

AGENDA

PPG MEETING WEDNESDAY 2ND DECEMBER 2015 MEETING ROOM 18.10 PM – 19.30 PM

	Item for discussion (as suggested by members)	Action
1	Introduction and refreshments	Dr Mixer
2	Constitution and Terms of Reference – brief discussion about the group and its remit	Greg Medici
3	Appreciation of staff	Greg Medici
4	Saving money by communicating via text/email/phone	Greg Medici
5	Explanation of Patient Access	Greg Medici
6	Health Checks for older patients	Diane Smeeton
7	Premises Improvement application	Greg Medici
8	Surgeries that run late	Greg Medici
9	The Practice view on statins	Dr Gateshill
10	48 Hour prescription ordering	Greg Medici
11	Private and NHS referrals	Dr Gateshill
12	Bad Publicity of the practice	Greg Medici
13	Any other Business	Greg Medici

Attendees:

Greg Medici
Tina Holmes
Dr Gateshill
Diane Smeeton
Rachel Letchford
Rachel Barber

Ann Willis
Ray Butchart
Malcolm Anderson
Monica Pinder
Michael Jenner
Marion Shaw

Apologies:

Richard Langthorp
Keith Bremner
Robert Sexton
Howard Petch
Rob Humphrey
Kelly Hall
Judith Woodrup
Susan Holland
Greg Medici
Jennifer Medici
Carol Letchford
Caroline Wilson
Richard Sampson

Agenda Items

1) Introduction and Refreshments

- **Dr Mixer opened the meeting**, welcoming patients and staff alike, thanking them for their time and interest in the practice. It was outlined that this is an introductory meeting and that we hope to grow in participation and discuss issues deeper in the future.
- **Introduction of staff members to attending patients.** Apologies from Richard Langthorp who could not attend this evening, and apologies from other patients that were unable to attend. The group as it stands consists of approximately 30 patients, which is a growing number. A number of members would like to remain anonymous but still remain in the group. Discussion began of the difficulty of anonymity as feedback can only be provided in writing and separately to the group discussion. One patient suggested that should they not attend the meetings they should not be part of the group.

Action – To Practice for response - a two tier PPG could be provided; those who wishing to attend the meetings and those preferring to provide written feedback.

2) Constitution and Terms of Reference (a summary)

- The Group will be called the Patient Participation Group (PPG) of The Old Fire Station Surgery, Dr Mixer and Partners. The aim of the PPG is to promote an exchange of views and ideas between the Practice and the Patients to the benefit of both. Membership is open to all patients of Dr Mixer & Partners from both the main surgery and Samman Road branch surgery. All opinions will be respected, discrimination will not be tolerated, and all matters will be treated as confidential. The meetings will take place on a quarterly basis and should be purposeful. **The full copy of the Constitution and Terms of Reference will be emailed to PPG members and published on the website along with minutes of the meetings. Any suggested changes to the constitution or terms of reference can be an agenda item at the end of January.**

Action: Practice manager will deal send this information.

3) Expressing of appreciation and gratitude to the doctors, nurses and admin staff

- **Appreciation was expressed to the doctors, nurses and admin staff** - who deliver a wonderful service to their patients, in the difficult conditions of financial constraint and demands on time by paperwork. This was received well by members of staff who do feel the pressure of time constraints as all work done carries a considerable amount of paperwork.

4) **Exploration of the possibility of saving time/money by communicating by phone/text/email where possible rather than letter.**

- **GP working week** - Greg Medici proposed sharing the standard working week rota for the GPs with patients, perhaps on the web site, whilst unscheduled changes will mean these are not wholly reliable, they will provide a broad indication of when the doctors are likely to be available. One group member raised a concern in being able to pre-book his appointments up to 3 weeks in advance as he worked away. Changes in rotas do mean booking in advance can cause issues on rearranging booked clinics though it was agreed that 3 weeks ahead would be a preferred option.

Action: The practice manager will discuss with the Partners

- **Patient Contact Details** - Obtaining up to date patient contact details was discussed; mobile and email addresses and whether texting facilities could be used to advise test results/appointments. The members wholeheartedly agreed that collating this information was necessary and that the use of Texting facilities was reasonable; though care would need to be exercised over releasing results without explanation which may be subject to misinterpretation and potentially confidentiality issues. The use of text warnings of missed appointments was agreed a useful idea.

Action: To be discussed – patient consent will be required.

- **Missed appointments** – Patients who miss appointments was discussed as this represents a waste of an appointment and is frustrating for both staff and GP's. A short period of notice would generally enable the appointment to be used. A 3-strike warning and removal system was favoured by the group regarding missed appointments.

Action: Practice to review missed appointments (DNA) policy with a view to issuing letters to patients who are "serial" offenders.

- **Patient Board** - Not everybody is particularly comfortable with their name flashing on the JX board when they are being called in by the GP or Practice Nurse. As Sister Smeeton suggested, one alternative is to call names out individually which would not really alleviate the problem.

Action: No clear alternatives at present; calling patients in person would either lose appointments or cause over-running.

5) **Explanation of the system of releasing appointments via Patient Access**

- **Patient Access** appointments are not being used to their full potential. While patients frequently request to pre-book appointments these are not always taken up.

Action - A notice in the newsletter, a bigger mention on the web site and a sign in

the waiting room.

- **New Appointment System.** The appointment system has been amended at Dr Mixer and Partners. Now patients can pre-book available appointments. We split surgery time into 'sessions', for example a morning and an afternoon surgery = 2 sessions.

Online Booking Slots – two per session

Book on the day – four per session

Pre-booked – usually eight/nine or booked on the day if not taken

Sit and Wait - Two sit and Wait surgeries per week

The reasoning behind this is that things become more urgent the longer they are left, and so if a patient can pre-book for the next day it alleviates urgent slots for the Urgent cases for the day. The group gave the impression that the appointment problem had become less of an issue.

Action: to continue and review at a later date.

- **Patient Access App** - Some users are having problems with Patient Access, the APP seems to only allow one users details to use that device, so if there is only one tablet in the household, there can only be one Patient Access user. There is no opportunity to log-out of the APP, unlike the website where multiple users can use their details.

Action – Practice will discuss at January meeting as this should not be the case.

- **Spouse information sharing** It seems that the flexibility to access spouse details with permission (i.e. Power of Attorney/written agreement with the Practice) has not extended to online services.

Action: none.

6) **Regular Health checks for older patients**

- This was raised by a patient who has noticed other Practices advertising for these. A typical health check (as explained by Sister Smeeton and Dr Gateshill) would consist of checking blood pressure and weight against height, perhaps a blood test and cholesterol test. One patient had signed up for a Well Man Clinic at a previous practice but it was cancelled due to low demand and so advertising and publicising would be key in keeping it running.

Action: For Greg Medici to check with Manor Road surgery how they are funding this.

Do other practices fund this themselves? To check demand for these service.

Further Practice response; this service is not a contractual expectation for general Practice and diverting existing resources would mean less nurse or health care time for

patients who have specific treatment needs.

7) Premises Improvement, Lily Pad and Bench

- A request for extra higher chairs in the waiting room was raised in the main waiting room and the Annex building.
- Greg Medici outlined the funding that has been applied for: disabled access, baby changing facilities, treatment rooms, patient toilet renovation and Samman Road improvements. However while funding has been accepted it has not been prioritised by the NHS Treasury. It might be while the end of the tax year in April until we receive any investment towards renovation; the practice also contributing towards renovations.
- There was a strong mutual agreement that the building is very special to the community, and that plans for the building can be more expensive because of the protected area it is in (for example, it is unacceptable to have plastic windows in the building, they must be wooden which is extra added expense, any changes must have the neighbour's approval and fit sympathetically with the surroundings). It was encouraging how strongly the patients feel about the building, and it was raised that as a community, the willingness to help the practice grow was apparent; it is, after all, their Healthcare Provider. The topic of fundraising was discussed, for iconic things such as the bench outside the practice, and the lily pad outside the front of the building. The response was encouraging and agreed that fundraising action should be taken.

Patient Check-in-screen

- The screen hasn't been working for some time now. It was confirmed that a new check-in screen is in the region of £2000-£2500, of which fundraising was highlighted again. It was pointed out that Richard Langthorp might know of an alternative option.

Ideas for fundraising events should be brought up in both staff meetings and the next PPG meeting

Further information – like for like self-check in screens are no longer available and in view of the expected premises renovation a better long term solution would be available. We are investigating a further option which we would hope to have in place within the next 2-3 months.

8) Surgeries that run late

- It was mentioned that some surgeries very often start much later than the 9.00am start. It was suggested that a later surgery and later finish time may be an option.

Action: To be discussed at a management meeting in the future.

9) What are the Practice's views on Statins

- Dr Gateshill kindly answered this question. It is a complex issue. Statins are prescribed on an individual basis. The GP carries out an individual risk assessment for the patient (for example their cholesterol levels). The GP follows NICE guidelines (The National Institute for Health and Care Excellence) to calculate a risk score (high/low risk of stroke). If the patient is coming up as a high risk, they are prescribed statins.

10) 48 Hour Prescription Ordering

- It was raised that 48 hours seems a long time to have to wait for a prescription to be signed. It was explained by members of staff that it is for the safety of the patient and is standard across GP surgeries nationally. The doctor can sign over a 100 prescriptions a day, it can be dangerous to overlook just one. It was agreed that the responsibility lies with the patient in ordering their prescription in good time, or can nominate a Pharmacy to do the repeat ordering for them.

11) Referrals and Private referrals

- Dr Gateshill explained the proposed move to Electronic Referrals to the hospital via a 'choose and book' system where the patient chooses their date and time. There will come a time where 80% of referrals have to be electronic. The GP refers the patient to the hospital electronically and will give the patient a 'code', the hospital then identifies the patient by their 'code' for them to make their appointment. It is the patient who decides if a referral goes privately or through the NHS, the GP would just send the referral to the Spire for a private referral.

12) Bad Publicity of the Practice

- A recent incident on a Beverley Discussion page on Facebook gave the surgery a bad reputation, and was because of patients not being able to get an appointment that day and voicing their frustration. It is believed, however, that since the change of the appointment system this has been resolved.
- The same gentleman is a volunteer at Beverley FM radio station and has kindly suggested that if the practice needs any help in promoting the Practice's initiatives via local radio this can be aired by himself. It was discussed that this would be particularly helpful if we have any fundraising initiatives.

13) Any Other Business

- On reflection patients and staff were happy to meet each other and it was a positive experience. It was stated that complaints are always welcome as long as they are constructive and not abusive.

- **Organ Donation Register** - NHS Wales are now adding everybody to the Organ Donation Register and it is for patient to 'opt-out' if they do not wish to be a donor. Will this be adopted in NHS England? How will patients be informed?
- **Practice Comment** – this is a national initiative and the Practice is unable predict National policy.
- **Do Not Resuscitate Forms (DNAR)** Discussed the process for DNAR's; Dr Gateshill appreciating it is a sensitive issue and readily avoided, DNAR's should normally be discussed with a GP at an appointment. One point raised was whether the patients may like DNAR's raising by the GP more openly during consultations, although acknowledged this could lead to some difficulties. **No conclusion reached.**
- When is it best to discuss Power of Attorney? Dr Gateshill said it is best to discuss when the patient is well and mentally capable of making informed decisions.
- A suggestion box in the waiting room is strongly favoured, for patients to keep anonymity.
- Minutes of the meeting will be summarised in the newsletter and on the website.

14) The next PPG meeting

- The next PPG meeting (date TBC by Richard) has been proposed for January 2016.