

Sidney House and The Laurels Surgery
Patient Participation Group Meeting

Action

Minutes of a meeting held at The Laurels Surgery.

17th January 2018.

Members Present: - Vanessa Benson (VB)(Acting Chair), Bob Farrell (BF)(Secretary), Theresa Buck (TB), (BC), Ann Martin (AM), Ray White (RW) Alan Harrison (AH).

Surgery representatives: - Dr. Karen Hall, Beverley Jones (Practice Manager), Katrine Brewer (Asst to Beverley Jones).

In attendance: - Dr. Caroline Dollery, Chair of Mid Essex CCG.

1. APOLOGIES FOR ABSENCE.

Dr. Siddiqi, Dr. Tom Cunningham, John Galley, Barbara Carr, Peter Elkington, Tia Buck.

2. INTRODUCTIONS

Introductions were made around the table.

3. MINUTES OF PREVIOUS MEETING.

The minutes of the meeting held on 7th September 2017 had been distributed by email and with the agreement of members **VB** approved and signed them as a true representation of what took place at the last meeting.

3.1 MATTERS ARISING

There were no matters arising from the minutes of the last meeting.

4. PRACTICE UPDATE.

4.1 Organisational Changes to the Practice

BJ advised members that the practice was continuing to get complaints from patients about the new appointment system, but that the numbers had decreased significantly since the last meeting. Analysis of electronic data showed that following the massive increase in calls when the system was introduced in October 2017, the surgery was still dealing with an average increase of 100 calls per day. This had necessitated having additional staff answering calls during peak times and to this end the Reception Supervisor and admin assistant

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were now being used to assist. In addition, the number of telephone call backs had been increased to help with on-line requests for appointments. On-line appointments were now being made available to under-18 aged patients, although their access to their on-line access to their patient records remained restricted, and also to vulnerable patients via carers. Full details are available on the website and via reception.

BJ further confirmed that the Medicines Consultant (3 days per week) and the in-house Physio (2 days per week) were now fully patient facing and it was anticipated that this provision would assist in spreading the load as patients were seen by an appropriate clinician for their issues.

The telephone system computer had been moved to Sydney House where it could be better monitored, and the service provider had been further pushed to provide a service as marketed (and indeed contracted for). Whilst it was felt this had gone some way to improving the service, the three-way meeting scheduled had as yet, failed to happen. In addition, **KB** was plotting and charting levels and types of calls and a software upgrade for the system was awaited. **BJ** would continue to review the situation. The independent review of the telephone system was also under way although as yet the reviewer, due to work commitments, had only managed to make one visit. A further report on this will follow.

KB/BJ

BJ advised everyone that telephone reminders are not being sent for telephone consultations, since these were generally on the day this is felt to be un-necessary.

The decision by NHS England to refuse the practices request to close their books to new patients (now the third refusal) was to be appealed.

Finally, BJ advised that she, in company with Dr Hall, would be visiting a GP surgery in Richmond (S. London) which was acclaimed to be the best run surgery in the UK, with a view to seeing if we could learn anything of value for our operation. A report would be brought to the next PPG meeting.

In support of the report, the Chair of the CCG, Dr. Caroline Dollery, advised that the CCG could if requested, provide assistance with the practice web-site. There was undoubtedly a need to make patients better

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aware of the presence of the medicines consultant, the in-house physio and that local pharmacists could assist greatly with minor issues.

Funding has remained the same for GP services while demand has risen ex-potentially, causing strains on doctors, nurses and reception staff, and this had prompted the need for these new approaches to delivering patient care. The concept of introducing tv screens to provide practice information was also raised, with the CCG again offering possible finance for this.

5. 5 YEAR FORWARD VIEW OF THE NHS (Dr. Caroline Dollery)

Dr. Dollery commenced her report by detailing the current division of NHS expenditure thus:

55% - A & E services and hospital funding

10-15% - Community services

10% - Psychiatric care

10% – Primary care (GP services)

Within mid Essex this equated to approx. 8200 patients being seen daily in GP practices and 180 patients per day seen in A & E.

It had become obvious that the GMS contract payments were not enough and had fallen badly behind demand for services. To assist in this the CCG's had been given funds which were available for additional services, including but not exclusively:

- a) Care navigation training for receptionist;
- b) Consideration of local demographics;
- c) The use of independent prescribers;
- d) Improvements to IT systems;
- e) Workflow optimisation, leadership training;
- f) The sharing between practices of specialist nurses (e.g. mental health)

Views of local surgeries and their patients would be taken into consideration when formulating this 5 year plan. This may not revolve around additional finance but could incorporate better ways of working, educating practitioners and patients.

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JG/BJ

6. Date of FUTURE MEETINGS

It has been confirmed that the next meeting will be held on: 21st March 2018 and commencing at 7.00 pm (1900 hrs).

The meeting is for the Actual PPG and will be held at The Laurels Surgery, Boreham.

7. PPG NEWS LETTER.

CCG offered to provide article on 'which medical practitioner to use' for the Newsletter as Dr. Karen Hall is presently too stretched to work on this.

8. ANY OTHER BUSINESS

8.1 AM raised two matters relating to patient care. One related to a patient suffering from an eye injury and the second to a problem with the operation of the appointment computer booking system. Both matters were discussed in full and, particularly in relation to the eye injury, major concerns were expressed. BJ agreed to investigate the matters and to contact the eye patient personally.

BJ

8.2 AM had been asked to raise a list of suggested process improvements raised at the last meeting. For the benefit of all members they are detailed below:

1. Investigate if it is possible to use the 'clinic' name rather than the nurse's name to allow patients to set up an appointment on-line instead of phoning in, especially regular reviews (raised by AM).
2. How do you capture patient's complaints? A link on the web page/email address would be useful. In addition, a web-based

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suggestion 'box' could be used to capture proposed improvements to the system.

3. It would be useful if the website stressed the advantages of using the on-line service and the ability to request repeat prescriptions without the need to phone in.
4. Consider using the phone in system for all. Taking the large catchment area into consideration, the walk-in system at Sidney House is biased towards Hatfield Peverel residents. This could free up reception staff to answer the phones.
5. Dr Karen Hall suggested that it would be useful to allow Physiotherapists to be able to refer patients instead of having to go through the GPs.
6. The website could possibly be improved, from a patient perspective. AM offered her software/user interface skills to review the website with the Practice manager and her assistant.

9. VB thanked all members for their contributions to the meeting and brought the meeting to a close at 21.00 hours (9pm).