Patient Participation Group. Minutes for Meeting held on 18th August 2015

Present: Janet Griffin (Practice Manager)

Jill Strange (Administrator)

6 members of the Patient Participation Group (Emma, Anne, Sheila, Bill, Robert and David)

Dr Peter Parry Okeden

Agenda Items

Minutes and matters arising

DNA (did not attend) rates. The group reviewed a breakdown of the number of DNA's for the month of July – 197 appointments. These statistics would now be displayed on the waiting room screen and on the practice website. It was agreed that the practice would look at alternative ways for patients to cancel their appointments if they were not signed up for Online Services.

Delayed start to appointments. The group reviewed the data for July which highlighted the percentage of appointments that did not start on time, and the average delay experienced by patients.

65% of appointments did not start on time. This fluctuated greatly between clinicians (Doctors and Nurses). Looking at the Doctors who had a higher percentage of 'late starts' the highest average wait was 15.8 minutes. It was agreed that the clinicians gave the patients the time the patient needed (within reason) and that often the consultation overran due to the complexity of the medical problems encountered during the consultation. The group was reassured that clinicians start their clinics on time, but can be delayed due to emergency telephone calls, and requests for assistance from the doctors in training.

Agreed that future minutes would contain the first names of the attendees at the meeting.

Retirement of Dr Parry Okeden

Dr Parry Okeden was due to retire at the end of August 2015. His patients would be allocated to Dr Caroline Eeles who joined the practice in April 2015.

Report from the Bedford Locality Patient Group Meetings

Bill had kindly volunteered to attend these meetings and report back to the group. There were several items of interest that the group could take forward as a way of increasing the participation in the practice group and gaining feedback from the patients

1. Involvement of GP Partners

2.The use of Survey Monkey to create and report on surveys

3.Promotion of health events

4.Use of reception staff to recruit patients to the virtual PPG

5.Noticeboard containing information specific to the PPG, and the use of newsletters in order to feedback to patients about the work of the PPG

6.Use of email to invite patients to join the PPG

7.Members of the PPG volunteering to talk to the patients in the waiting room

Bill agreed to continue to visit the practice to speak with patients in the waiting room. He also offered to help with some of the administration tasks associated with the PPG i.e. formulation of newsletters, leaflets and minutes of meetings.

Q & A's from patients

Q. How does the practice ensure that patients' medication is monitored over time?

A.

Blood tests are often required for the monitoring of medication. These are diarised for patients whose medication requires them to be monitored on an regular basis.

There is a robust system of alerting the Doctor if the medication is being ordered too soon / too often.

When medication is due to be 'reauthorised' the prescribing clerk alerts the Doctor who will use this opportunity to review the medications.

Q. Are the Doctors required to account for the number of referrals or tests that they refer patients for?

A.

The practice is provided with monthly financial and activity data by the local clinical commissioning group. The practice is required to review it in order to reassure itself that patients are being referred in line with national and local guidelines.

Although there is a planned 'budget' in terms of activity and cost, the practice is not prevented from making necessary referrals if it has exceeded these levels.

Next Meeting

This would be scheduled for November 2015 with a possible change in meeting time – i.e. lunchtime – in order to possibly attract more interest from patients?

Agreed to carry forward agenda item regarding computer security and medical records