

Ashville Medical Practice Patient Reference Group Meeting Minutes

17th January 2013

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Location: Ashville Medical Practice Conference Room

Attendees: Melanie Jones (Practice Manager)
Ruth Nowodny (Practice Administrator)
Patient Reference Group Members (8)

Update on Action Points from last meeting 18th of October 2012

1. Investigate why special requests are not being acknowledged on prescriptions.

Since the installation of the practice's new computer system in May 2012 the prescription clerks have been receiving messages from patients via internet ordering (systmonline) and have been replying to these messages as on the previous system. Until the issue was raised the practice were unaware that the replies were not being received by patients. We now know that this functionality, is not available through systmonline therefore if need be we will contact the patients by telephone to give them the answer to their query.

Action point closed.

2. Look at the feasibility of putting a message on the phones requesting patients to stay on the line and not put the phone down or they will go to the back of the queue.

A message has been added to the phone system asking patients to hold the line.

Action point closed.

3. Advertise on the Jayex board for patients to stay on the telephone line.

A message was added to the Jayex board, however it made the board very busy and the effectiveness of the message was questionable. In agreement with the group the best place for the message was on the phone system.

Action point closed.

Agenda Items Patient Reference Group Meeting 17th January 2013

Practice News

- Dr Cooke the GP Registrar leaves the practice at the end of January 2013
- New Registrar Dr Chinnakotla joins the practice on the 6th of February 2013.
- Dr Campbell returns from maternity leave on the 4th of February and will be working full time.
- Dr Trivedi starts maternity leave on the 1st of April 2013.

NHS 111

Mel informed the group that from 1st of April 2013 NHS 111 would slowly be implemented nationally. Currently when the practice is closed all calls automatically transfer to Care UK who is the current out of hours care provider. NHS 111 will be taking over the call handling from Care UK, and rather than calls automatically diverting to NHS 111 patients would receive a message to the effect of dialling 111 themselves. The practice has not yet received the directive from the Department of Health on the content of the message. Mel is attending a meeting at the end of February and will give a further update at the next meeting.

Patient Survey Results

Each question asked in the survey and the responses were discussed by the group. The following areas were identified as “hotspots” however after further discussions the group were satisfied that there were no surprises to the practice, and that every effort had been made to address the hotspots and no further action was required.

Hotspot	Action Taken by the Practice
40% of patients stated they found it difficult to get through on the phone	Staff shift patterns have been altered to ensure staff are available to answer the phone at peak times. It was agreed that it would not be cost effective to employ more staff for the sake of 10 minutes each morning and afternoon when the phones were at the busiest. The group stated they were kept waiting approx 4 minutes which was acceptable. Telephone answering has also been moved from the reception desk to the back office so there are more staff available to answer the phones.
18% of patients stated they found it difficult speaking to a Dr on the phone	We discussed that this question was in relation to a patient receiving telephone advice, and there may be some misunderstanding. The surgery has Drs carrying out telephone advice on a daily basis however, it is not always appropriate for every condition to be dealt with in this way. Also we presumed patients thought the question meant they would be able to speak with a Dr immediately when they called however, this is not possible when the Drs are in surgery.

A discussion also took place with regards to booking an appointment with a doctor of choice. Patients have every right to book with a doctor of their choice; however the down side of this limits the appointments available to patients. This is due to doctors working patterns i.e. some doctors work part time and also in addition to normal surgeries doctors also have to work in other clinics on a rota basis, thus resulting in decreased normal surgery appointments on those days. Examples of other clinics doctors hold are ante-natal clinics, post-natal clinics, minor operation clinics, 8 week baby check clinics, substance misuse clinics. In addition as we are a training practice, registrars also require debriefing and tutorial sessions.

Due to the factors above it is better for patients not to limit themselves to particular doctors as there would be more scope to be seen sooner without limitations.

The group were satisfied with the results of the survey which showed the following results with regards to seeing a Dr of choice:

Same day	17%
Next working day	8%
Within 2 working days	8%
Within 3 working days	6%
Within 4 working days	3%
Within 5 or more working days	37%

A total of 42% of patients who completed the survey were able to see a Dr of choice within 4 working days or less.

In relation to the other questions asked in the survey, the patient reference group and the practice were very pleased with the results, and the group acknowledged that there had been a significant improvement at the surgery in the last 12 months, and also in comparison to last years survey there had been a much better response, and the questions asked enabled the practice to have good all round knowledge of patients views on the practice.

The group also wondered why the percentages on some of the questions did not add up to 100%. The reason for the difference is when patients have not answered the question.

No specific actions were identified from the discussions of the survey however, it was agreed that the appointments system would continue to be monitored to remain as effective as possible, the group and the practice were very satisfied with the results of the survey.

Actions raised throughout the year had been dealt with as they arose, and the group felt they had been listened to, their issues had been taken seriously and commented there had been a significant improvement at the practice.

Booking Appointments on the Internet

It was agreed that booking appointments on the internet would not be made available for patients at this current time for the following reasons:

- It was not fair to patients who did not have internet access
- Previously by patients own admissions, they have booked more than 1 appointment on the internet “just in case” which has resulted in appointments being wasted as they have not cancelled the appointments not required.
- Appointments were previously booked with a Dr which resulted in wasted appointments as patients were required to be seen by a Nurse e.g. hypertension, asthma reviews.
- It is not always necessary to have an appointment see a Dr and by allowing patients to book on the internet, these appointments cannot be filtered. I.e. patient has run out of medication, also some conditions can be dealt with as telephone advice.
- The surgery has a Nurse Practitioner that can deal with the sudden onset of certain conditions and again a Dr’s appointment is not always necessary, by allowing patients to book appointments on the internet these appointments would not be able to be filtered.

It was agreed that we would not dismiss the idea altogether however for now the facility of booking appointments on the internet would be put on hold, as there had been a marked improvement in appointment availability and the group did not want to see a decline for the above reasons.

At this point we discussed comments in the patient satisfaction survey where patients did not like receptionists asking the nature of their condition as they deemed it as being “nosey”. It was

explained that this process was used to assist patients and maximise Dr resource as there may be alternative courses of action other than a Drs appointment. It was not always necessary for patients to see a Dr, which would save the patient an unnecessary visit to the surgery and also would not waste appointments.

The practice also has a Nurse Practitioner that can see patients with certain conditions therefore it is necessary to ask patients the nature of their condition to see if it is appropriate to book them in with the Nurse Practitioner. This will also maximise Dr resource.

It is up to patients if they want to divulge the reason for their appointment, and they will not be pressured if they don't however, if there are no Dr appointments available they may be missing out on valuable advice where it may be appropriate to offer them an alternative course of action.

Any Other Business (AOB)

Patient Council

A group member is a representative for the practice at the local patient council meetings and gave an update on the last meeting that she attended, and explained briefly the structure of the Clinical Commissioning Group. Each patient council member had been asked to ask the question of "What does your practice do about appointments to see children and do they have a policy on home visits for children"

Mel informed the group that the practice never refuses to see an ill child at the surgery. Parents are usually asked to bring their children to the surgery to be seen when required. A home visit is not routinely offered for children, and also parents not being able to get to the surgery due to not having transport, or having more than 1 child at home are not excuses for a home visit. A home visit would be provided if it was appropriate.

We also discussed regular occurrences of where parents have advised they cannot bring their children to the surgery as they have no transport so would take them to Accident and Emergency department instead, even when they have been advised it is not appropriate. This then makes you wonder how they will get the children to A+E if they can't get to the surgery, and also places unnecessary work on the A+E department.

Home visits are offered to elderly, housebound, palliative patients, and children are not usually housebound as parents or family members can bring them to be reviewed at the most appropriate place which is most often the surgery.

The surgery has relevant equipment, medications and additional staff members if required therefore it is more appropriate to treat a patient in the surgery than at home.

Car Park

It was identified that the patient car park can get very busy at times and it was asked if people attending meetings at the Oaks Park Primary Care Centre could park at the rear of the building so that it was not too busy for patients. Mel explained to the group that the car park belongs to Oaks Park Primary Care Centre and that Ashville Medical Practice rents space in the centre, and has no control over visitors and where they park. All staff from the practice park in the staff car park at the rear of building so as not to take up valuable spaces.

The estates manager of the building (also a patient group member) also stated that people attending meetings are also asked to park at the rear of the building, and also staff from the other businesses in the building are advised the same.

There are also other clinics and services being held at Oaks Park where patients attend, that are a separate entity to Ashville Medical Practice, and these patients have the same access rights as Ashville Medical Practice patients to the Car Park. i.e. Pain Management, Diabetes Specialist Clinics, Memory Clinic, District Nurse Clinics, Diabetic Eye Screening, Health Visitor Clinics, and The Chemist.

Signs have also been ordered for a chemist drop off point to stop vans parking outside of the main entrance when delivering to or collecting from the chemist.

Action Points

- Patient Council to be added as a fixed agenda item to Patient Group Meetings
- A request was made for a GP Registrar to attend a Patient Reference Group Meeting
- Date of the next Meeting Thursday 18th April 2013