

# Patient Participation Group

## **FEEDBACK AND LATEST ACTION PLAN**

- PPG Meeting: Wednesday 8<sup>th</sup> August 2013 – 5pm

### **Foreword**

Welcome to the two new group members. All members were given a copy of the PPG constitution and a brief discussion on how the PPG should work, and what action has taken place as a result of discussions in previous meetings.

### **Current issues discussed**

#### **Practice Survey**

A copy of the most recent survey was handed out to the group and discussed in detail. In order to gain as much feedback from our practice population we communicated in a number of ways:

- Survey was emailed to 446 patients.
- Survey was text to 401 patients.
- Poster displayed on reception desk with paper surveys available.
- Receptionists asked patients ad-hoc to complete survey.
- Link of Facebook page.

#### **We received a total of 100 responses.**

The conversation was that the survey was a true reflection of the appointment system and that it was not necessary to make any changes to improve upon the statistics.

In regard to question 2, it was felt by the group that perhaps the question needs to be rephrased. Does this mean a GP of choice or any GP? – satisfaction in other areas, why does this question have a lesser response.

#### **Appointment System**

The application of the appointment system was discussed and explained at length. An explanation of the variables that have to be taken into account when planning the amount of appointments available for booking ahead, and book on the day helped the group to appreciate the complex nature of such a system. The variables included annual leave, study days and part-time GP's.

The group were informed that the appointment figures are recorded every day, and the appointment numbers were based upon the previous year's analysed data. The group understood that there will always be peaks and troughs due to unpredictable anomalies such as the weather, viral outbreaks and unforeseen absences such as, sickness. The appointments system is not an exact science; however, the figures are monitored daily and analysed systematically to achieve the best results possible. The group felt that they had a much better understanding of the complexities of the appointment system.

### **Care Quality Commission**

The role of the CQC was explained to the group. The group now have a basic understanding of how the practices standards of quality and safety are regulated, and that the practice has to be registered with CQC by law. The group was asked if they would be willing to attend when we receive notification of the inspection date. Several members present agreed that providing they have no prior arrangement they would be happy to attend.

### **Inner City problems in Ipswich Town**

Although Ipswich Town is small, the centre has similar problems with alcohol and drug abuse as an inner city. The services and support currently available does not necessarily reflect the diversity of the patient list that the town centre practices have.

### **Phone Line and On-line services**

On occasions at peak times there can be delays when trying to get through to reception via the telephone. It was explained that the telephone system is shared as there are two practices that occupy the building, with a total number of approximately 19,000 registered patients. We continue to raise the awareness of the online booking service with our patients. There are posters at reception and in the waiting rooms, promoting the on-line services which include appointment booking, repeat medications and update of contact details. The service is also detailed on the back of repeat medication slips, the practice news letters, and the registration form. Currently only doctors' appointments are available for the on-line booking service. We are looking into ways to offer the nurses appointments; however, this is complex due to the different skill sets of each individual nurse. If the number of patients using the on-line services increases then in theory the volume of calls on the phone-lines will reduce. The numbers continue to increase with patients registering for the service and we are currently above CCG targets.

### **Waiting times for appointments**

A group member wondered, if a doctor is running late is it possible to fit a patient in with a doctor who is running on time? Although it is normal practice to offer to reallocate a patient to an alternative doctor if there has been an emergency, it is not necessarily appropriate to do so just because a doctor runs over in the length of time that he/she spends with the patients. The reception staff are expected to monitor both doctors and nurses appointments both from a safety point of view, and to be considerate in acknowledging the patients own personal time by informing the patient if they anticipate an above normal waiting time. The role of the duty doctor was also discussed as he/she takes any emergency visits or urgent calls and appointments to help avoid doctors being inundated by unscheduled appointments resulting in unreasonable and unmanageable surgeries.

### **Data Extraction**

A new system called GPES has been introduced to monitor uptake of specific services and help to improve existing services to the overall population. An example of Influenza and Shingles was given regarding the type of data extracted. The group were unsure how they felt about this kind of information being shared. The group was comfortable if there was no patient identifiable data shared, however, they were not comfortable if information such as an NHS number was part of the data extracted.

### **Accessing Records**

It is the government's priority, and therefore anticipated that in the next year it will be possible for patients to access aspects of their medical records. This will be accessible through the on-line service. This year we are encouraging patients to look into signing up for our existing on-line services, making and cancelling appointments and re-ordering repeat medication.

### **Action Plan for 2013/14**

1. Prominent advertising of services at the front of the premises to help raise the awareness to patients of current health campaigns, e.g. flu and shingles vaccinations.
2. TV Screen for waiting room which can be managed internally to promote services.
3. Signs for ground floor and first floor in multiple languages to help address the confusion of ground floor and first floor.

**Next meeting – Wednesday 6<sup>th</sup> November 5pm.**