MOORE STREET SURGERY

PATIENT PARTICIPATION GROUP

26TH February 2018

PRESENT: Dr Anthony Roberts (GP) K P (patient)

Helen Shillcock (practice manager) J B (patient)

Debbie Baxter (assistant practice manager / minutes) B M (patient)

Angela Matthews (reception manager)

AGENDA: Patient feedback from surveys

Online booking of appointments

Changes to the appointment system

7 Day Access service

Thoughts on online consultations

General practice update

AOB

The meeting started at 12:30pm with introductions.

Helen informed the group of the Healthwatch Survey / in house surveys had recently been carried out. The main issues being raised were getting an appointment on the day and how patients made appointments, via phone / presenting at surgery. Helen informed the group as a result of the comments from patients, we have made changes to the structure of the appointment system and this would be trialled for a period of 4 weeks from the 1st March 2019 to see if we can improve access for the patients. The changes that have been made are:

* There will be less pre-bookable appointments than we currently have
* Pre-bookable appointments will be available 7 days in advance rather than 14

By changing these we hope to improve the appalling DNA rate, even with text reminding service to the patients the practice DNA are still high.

* There will be more access slots for ‘on the day’ booking

Patients want more on the day access to gp’s, we also hope having more access on the day with also help with the DNA rate

* GP’s will be allocated slots each day for F/U patients or tasks

We hope by having these slots it we can still give patients continuity of care

* ‘on the day’ access slots will be released at 6:30pm the evening before

As we have influx of calls at 8am and patients attending for on the day appointments, we thought by enabling patients to have access the night before online, we could reduce workload, encourage patients to use online services and be more convenient method of booking an appointment for patients. Dr Roberts explained to the group that we have 4 telephone lines and only 4 workstations, so by having extra telephone lines this would not help the situation as patients would be left on hold longer. Helen pointed out that patients trying to telephone the surgery and not being able to get through at 8am is not unique to this practice and would be the case at most surgery’s. The group were informed we would welcome any suggestions of ways to improve the access problem.

Helen informed the group that we are making every effort to promote out ‘online’ services by way of “what practice services are available information leaflet”. They are given out with prescriptions, included with any letters going to patients and handed out in the waiting room. The service is also promoted on the right-hand side of all prescriptions, on the practice website and on the TV call system in the waiting room.

Helen informed the group of the new ‘7 Day Access’ service that is now available organised via Sefton federation group for patients at Litherland Town Hall. The service was explained regarding the days/times available, how patients can book/cancel an appointment, what the service can be used for. This service is being promoted and the reception staff will offer this service to patient. For patients that work it is excellent service with after work slots, weekend appointments, with access to doctors, nurses and ANP’s.

Helen informed the group that Moore Street will be getting a new website that will be more user friendly than the current one. A new part of the website will be E-consultations; Helen gave a brief description of how this will work. Patients, enter a problem, the patients are then directed to the appropriate section for advice, who to see or sending an electronic request for advice from a gp. This is currently being trialled at local surgeries. We are hoping that we will be able to use these E-consults later in the year.

Helen gave information on the general practice. These were:

* We have been lucky enough to recruit a new salaried GP, Dr Sarah Akbar, the surgery has been advertising for quite some time. As the PPG group are aware there is a national shortage of gp’s, making recruitment difficult, , this was discussed, thoughts were there was now a lot gp’s just doing locum work and high portion of gp’s hitting retirement age
* Dr Mercer is still on maternity leave and will be returning. Helen pointed out that on feedback from survey, patients had mentioned that the last gp off on maternity leave had not returned, this had been due to the gp locating to a different part the country and was very sad to leave the surgery
* We have recruited a new receptionist, Nick Oliver
* We have trained a member of staff to do the GP assistant post, Tracey Smith, to help with the doctors workload
* Our phlebotomist (who had been receptionist), Nicky Dolan, is being trained further to become a HCA
* Our HCA’s (who had been receptionist and admin members of the team) are now having further training to be able to administer B12 and routine bp checks. The HCA’s are now running the Flu / pneumonia clinics. This enables the practice nurse to deal with more chronic disease management in the surgery and on home visits
* Helen pointed out that she was disappointed to see that patient feedback had been that the practice had had lots of locums, which was not the case. We have regular locums for continuity of care, the locums we have had worked for us on a long term basis, the practice had also arranged for a long term locum to work prior to Dr Mercers maternity leave and he will be with us until her return
* For data quality improvements, money has been secured within the Sefton area to digitalise all medical records, this will mean all paper medical records will be digitalised on the computer system
* Due to GDPR changes last May, the practice had had increase in patients wanting to have copies of medical records. Unfortunately, there was no funding for this and the gp surgery’s had to incur the costs of staff time, stationary and postage. The practice now uses encrypted discs to help with these issues
* We need a further 400+ patients to sign up to the online service to meet our target

AOB

The group discussed the following:

* Helen informed the patients in the group that CQC are in the area at the moment and that they may be contacted for feedback
* Ongoing practice improvements were being made; all the lights in the reception waiting area/corridor had been replaced. New flooring has been fitted in the reception area / hall and consulting rooms, new sinks/taps are being fitted to consulting rooms, the building will be decorated once the work had been carried out
* Text Reminder Service; Helen asked the group if they had had any issues with the service, patients said this service is a little bit intermittent, Debbie will look into this to see if this can be improved
* DNA’s: patient will now be asked to change their GP should they have x3 appointments they fail to attend, warning letters will be sent prior to the 3rd DNA
* Practice boundaries were explained and the need for the boundaries to be in place, i.e. home visits
* Non-English speaking patients; ways we communicate was discussed; Language Line and Global Accent are the interpreter services we use currently. We also use Google Translate for face-to-face communication at the reception desk and patients were also given longer appointments for gp’s. CCG had access to funds and the most used languages would have standardised letters done for all surgery’s to use to aid with communication and save time for practices with administration queries
* Helen mentioned that there had been negative comments about the reception staff; all staff had updated customer services / conflict resolution training. JB informed the group that two of his relations, who are both deaf, had had trouble trying to book an appointment; they were told they needed to telephone to do this, which is incorrect. Angela explained we do have a hearing loop available for patients but this is only suitable for certain patients. Angela will look into this matter.
* Helen raised that patients had left quite nasty remarks on the NHS choices website about staff, although we can answer these comments, Helen had asked for them to be removed as they did not meet the rules regulations of NHS choices.
* As a result of comments / feedback from patients about the tannoy system not being heard, the practice now has a visual calling system. This will also display patient information.

The meeting was ended with Helen informing the group of the next meeting dates, as follows;

* Next Healthwatch Group meeting is in May 2019
* Next Patient Participation Group meeting will be Wednesday 3rd July 2019