

Dr Whites and Partners Patient Participation Group (PPG) Minutes

27th August 2019. 12.30 pm

In attendance

11 patients invited by text message, Kim Mellor(KM) (Practice Manager) and Craig Partridge(CP) (GP Partner)

Introductions – KM and CP introduced themselves. Purpose of the PPG was discussed. Participants were reminded that whilst we were keen to obtain feedback both positive and negative, specific complaints/incidents should be dealt with on an individual basis as we would not be able to discuss private issues in public forum.

Patients then introduced themselves one by one, with a brief outline of why they had come along. Reasons included:

- To see what changes were being planned for the future
- Curiosity
- To see what goes on
- To see how the practice works

It was noted that some of the participants had been with the practice for many years, one person had been registered for 80 years.

Recent history and staff changes (KM).

Kim introduced herself as the new Practice Manager (PM), replacing Veronica Fowler who has just retired. Veronica was the PM for 19 years and KM thanks her for help during the handover period.

We also have a new member of the reception team - Tracy Aldred has joined as a full time staff member from July 15th.

Noted that Julie Trenbath will be retiring in October and the practice is looking for a nurse to cover her role. It was acknowledged by both CP, KM and most of the patients present that her work was exemplary.

Friends and family Survey (FFT)

The FFT was outlined. Dr White and Partners has a very good result month on month - 92% is the average satisfaction score - above the national average. KM encouraged patients to respond to the FFT should they be invited and also KM would like to encourage the patients to leave reviews about the practice on NHS Choice, good or bad.

CP asked the PPG how many of them use the internet and how many know that we have a presence on Facebook? Most of the patients accessed the internet either by mobile phone or PC, about half did not know we make announcements on Facebook. One patient had no internet access at all.

Care Quality Commission (CQC)

CP & KM explained the purpose of the CQC – as a body that upholds standards in General Practice in the UK. A visit had occurred in December 2018, outlining areas that needed improvement; the areas highlighted were largely administrative. It was explained that another visit had occurred after six months and we had been advised verbally that the outcome was good. (Since the PPG meeting, the written report confirming that we have achieved ‘Good across the board’ has been received.

Flu Vaccinations - 12/10/2019 : Adults 02/10/2019 : Children

This year the practice plans to offer the under 65 patients the later evening appointments and over 65's during the day appointments. PPG felt this is a sensible approach and had no complaints as to how previous clinics have been carried out.

Text messages - how do the PPG feel about this means of communication?

The PPG were very positive about the practice communicating via text messaging. KM explained that patients can opt out of the service if they felt it to be intrusive but this would also include reminders for appointments.

With respect to chronic disease reviews eg Diabetes, Asthma, we plan to send text reminders initially, but written reminders thereafter.

General Discussion

CP asked PPG participants what they thought The Practice did well.

Comments included

- Staff ‘bend over backwards’ for the patients

- Access to emergency appointments was generally very good and compared favourably to other practices.

- Staff were generally polite and helpful

- Group participants were generally pleased with electronic prescribing

CP asked the PPG participants what they thought the practice might do better

One Participant thought that feeding back blood test results whether normal or abnormal might be helpful. CP acknowledged that failing to feed back normal results was less than ideal. Explained that we generate dozens of normal results every day and we do not have the resources available to pass them all back and explain them. CP assured everyone that each result is scrutinised and abnormal results are acted on in a timely manner. Patients could always contact the practice if they were keen to know blood test outcomes.

One participant was concerned about being asked why they needed an appointment during booking. CP acknowledged that this could make patients feel uncomfortable

but explained that it allowed the staff to direct patients to the most appropriate service or appointment in a time appropriate manner.

One participant explained that the doctors and nurses often advise patients to make follow up appointments at reception, only to meet resistance at the appointment desk. KM suggested a new system whereby GPs or nurses fill in a simple slip of paper that could be handed to reception with instructions.

Prescriptions were discussed at length with one patient wondering why we did not allow prescription requests over the telephone. CP explained that this was a universal policy in GP practices in the UK. The means of requesting prescriptions that are encouraged (including using Patient Online Services, MyGP App or posting written requests at the front desk) avoid the errors that can occur with misheard verbal requests over a phone. Patients calling the surgery to request prescriptions also tie up the telephone lines to the detriment of patients who may need to contact the practice in an emergency. One participant wanted a return to email requests and CP explained that opening emails had become very time consuming for staff. The MyGP App was actually faster for patients and staff to use and KM offered to show anyone in the meeting how to set this up on their mobile phones. One patient noted that other practices issue prescriptions for two or three months at a time. CP explained that this can result in considerable waste of medication when prescriptions are changed.

It was suggested that the practice create a leaflet detailing the services available. KM and CP explained that we already have practice leaflets and they are available at the reception desk. It was suggested that the leaflet could include more detailed instructions about online services, perhaps with screenshots.

Concern was expressed about the lack of privacy that can occur during conversations at reception which can be easily overheard in the waiting room. CP explained that whilst reception staff do try and be as discreet as possible, this was a known issue. The limiting factor here is lack of space and there is no easy solution. Dr Hope (from next door) owns the building and he is thinking about expanding the premises in the future. If that occurs, we may be less cramped and this issue could be addressed at that time.

It was felt that for the purposes of communication, more notice board space could be available in the waiting room.

One participant was worried what the effect of Brexit might be on medicine supplies. CP explained that all drug suppliers in the UK were obliged to stockpile medicines in preparation for a no-deal Brexit, but nobody could be certain how medicine supplies would be affected in the medium to long term. CP also noted that there were currently issues with supplies of certain drug brands in the UK which lie outside the control of GPs.

Closing Discussion

CP/KM thanked those who had made the effort to come along to the meeting – the feedback had been extremely useful. It was explained that we may hold the next meeting in the evening to give the opportunity for those with daytime work commitments to participate, but we would encourage everyone present to consider returning as this process should be on going. Participants were shocked to hear that we had sent 2000 text message invites.

All those who took part in the meeting agreed it had been a positive and useful experience

Action Points

- **In the interests of better communication, the practice will purchase more notice boards for the waiting room.**
- **KM will devise a new instruction slip to be handed to patients at the end of a consultation when follow up is needed. This can be handed to reception in order to avoid the difficulties that currently arise.**
- **KM will look to include some screenshots on the practice leaflet to explain how to use the MyGP App.**

Next Meeting

Next meeting in three months times (NOVEMBER – Evening. Date to be set)