

Sidney House and The Laurels Surgery
Patient Participation Group Meeting

Action

The Laurels Surgery.

27th. April, 2017.

Members Present:- John Galley chair, Barbara Carr, Ray White, Mick Dawson, Theresa Buck (formerly Mathews) Lester Firkins, Ann Martin, Joyce Stringer.

Surgery representatives:- Beverley Jones (PM) Dr. Tom Cunningham.

1. APOLOGIES FOR ABSENCE.

Vanessa Benson, Bob Farrell, Claire French, Alan Harrison.

2. MINUTES OF PREVIOUS MEETING.

The minutes of the last meeting were distributed by email and approved. JG signed them as a true representation of what took place at the last meeting.

3. MATTERS ARISING.

There were no matters arising from previous meetings.

4. PRACTICE UPDATE. (BJ)

BJ. The telephone system which was installed in October 2016 is providing invaluable data to the practice, enabling the Practice to identify times of high volume calls, how long a call is waiting in a queue and the length of the call. Regular analysis will assist with on-going service improvements. The system's ability to record abusive calls has also reduced this type of call and provides a useful tool for training and development. With the help of the telephone system IT support team, the Practice are able to investigate system queries in the event of a complaint about performance.

BJ is working to produce a brief overview to demonstrate how the system works, together with performance statistics. These can be published on the website/in the Practice surgeries in due course.

BJ

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Given the Patient list size and compared with the National Average, the Practice is achieving acceptable response times. It was explained that there are 13 telephone lines at the surgery. At peak times there are four people in Reception answering incoming calls. The queuing system holds any additional calls until a Receptionist is available. The network also has the ability to open up additional incoming lines if required.

Some committee members commented on the fact that some days by 09.00 hours all the appointments for the day were allocated. There was a great deal of discussion about the type of appointment available and from what **BJ** has said the situation is monitored constantly throughout the day and, where possible, (e.g. cancellations) appointment slots are re-released.

Referring to the online appointments booking system, **TB** asked what the word EMBARGO means.

BJ went to great lengths to explain what is done in the administrative departments. Embargo appointments are those reserved for patients who need to see a doctor "On The Day" and are not available for pre booking online.

LF, who has experience in setting up a telephone system for a large banking organisation, complimented **BJ** on the exemplary telephone system.

Failure to attend for booked appointments continues to be a problem. In March 2017 there were 260 DNAs (Did Not Attend) and so far in the month of April, it has reached 196! **BJ** states there are numerous methods of cancelling a booked appointment i.e. via the switchboard and selecting the option 'to cancel an appointment', via text message, or if pre-booked on-line a Patient can cancel an appointment on-line.

The effect of DNA's in the Mid Essex area is costing the Health Service approx £1.6 million a month! If a Patient no longer requires a booked appointment our Patients should be strongly encouraged to cancel their appointment so that another Patient who needs to be seen can use it.

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BJ informed the Committee that we continue to see a rise in on-line registrations. The Practice only offer on-line services to over 18s only. Some Practices do offer proxy on-line services to minors/dependents, but this is not an option at this Surgery at the moment. The NHSE target for Practices is to have about 10% of the practice population registered for on-line services by the end of March 2017. Sidney House & The Laurels are slightly under target for this period, largely due to not rolling out the service till July 2016 but interest in this option is growing steadily with some 700 Patients already using the service. By March 2018 the NHSE target is 20%, with a long term aim to increase usage to approx 50% of Patient population. Adjustments to the type of appointments available will need to be monitored as Patients change their booking method preferences.

5. VISIT TO BEAUCHAMP HOUSE SURGERY PPG.

BJ

BJ & VB visited the PPG at this surgery and identified the ways in which this committee helped the practice with fund raising, identifying sources to enable the practice to make improvements which in turn enhance the patient experience. They have also lobbied the PPG on behalf of the practice. We can learn much from this group of people. Beauchamp House PPG acts as an interface between the practice, patients and fund raising sources.

6. PPG NEWS LETTER. (BJ/VB)

BJ said we have talked about producing our own Practice newsletter for some time. It is a matter of increasing urgency that we now move forward to produce a newsletter that can be published on the Practice website, emailed to Patients or picked up from the Surgery. It was agreed this will be an additional communication method to enable positive messages to be communicated out to the practice community. Samples of other Practice newsletters will be shared with all PPG members to understand what others are doing and so we can agree our own 'style' for a publication of our own. Everyone's opinion is valuable. **JS** to circulate the samples held by the Practice.

BJ/JS

AM reported that her daughter is in the Marketing Industry and has the requisite skills needed to produce a newsletter.

LF stated he would like to work with **BJ** on a news letter and **BJ**

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LF/BJ

expressed her thanks.

7. PATIENT REGISTRATION/LIST. (TC)

TC stated that patient numbers are exceeding the prescribed acceptable limit. There are five and a half whole-time equivalent GPs and, with a list in excess of twelve and a half thousand patients, this means each GP is responsible for two and half thousand patients which is 700 patients-per-GP more than is recommended. Since there is a serious likelihood of the numbers rising, thus making it unsafe to practice, it is evident that something has to be done.

It is therefore proposed that the list be closed to new patients; new babies and adopted children will not be subject to this exclusion and will be accepted as a matter of course.

TC explained that there is another reason for the closure of the lists and this is a political one. Those practices who have closed their lists appear to have received the extra funding that they were seeking. It is therefore proposed to apply to have the list closed on a temporary basis of 3½ months, however, this may prove to be longer.

The practice is making great efforts to identify those patients who have moved out of our catchment area but continue to travel to the surgery and who do not declare their move. When they are identified they are given approximately 28 days to register with a new surgery, other practices give their patients 14 days. End-of-life patients who are outside the designated area will be given a dispensation

The Practice are seeking the support of the PPG to push through with these plans. Some members of the group expressed concerns about this proposal but, after discussion, it was decided that the undivided support of the group will be given to the practice in their efforts to obtain a better service for all.

A vote was taken and there were no dissensions. We support the practice

TC advised that the process is likely to take a long time. The question was asked about the time frame; at present? **TC** said this is an unknown quantity. **TC** also stated that he believed NHS England would not make the process easy.

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8. PATIENT EDUCATION (TC)

There have been several complaints about the reception staff in dealing with some dispensary queries and these are being addressed, however, the reception staff have highlighted that some patients are can be difficult to deal with due to unreasonable expectations. For example, it was identified that some Patients expect on the spot service if for some reason they find themselves in need of an immediate prescription. The volume of prescriptions on any given day is enormous and time is needed to process said prescriptions. We need to share with the patients the need to plan so that such emergencies do not arise.

TC stated that the '48 hours rule' is a nationwide protocol for the dispensing of prescriptions. It would be a good idea to publish the frequently common dispensary queries to try to educate patients about the system.

BJ

JG asked if there is any data on repeat offenders and at this present time there is none however **TC** stated that Boreham Pharmacy have their own list.

JG asked if that list could be obtained so that we are in a better position to educate the repeat offenders.

BJ suggested this is a good topic for the "News Letter" and perhaps our slogan could be "HELP US TO HELP YOU".

BJ also reported that the number of abusive calls relating to the above topic have been reduced, mainly due to the message on the telephone system.

JG asked what was being done about abusive patients. **BJ** informed the group that the practice are implementing a training programme for staff. It will involve therapy and an insight into managing stress and conflict resolution. It is hoped this will enable those staff who are finding it difficult at the moment to be in a better position to deal with abusive patients.

TB congratulated the Practice on employing James who is always kind, professional and polite. **BJ** also shared with the group that the Practice have been fortunate to engage the services of a number of new staff who complement the existing team who display good customer

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service skills.

9. ANY OTHER BUSINESS.

JG spoke about the recruitment of the committee and reiterated the Aims and Objectives of the committee. He also stated that transport was an ongoing problem to be solved.

We should attempt to have more people sign up to the Virtual group however it was noted that the virtual group are not in receipt of the meeting minutes. It was therefore agreed that the minutes should be circulated to the online members.

JS asked for a list of email addresses of the virtual group members so that this could be done.

BJ/JS

10. DATE OF THE NEXT MEETING

JG proposed a change in the frequency of the meetings from quarterly to two-monthly to facilitate a huge push towards what we want to achieve. It was also agreed to alternate/move some days of the meetings so that as many people as possible are able to attend.

It was agreed the next meeting will be held on :-

WEDNESDAY 28th JUNE 2017 AT 19.00 HOURS (7pm)

The meeting closed at 21.00 hours (9pm)