**MINUTES OF THE BUSH DOCTORS’ PATIENT PARTICIPATION GROUP (‘TBD PPG’) MEETING: 14 NOVEMBER 2018, 5PM – 6.30PM**

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|  | Attendees: Patients: EH, RS, IBStaff: Site Manager, Eva Krenova (EK) GP Partner, Dr Beera Patel (BP)  |
|  1 | **Welcome and introduction of new members to TBD PPG** |
|  | BP welcomed everyone and introduced EH as new lead.  |
| 2 | **Agreement of minutes of last meeting**  |
|  | Minutes of meeting of 17th October 2018 agreed.  |
| 3 | **Updates from Practice staff since last meeting**  |
|  | **Flooring** Carpets will be replaced with lino flooring starting late November (to be completed in December 2018). **Work ongoing on other actions identified at 17/10 PPG meeting (EK).**  |
| 4 | **Issues discussed** |
|  | **4.1. Identification of potential additional members to the PPG, promoting the PPG and communication of PPG work to all patients:**The group discussed how to advertise and promote the PPG – posters and leaflets in the surgery, on the website, on the surgery screen. We are looking for more members (virtual or in person) who are willing to proactively contribute to the group with ideas and suggestions with a view to working collaboratively with the Practice to help drive improvements. Doctors to help in identifying patients who may be interested (BP to discuss with GPs and nurses). **ACTIONS: EH/EK/BP (*See separate actions list*)****4.2. Zero tolerance policy and community police input:**Practice staff are experiencing an increase in abusive behaviour (including verbal aggression and threats) from some patients. The group discussed this and what the Practice could do to manage it. Patients are currently sent a warning letter. We discussed whether a first and then final warning letter could be sent, after which the patient would be removed from the Practice list. An alternative would be to have a yellow/red card system. Practice to consider training to help staff feel better supported and equipped to deal with abusive and threatening patients, logging of incidents and reporting of the most serious incidents to the Police. Zero tolerance posters in Surgery. Update to practice leaflet and messages on TV screen. EH wondered whether the community police team could be asked to come in and help the Practice with this issue, possibly even provide some training to staff. The group discussed this and agreed to action. IB to provide details, EH to contact them. The Secretary of State for Health has also recently announced new initiatives around zero tolerance. EK will circulate details to the group.**ACTIONS: EH to contact community police team. Practice to consider warning system and logging of incidents (in conjunction with community police if they are able and willing to help), and staff training. EK to circulate SofS communication.****4.3. Appointments, triaging of patients, care navigation**4.3.1. Appointments with doctor of choice/ types of appointment/ how to bookSome patients had raised issues at the last meeting about booking appointments with the doctor of their choice. The Practice recognises the importance of this and is considering what to do to ensure those patients who want/ need to see the same GP are able to do that. The group discussed this further.BP explained phone lines open at 8am, patients can also attend in person at 8am. Online embargo lifted at 8am. Same day appointments are available to book for both morning and afternoon/ evening slots. Appointments are bookable in advance are available with a doctor of your choice. BP is responsible for coordinating the GP rota and explained that a balance had to be struck between providing appointments on the day and also providing pre-bookable appointments for those patients who wanted to see a particular doctor.Telephone appointments are also available with the doctor of your choice. However, these appointments are not currently available to book online because they may not always be suitable. Practice to clarify what telephone appointments are to be used for and offer those to patients as appropriate. Agreed that more information on the types of appointment available and how/ when each type of appointment could be booked would be made available to patients via the practice leaflet. **ACTIONS: BP/EK**4.3.2. Triaging of patients/ care navigationThe group discussed how to increase/ encourage the willingness of patients to disclose to reception their reasons for an appointment. It is recognised that patients are often reluctant to disclose any medical information to reception, but it would help triage/ navigate patients to the most appropriate person and time (urgent/routine). It may mean a patient’s issues could be more appropriately managed by an HCA/ the nursing team/ the practice pharmacist, all of whom have longer appointment times (15 minutes). This could also have the effect of shortening waiting times. Longer appointment times for HCAs etc. to be advertised in the practice leaflet.The group thought it would be a good idea for receptionists to be given some training in how to ask questions of patients. Doctors to also talk to patients where necessary about the appropriate use of appointments (face to face education of patients by GPs; what is an emergency and what is not), and encourage patients to create an ownership of these decisions. EH suggested that it would be helpful if the telephone message could be altered to include a message highlighting to patients that they may be asked brief questions reception about their reasons for an appointment and its purpose, and encouraging patients to please work with us. This message should also be highlighted on the website, on the surgery screen and in the practice leaflet. **ACTIONS: BP/EK/EH****4.4. Test results and patient recall**RS raised the issue of the Practice sometimes sending multiple texts to say your test results have been received, please make an appointment to see a doctor. An example was given of 6 texts received in relation to one set of results. Some of these texts are received after the patient has already spoken with the doctor. This can be confusing for patients if you’re not sure whether you need to speak to the doctor again or not. It also generates unnecessary work for staff.IB said Imperial have a Core Portal where you can access your records and test results. BP/EK said nothing similar is currently available on SystmOne, but some test results can be viewed online for those patients registered for the online service.BP and EK said that Dr Pamini is working on a project to create a more robust system for recalling patients following test results and to create a logic to avoid the Practice sending patients multiple messages/information, which will include an action for staff to check the patient’s records (to see if the results have already been actioned) before sending a text message, and an alert in the notes when a patient has already spoken with the doctor. It was also agreed that additional wording should be added to the end of any text message to say to patients if you receive a text message asking you to make an appointment with a doctor to discuss your test results and you have already discussed your results with a doctor, please ignore the text. Wording to be agreed. **ACTIONS: EK/ BP. EK/ BP to feedback this discussion to Dr Pamini.****4.5. Patient Survey 2018 and reducing waiting room wait times to see the doctor**The group looked at the patient survey results from 2018 and in particular, discussed how the Practice might reduce waiting room wait times to see the doctor. BP explained that the reasons for delays were often multi-factoral – patients having multiple or complex issues to discuss in a 10 minute appointment; clinics running late (doctors see 19 patients each in a morning surgery and even a 5 minute delay with each patient has a substantial knock on effect for the patients with later appointments); non-English speaking patients/ those patients who struggle with English and who have not booked a double appointment or a translator and GPs struggle to translate using the language line which causes significant delays; emergencies; and, GPs not starting surgeries on time. BP also said the Practice has amended the start times of clinical sessions in the afternoon to allow for overrunning of lunchtime meetings.There is a 10 minute late policy: patients will not be seen if they are more than 10 minutes late for their appointment time. BP explained this rule is there to reduce waiting times, but that the doctor has discretion whether or not to see someone. The group discussed the issues and how wait times might be reduced. It was acknowledged that this would require collaborative working with patients and that patients need to help as well.4.5.1. Several ideas/ potential solutions to reduce wait times were discussed:-1. Increase willingness for patients to disclose their reasons for an appointment, potentially navigating them to a more appropriate person (e.g. HCA/ nurse/ practice pharmacist with longer appointments) which may have the effect of shortening wait times.
2. Encourage patients to book double appointments (20 minutes) if they have multiple or complex issues to discuss with a doctor. This should be advertised via the phone message, practice leaflet, website, posters in surgery etc.
3. Encourage receptionists to have freedom to make a judgment themselves if a patient needs a double appointment because they are non-English speaking patients or struggle with English. If the receptionist thinks that is an issue, they should book a double appointment. An alert should be placed in the patient’s notes by either the receptionist or the doctor to ensure double appointments are always booked for that patient.
4. Doctors need to make an effort to start their surgeries on time.
5. If patients are attending the surgery for something such as a BP check, blood test, flu jab etc, encourage them to take off coats etc to reduce consultation time being taken up by undressing etc. Message to be put on surgery TV screen to ask patients to help by doing this.
6. 10 minute late policy is there to try and reduce wait times. Doctors have discretion to still see these patients but the group wondered if they could be seen at the end of surgery after everyone else.

4.5.2. Communication of delays and ways to manage it: The group also discussed ways of informing patients of late running clinicians/ clinics, providing updates to patients on wait times and whether it was possible to re-book where there was a significant delay. The following ideas were discussed and agreed:-1. Doctors to message reception if they are running late and reception to announce that doctor is running late and by how much time. That is to be communicated to patients on the board by reception, and by announcing the delay to patients currently in the waiting area.
2. Suggested that the doctors come out to inform patients if they are running more than 30 minutes late, and reception to update patients thereafter.
3. Half hourly update to go on board (reception).
4. If clinicians are running very late, it was agreed either (1) patients would be advised to pop out (to run an errand, go for a cup of tea etc.) and come back, while being reassured they wouldn’t lose their slot and would still be seen by the doctor, or (2) be offered the opportunity to re-book their appointment for the next day.

**ACTIONS: EK/ BP/ EH**4.5.3. Other items on the patient survey were briefly discussed. EH noted there is little information to help Practices drill down to the route of the issue and provide meaningful information upon which to base improvements. EH to consider further whether any additional surveys by the Practice might help gather more information to inform any improvements, and whether there was scope to discuss with NHS England how the survey might be improved to gather better information to help practices make improvements. It was also noted that fewer than 1% of the TBD’s patients completed and returned the 2018 survey. **ACTION: EH** **4.6. Encouraging more patients to register for online services**Approximately 25% of registered patients are registered for TBD online service (this figure was confirmed after the meeting: originally the group had thought it was 12%). The online service offers routine and same day appointment booking, medication requests, access to test results, and to basic medical information held on record. The practice would like to encourage more patients to apply for its online services. RS noted that at the last meeting (17/10), only a handful of the approx. 30 patients attending had access to the internet. Most had ‘old style’ phones enabling texts and calls only. Agreed the Practice would have a text campaign. First to establish how many patients had access to the internet at home (‘please inform us if you do have access to the internet at home Y/N’), to establish how many more patients we could potentially get to register for online services. Following which a second text campaign should be commissioned to encourage as many patients as possible to register for online services. Practice and PPG to consider whether they can help with that, other sources to encourage online registration, Age UK, library etc. Posters to advertise.If it transpires a large number of our patients do not have internet access, agreed Practice to consider how appointments are offered and whether more appointments/ resources should instead be made available by phone/ in person. **ACTIONS: EK/ BP/ EH****4.7. Patient information leaflets/ Practice leaflet/ newsletter:** Practice leaflet to be updated to reflect issues raised/ discussed at this meeting (e.g. double appointments are available for those with multiple or complex issues or if English is limited. Availability and purpose of telephone appointments to also be included in the practice leaflet, and longer appointments for HCAs, nurses and pharmacist advertised). RS suggested a list of any particular specialisms the doctors had could usefully be included in the practice leaflet, along with which days and time doctors usually worked so patients who want to see a particular doctor would know when they are usually in. BP content to include that information in the practice leaflet. Agreed practice leaflet should be reviewed and updated regularly.Text message to go out to patients to inform them about new leaflet (when ready), and that patients should book double (20 minute) appointments for multiple issues and if their English is limited. Leaflets to be available to be handed out to patients by receptionists.PPG/ Practice to work on drafting patient information leaflets – ‘how to’/ ‘how do I?’, and leaflets on care navigation to include information on what services patients can self-refer to and where they may get further information to help them etc. Following on from the last PPG meeting, in order to relieve pressure on GP appointments, the Practice has identified a need to actively signpost some patients whose issues could and should be dealt with elsewhere, e.g. pharmacies, in house pharmacist, community places, self- referrals (not requiring the patient to be seen by a doctor first). Consider having a Practice/ PPG newsletter (? every 3 months).**ACTIONS: EH/ EK/ BP** |
| 5. | **AOB**  |
|  | **Encouraging a sense of community between the Practice and its patients**EH suggested the Practice and PPG could think about organising an open evening in the Practice and invite patients and local community organisations (for example, community police, local pharmacists, others). It would be a great opportunity for patients to meet doctors and nurses outside of formal appointments, and a chance to get to know people and build relationships with other organisations in the local community who could help in supporting patients and the Practice. BP was very keen on this idea. BP suggested we could have a PPG ‘station’, as well as other ‘stations’ to represent community organisations and provide information to patients on care navigation and what conditions patients can self-refer for (for example, IAPT (mental health), MSK (muculoskeletal issues)). BP suggested we could work towards this sometime in the new year. **ACTION: EH/ EK/ BP** |
| 6. | **NEXT PPG MEETING:** **January/ February 2019, date TBC**  |