jane Freeth – Retires after 22 years of service at The Grange Group Practice. She will be missed. |  |
| **Website**  Noelle asked for the website to be discussed at the next meeting.  **Action: Each member of the patient group to review the website, following a restructure. Feedback at next meeting, with suggestions for development.**  **Action: Website to be added to the agenda for the next meeting.**  Martin suggested the practice should consider another website provider before renewing any contract with the current provider. This comment was made with regards to the constraints the current website service provider presents.  The patient group were interested in understanding more about the volume of users online, and how much time is saved by patients using online services wherever possible.  **Action: Audit on online services, percentage of patients using the service, registered for online, number of appointments booked online, number of prescriptions requested. Quantify the savings in admin time by actioning online tasks vs non-online tasks.** |  |
| **Patient Reference Group Meeting**  Martin updated the group on discussions from the PRGN meeting, specifically, the change to hospital services.  Drs Anderson and Rehman explained the need for change, including improving the quality of care and service, the lack of specialist staff and available finances to mirror the services across two sites.  There will be an emergency treatment centre at both sites, which is expected to handle 70% of the typical problems which currently present at A&E. |  |
| **My Health Tools**  My Health Tools website is an online resource to help people manage their specific long term conditions.  There is a range of self-help information available on the practice website. It was questioned how many people are accessing this information.  Noelle suggested a bulk email to remind patients about the useful information on our website. Bulk emails could also be targeted at patients with long term conditions.  **Action: To create specific emails to target patients with long term conditions, with a view to sending the emails out periodically. Also seasonal information for patients i.e info on coughs and colds.** |  |
| **Telephone Call Observations/ Call recording**  With the recent introduction of telephone call recording software, Dav has been able to give detailed and specific feedback to colleagues on a weekly basis.  An observation form has been developed to target admin colleagues performance when handling calls, including:   * A pleasant start to the call * Ensuring the correct patient record is retrieved * Listening carefully and gathering relevant information * Offering patients appointments for other important health checks, if appropriate, in a single call (as suggested by the patient group) * Thanking the caller for their call   The call recording software is not set up to comply with the practice’s requirements and may be removed in the near future, however telephone/customer service observations have proved extremely beneficial and will continue in some form. |  |
| **PSA Testing at The Grange Group Practice**  A member of the patient group had requested the issue of PSA testing was added to the agenda, following comments about the PSA test at the last meeting.  Dr Rehman explained the following:   * The PSA test is available if the patient requests it. * The clinician should explain the benefits and risks involved with the test, so the patient can make an informed test. Leaflets are available. * There would have to be a good clinical reason to conduct the test, it should not be included as standard. * Raised PSA does not always indicate prostate cancer. * If raised PSA is discovered, a random biopsy usually follows. The random biopsy does not always identify cancer and puts the patient at increased risk of infection and impotence. * Clinically, the medical industry is unsure how to treat prostate cancer. Hence, there is not a national screening scheme like there is with breast cancer etc. |  |
| **AOB**  **Chair of the Patient Group**  Martin highlighted the fact there has not been a change of the role of Chair. Martin invited the other members to volunteer for the post. It was agreed that Martin would continue until the patient group called for a change.  **Online Booking**  An email from Angela discussed an issue with booking appointments online. The patient stated that she was only able to book an appointment with a specific doctor 3 weeks in advance. The patient understands she can call for a same-day appointment, but she prefers to book online. Attendees of the meeting had different perceptions of the issue raised:   * Online appointments don’t go far enough into the future? * Not enough online appointments available before 3 weeks’ time, despite being able to call the surgery for an appointment on the same day?   **Action: Audit of no. appointments available online, no. of days wait for online appointment, how many appointments booked. Target setting for no. of appointments booked online? Identify possibilities to improve access to appointments online. To discuss at the Access Meeting.** |  |
| **Next Meeting Date**: Tuesday 28th June 2016, 17:00 – 18:30. |  |

Patient Group Meeting

Action Plan Tracker

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| Action | By whom |
| **Action: To inform patients they can also email us cancel appointments.** | DS |
| **Action – is it possible to audit % of DNAs across age group, rather than volume?** | DS/TB |
| **Action – No of patients removed per week due to DNAs onto TV screen in waiting room** | TB |
| **Action: Clear, concise information about minor ailments scheme and the minor ailments/children’s clinic to be added/updated on the website.** | DS |
| **Action: To deliver refresher training to admin colleagues on how to inform patients about minor ailments scheme at pharmacy and our in-house minor ailments clinic.** | DS |
| **Action: Refresh colleagues on how to direct patients to the most appropriate health care professional or service i.e. local pharmacy, NHS 111 etc.** | DS |
| **Action: Each member of the patient group to review the website, following a restructure. Feedback at next meeting, with suggestions for development.** | Patient Group |
| **Action: Website to be added to the agenda for the next meeting.** | NC |
| **Action: Audit on online services, percentage of patients using the service, registered for online, number of appointments booked online, number of prescriptions requested. Quantify the savings in admin time by actioning online tasks vs non-online tasks.** | DS/TB |
| **Action: To create specific emails to target patients with long term conditions, with a view to sending the emails out periodically. Also seasonal information for patients i.e info on coughs and colds.** | DS |
| **Action: Audit of no. appointments available online, no. of days wait for online appointment, how many appointments booked. Target setting for no. of appointments booked online? Identify possibilities to improve access to appointments online. To discuss at the Access Meeting.** | DS/TB |