

## PRG Minutes

Date: 09.08.2012

Present: KB, CB, AW, DB, TS, MO, MS, KA  
Apologies: CU, BB, TR, MB, DJ, JF, WM

KB and CB introduced themselves to PRG members.  
PRG members introduced themselves

DB has joined the group as he has real interest in what happens at the surgery, although there are negatives he wants be positive.

TS and MS introduced themselves

KA has seen over the last few years the service is declining and therefore is interested in joining the group to improve the surgery healthcare.

MO has not been happy with the surgery for a while and is about to leave the surgery unless things can change surgery and therefore has now decided to join the PRG.

AW wants to help get the surgery back to what it should be.

Aim of PRG discussed and KB informed members meeting will be held quarterly. If members do want to hold their own meetings they can arrange to have it at the surgery.

AW appointed as Chairperson  
MO introduced as Secretary.

Next meeting will be chaired by Kb and AW

Discussion of previous meeting to PRG members held on 10.02.2012

### Recap and news from the practice

KB gave the web address for The Practice PLC for further information about the surgery and documents relevant to John Smith's.

### GP

- KB: Dr Jaleel is no longer working here; Dr Kendeel has now taken over since 03.07.2012. He works full days on Tuesdays, Wednesday and Fridays.
- KB: Dr Lakshmi was covering maternity; however she left due to her pregnancy.
- In the interim was have locum GP covering for Dr Rahman, who will be back by October.
- KB: We are aware that locum GP's are not always appropriate for all patients but we are trying our level best to ensure that we are bringing in regular locum GP to keep some regularity for patients.
- KB: In some instances we may need to get locum GP's that have not been at the surgery before. This is because regular GP are not able to attend.
- DB asked how much notice GP's give if there were to leave the practice
- KB informed the notice period is 3 months and DB requested that we have newsletters informing patient of changes. .
- KA: there is a lack of doctor-patient relationship because of the constant change of GP's. We need to be able to retain GP's at the surgery.
- KB: we will try our best as a surgery to have continuity of GP's.

- KA has always seen a different GP
- CB: patients can request to see their preferred GP

#### Reception Staff

- KB informed members that all reception and admin staff have had their patient first training.
- DB and MS made note that they are happy with all staff here however MO believes that standard of service from staff could be better.
- DB put forward if the surgery have a practice method book; a quality assurance process whereby all staff are singing from the same hymn book i.e. Work by the same rule, regulation and protocols.
- KB informed that there are protocols that staff follow but this may need to be adjusted on an individual patient depending on their need and requirements.

#### Emis web

- Transition of clinical system to improve patient care.
- Move from emis LV to web.
- We have had a few hitches along the way since the migration on 06.07.2012. But we are getting there and staff are lot more familiar with it.
- We still have the odd problems because we are newly migrated but we have tried to keep it to a minimum.

#### Appointments

- The surgery offers, advanced appointments, on the day appointment, and one day before as well as emergency appointment.
- Appointments available on the day open at 8am for am appointments and 2pm for pm app. We have found that this is when patients tend to call up for appointments and therefore these appointments are locked until these times.
- Patients will ask for details of the nature of the problem for patients who request emergency appointments to pass on to GP who will then assess the patient.
- KA: has called for appointments and has had to wait for an unacceptable amount of time.
- KB: reassured that the surgery tries to facilitate within 48 hours where available otherwise alternatives are provided.
- Under 5 year olds and the elderly are not refused appointments.
- Home visits for patients who are housebound.
- We also offer telephone consultations to patients.
- Our DNA rate has increases since the last time we met it has increased from 17% to 21%. As a result we are unable to offer these app's to patients because ther are not letting the surgery know.
- Online appointment access will be reintroduced which was stopped during the migration of clinical systems.

#### Results/Prescriptions

KB:

- Results take 5-10 days
- Prescription will be ready in 48 hours
- Sometimes patients request medications that have gone into past drugs; these can not be issued by admin and reception staff. At this point patients are advised to book an appointment to see the GP for a review.
- Online prescriptions will be reintroduces which was stopped during the migration of clinical systems.

### Review action plan

- Preferred GP- Patients are informed of the doctors available for the app requested. We have tried to minimise locum usage but because of maternity cover have had to use locums but again we have booked locums who patients are familiar with.
- Staff – all staff have had patients first training- management monitor that a good standard of care is provided by all staff to patients and welcome feedback from patients of any concerns or queries. Staff are made aware of any concerns that have been put forward. .
- Appointments- As mentioned we have implemented on the day, 24 hours appointments, and emergency appointments and will review as needed.
- A&E- Patients who attend A&E during surgery hours where the issue can be dealt with by the GP are asked if they would like to come for a meeting to discuss ways we can prevent them going to A&E. children under 5 and the elderly patients are not refused appointments and are seen as emergencies or extras.
- Waiting times- We are trying our level best to minimise patient waiting times. Although sometimes it is out of our hand as the GP has an emergency to deal with a patient, or the GP has been informed of a death. Clinicians from other health services sometimes call to speak to a GP in an emergency it could be if there is a severe mental health issue or a patient has been admitted and they need to speak to GP. Patients are always informed by staff if the GP is running late. Patients sometimes come in to appointment with numerous problems to discuss. Posters up to inform patients that one app' is for one problem.
- GP/Nurse- Not had any negative feedback from patients; instead have had a lot of positive feedback.
- Opening times- This is still under discussion.
- Overall experience- welcome feedback and this is ongoing all the time.
- Information for patients- Posters and leaflets available in reception area and in sub receptions as well as clinical rooms. Suggestion box in reception and checked weekly by management only.
- Out of hours- Telephone message includes OOH details and by word of mouth.
- Patient reference Group-. PRG invite letters sent out to patients and are also asked at reception by staff.

### Patient Survey

All happy with current contents of survey and no changes/amendments have been requested.

### AOB

PRG members would like to hold their own meetings in between the quarterly meetings.

KB: If days and times are provided in advance, meeting can be held at the practice.

Next meeting to be held in October.

## **PRG Minutes 01.02.2013**

Present; KB, MO, AW, WC and (part of meeting WM, QK)

Apologises: DB, KA, TS, MS, DJ, TR CU, DW, SB, BB

### Survey

Results of survey discussed with PRG members as per survey results and action plan.

KB: Discussed survey report with members.

### Appointments:

KB: We endeavour to have patients seen by a clinician within 48 hours. If we are unable to facilitate this we will offer alternative appointments. If an appointment is required soon but is not an emergency, patients are directed to walk in centre or chemist. Patients are also aware of telephone consultations.

Action: Staff to inform patients if clinicians are running late.

Walk in centre's have specific criteria's

Action: Staff to advise patients of walk in centre but have to be aware of the facilities, i.e. children are not always seen by all walk in centres

Survey shows patients are happy with the 10 minute time frame with clinicians.

WC: Suggests patients need late appointments.

Action: Review appointments in April 2013.

### Entrance to building:

AW: requesting building plans so he can contact local council regarding the partition of the housing side and GP side.

KB: This information will be provided if and when available due to risk of breaching security.

### Email address:

KB: Email address approved and in the process of obtaining an email address for PRG members from the PCT.

### Newsletter:

Surgery unable to provide newsletter, but PRG members are welcome to initiate one, which can then be approved by The Practice Plc.

WM and Dr Kendeel arrived at the meeting and introduced themselves to PRG members.

### Surgery Update

Telephone consultations and home visits can be requested by patient.

WM: Discussed having HCA available, needs further discussing KB as only just approved, Nursing hours still to be reviewed.

AW: requesting update on "touch screen book-in"

WM: In the process of looking into this and is waiting for feedback from our clinical system software providers who maybe able facilitate this dependant on cost.

Dr Kendeel and WM leave meeting.

#### Staff

WC: Discussed staff issues and the way calls are being handled.

KB: Is an on going issue as per feedback from staff and training will be provided if necessary and work performance will be monitored.

KB: Suggested PRG members to meet staff for informal chat.

AW: Not in agreement with this suggestion, will discuss in future meeting.

WC: There is not enough privacy when staffs are talking to patients asking nature of problem.

KB: Patients are not under pressure to state what is wrong, but can help in accessing a clinician more rapidly i.e.: nurse for dressing.

#### Clinics

KB: Looking into having more clinics available at the surgery to avoid patients travelling to alternative destinations for their care i.e. diabetic clinics, phlebotomy etc.

#### PRG

KB: we continue to have a low number of patients joining the PRG.

AW: As patients are not interested in becoming PRG members AW is happy for patients to have his email address, so patients can get more information.

#### AOB

KB: Informed PRG members that the Surgery is open and is accepting new patients as many registered patients are worried as other surgeries have sent out their leaflets promoting their services.

AW: Unable to open PDF documents on webpage.

Action: KB will look into this to resolve this issue.

AW: Suggests minutes to be emailed to PRG Members to save on postage.

Next Meeting: April 2013