

University Medical Group

Minutes from Patient Participation Group meeting – 6th November 2018 7-8pm

Present: Dr Elizabeth Johnston, JP, TM, BM, PL, JE, WE, BM, DH, JW, HW, AW, PR, GC, DT, RJ, MT

Minutes: Fiona Mullin

1. Welcome and Introductions

Dr Johnston welcomed everyone to the meeting and all attendees said a few words to introduce themselves to the rest of the group.

2. Update on premises developments

EJ - The last face to face meeting with the PPG was about the Whitley Villa site at the time of the merger when it was known that the partners wished to close the site in due course as the premises are not fit for purpose eg no disabled access and GP rooms on the first floor. The practice is no longer merging with South Reading practice and is no longer planning a new build surgery. We are now actively pursuing the University Health Centre Northcourt Avenue site and will close Whitley Villa in due course. Meetings have been held with the University who own the building and they have been very supportive. Current plan is to knock down our garage and expand out to the side with either a double or single storey building into the garden next door and another storey on the admin block. We do not have planning permission yet but have a letter of support from the CCG. We need to get approval from the district valuer who looks at the cost of the building and decides whether it is deemed value for money. EJ asked for the support of the PPG for these early plans.

There is also not enough parking at the moment so we would need to look at that.

It was made clear to the Whitley Villa patients at the time of the merger that the plan was to close the Whitley Villa site as the lease finishes in 2023.

The room was opened to questions about the premises update:-

Q: The original guide was for the practice to expand to 30-50,000 patients. Are you still seeing expansion?

EJ: Yes, we currently have 30,000 patients registered.

Q: What proportion are students?

EJ: We can't actually tell how many patients are students as that is not something that is recorded on the registration forms but there are 10,398 between the ages of 17 and 24 so would estimate a third of our book are students.

Q: Are you expanding to make room for additional staff or will you be providing additional services eg specialist scans for patients etc?

- EJ: We have no plans at the moment to offer additional services unless we are commissioned to do so by the CCG. Staff are frequently 'hot desking' due to space limitations and we are running out of space to keep patient notes.
- PPG: It was commented by an attendee who used to be part of a disabled access group at their previous surgery that there are obvious issues with accessibility at the Northcourt Avenue site; for example, the reception front desk as it is too high for wheelchair users. The layout of the waiting room also used to be very inaccessible but changes have been made to the layout which has improved this. Privacy is also very difficult at the front desk.
- EJ: Changes to this will be possible as part of the refurbishment plans.
- Q: When do you expect the plans to be looked at?
- EJ: In about 3 months. We do have some outline preliminary plans but we would like to call another meeting when plans are available after discussion with the university.
- Q: Will you still be taking on new patients?
- EJ: We are not closing our list. Our opening hours have changed and are now open until 8pm Monday to Thursday. We haven't got to the point of asking GPs to work shifts yet, they are just working their extended hours as usual.
- Q: Who owns the medical practice?
- EJ: It is owned by Reading University and run by a partnership of 3 GPs. The partnership used to be 5 with Janet Judkins, the previous Business Manager and Clare Cowan, the previous lead nurse but they have now retired.
- Q: Who owns the dental practice?
- EJ: That is owned by the University and they rent it out.

Final comment on premises from EJ was that it is probably for the best that we are no longer merging or planning to build on another site as it will be more efficient to have everything on one site rather than two or more.

3. Patient Survey Results

Please see the link for the full results. <https://gp-patient.co.uk/report?w=0&practicecode=K81605>

Some results discussed and commented on at the meeting were:

89% find it easy to get through to this GP practice by phone

EJ – We work very hard on management of the phone calls. We now have a call centre with screens to monitor the calls and waiting times. The partners get a monthly report which shows that Monday mornings are the peak time for calling.

- Q: What is the target for call answering time?
- EJ: We do not have a target for how long an individual waits; however, the target is to answer 80% of the calls throughout the day. It is not possible to get 100% as some people call and hang up when they get the message.

Comment: It is nice to hear EJ's voice when calling rather than a computerised message. Can usually get through in a few minutes, longest wait time has been about 10 minutes although have been cut off once and had to call back again. Another comment was that it took a while to get through at a time that wasn't a peak calling time.

Action: EJ to bring phone statistics to the next meeting.

91% find the receptionists at this GP practice helpful

Comment: The fact that the receptionists now repeat the appointment time and details back at the end of the call is very helpful.

81% are satisfied with the general practice appointment times available

Comments:

- Is it possible to email GPs directly as don't always need an appointment or to speak to them especially for monitoring of chronic conditions?

EJ: No, that's not a service offered. There is a practice email address that some patients use to send in information to the GP. It is not currently possible to email direct to GPs. We really do look at the appointments and take all your comments on board.

- Some patients use the main surgery email address to email in information to their GP.
- It is not always clear when using email and can end up going backwards and forwards, better to speak/see a GP in an appointment slot.
- Frustrating to have to phone on the day at times. Can get an appointment in 3 weeks' time but not in 3 days' time.
- You can book appointments online and type your own notes/reason for appointment/telephone call in the comments box yourself.
- Why is there only 1 full time GP?

EJ: There is only one full time GP as mainly GPs choose to work part time and it can be very stressful.

58% say they have had enough support in the last 12 months to help manage their long-term condition(s).

EJ: This figure appears low but the question is in general, not just based on the GP surgery.

Overall, the results give us the sense that patients are generally happy but we are always looking at what we can improve on.

4. Friends and Family results

Patients get a text asking if they would recommend the surgery. The figures vary between 85% and 95%. Any negative comments get passed to the partners. It seems that you can only reply to the text if you have a smartphone. The questions are nationally set and we use

it is a barometer; however it is hard to find out specific information eg is it a particular doctor etc.

September's figure was 95% and October's is down at 86%.

Q: Why was I not selected for the patient survey?

EJ: It is not set up by the practice, it is a national survey

Q: How many people took part in the survey?

EJ: Approximately 400 people.

5. Answers to questions submitted by the PPG

Q) I would like to understand what is happening regarding patients with long term conditions and self-management/self-care strategies, working with public health on their new policies regarding helping this group stay healthy and life and health coaching for this group.

A) Reading Borough council is consulting on the provision of public health services over the next two years to ensure it focuses on the health and wellbeing issues that are most important to the people of Reading.

Continuing to provide public health services which support healthy, independent living, such as stop smoking, healthy weight support, school nursing and sexual health services, is becoming increasingly challenging for the Council.

The Council is considering providing some public health support in different ways in future. This could include:-

- Combining support to lead healthier lifestyles in several ways – for example one service to help people quit smoking, eat well, be physically active and in good emotional health;
- Opportunities to offer more people support to help themselves by providing services digitally;
- Strengthening partnership working to commission services delivered with other organisations.

This Public Health Consultation runs from Thursday 1st November 2018 to Sunday 6th January 2019.

A report on the response to this consultation will be presented to the Council's Policy Committee on 18th February 2019.

There will be a Public Consultation event on Tuesday 18th December from 10.30am-12.30pm at Reading International Solidarity Centre (RISC) Global Care, 35-39 London Street, Reading, RG1 4PS.

The consultation is available online at: www.reading.gov.uk/publichealthgrantconsultation

There are also Social Prescribers as an option for GPs to refer to and 'Talking Health'.

Q) How can a patient who works outside the university manage to get a timely appointment? Bearing in mind that they are probably commuting at the time the day's appointments are released at 7.45 and 8am, such a person cannot plan their working day and time off work for the appointment.

A) 50% of the extended hours are available to be booked in advance (ie 6.30-8pm Monday-Thursday) and Saturday mornings. 30% of working hours appointments can be booked in advance and there are GP bookable appointments which GPs can use to book their follow-ups.

Q) How can a patient see a named doctor who they may have built a relationship with, if this doctor does not have any scheduled appointments for a long time (e.g. one month wait for Dr Cheetham)?

A) Try the on-line booking; ask her to book you a follow-up if required in a GP bookable slot if she has asked you to come back for a follow-up. Dr Cheetham also has teaching commitments and visits Lakeside Care Home every fortnight therefore her available appointments are reduced which means that often patients who wish to see her need to wait longer.

Q) What is the average wait for referral to mental health services?

A) The government is consulting on introducing the same sort of targets for people to be seen by a mental health specialist but there are already some targets in place. National figures according to the BBC are:

Psychosis

The percentage of patients starting treatment for psychosis within two weeks of referral is 80% in February 2017 – the target is 50%.

Children with eating disorders

Children and young people with eating disorders in England should receive treatment within a week of referral, in urgent cases. In the latest quarter, this was 75%. Less urgent 'routine' cases should be seen within four weeks; currently at 81%.

Access to talking therapy

Standard that 75% should start treatment within six weeks of referral and 95% should start treatment within 18 weeks of referral. First target was met – first appointment within six weeks, 88% of all referrals. The second target was also met – with 98.2% seen within 18 weeks.

Locally the results would need to be obtained from the CCG.

Q) What are the demographics of the patients? E.g. % of patients who are students, non-student, university staff and community? And what is the age breakdown?

AGE	MALE	FEMALE
00-09	1204	1223
10-19	1526	1847
20-29	6039	6377
30-39	3197	2603
40-49	1589	1197
50-59	824	723
60-69	496	491
70-79	287	325
80-89	107	174
90-99	15	73
100+	0	1

Total list size is 30318 as of 18.10.18. It is not recorded who is a student or staff member at the University. In the 17-24 range, there are 10,398 patients so approximately one third of the list size is now made up of students.

Q) What audits are in place to assess the benefits to the health centre from both the patient and the clinician point of view, of the paramedics and the assistant physicians?

A) Our GP access is increased by them not managing urgent and routine home visits – if we consider that a home visit is at least 40 minutes and that is 4 appointments, on average we are creating access to 24 appointments a day for our patients that need to see a GP. Minor illness – again, in regard to access to GPs, by patients seeing paramedics for minor illness, we increase access to GPs on a weekly basis by 174 appointments. Our philosophy is very much about active signposting - getting the right patient to see the right clinician. The paramedics are an example of how this can be best utilised to the benefit of the patient.

6. AOB

- Emails from Patient Access – these can be opted out of when you receive them.
- Feedback that the website is getting better.
- The screen in reception doesn't say whether the doctor is upstairs or downstairs; is this possible as would be helpful?

It was agreed that initials would be used on the minutes to be published on the website rather than names of attendees.

Actions:-

- EJ to bring phone statistics to the next meeting
- It was agreed that another meeting would be arranged for the spring with an update on premises and patient feedback.