

PATIENT PARTICIPATION MEETING

16th April, 2014

Present:

Louise James (LJ), Practice Manager

Tracey Fox-Stillwell (TFS), Reception Manager

Patients' attendance list available (not released due to patient confidentiality).

Minutes:

1. Review of minutes of last meeting

No amendments required. Louise will organise a newsletter and comments/suggestions box as agreed in the Action Plan.

2. Getting through on the telephones

Tracey explained the telephone system and that between 8 and 8.30 we have three lines all being answered. The data from the telephone system reveals that we average 38 calls in that half an hour, ie answering more than one per minute.

It was felt that it was still very difficult to get through, the phones being engaged and patients having to redial. Some patients are now coming into the Practice at 8 am to book an appointment.

Tracey and Louise understand how frustrating it can be to try and get through, but it was agreed that the supply cannot always meet the demand.

If a patient feels they need to see a doctor urgently, they will not be turned away.

3. Ease or difficulty of making appointments

The Practice currently offers an average of 115 appointments every day to see a GP or Prescribing Nurse. There are also Nurse clinics and Healthcare Assistant appointments every day.

Discussion ensued on availability of appointments and it was explained that although it may seem there is not an appointment that a receptionist can offer, if a patient feels they need to be seen on the same day this request will be reviewed by a GP and urgent slots are available to be booked on the instruction of the doctor only.

There was discussion re booking in advance and Louise informed the meeting that we plan to pilot a new system whereby appointments will be available on a rolling basis rather than just two weeks ahead.

The question of how we deal with missed appointments (DNAs) was raised. If a patient is a persistent offender, we will write to them and if the problem continues and the doctor/patient relationship becomes threatened a patient may be asked to leave the Practice.

We do have a notice of how many people DNA per day in the waiting room – the wording of which was discussed.

4. Cuts in the service

General discussion regarding this issue took place.

Louise highlighted the Royal College of General Practitioner's (RCGP) Campaign – “Put patients first”. www.putpatientsfirst.rcgp.org.uk. The NHS overall is experiencing unprecedented demand on its services; the GP Practice being the first port of call for patients. The RCGP is campaigning for the government to increase funding for general practice from 8.39% to 11% of the NHS Budget by 2016/7.

The use of Pharmacies was highlighted by a patient and this was felt to be a good idea.

5. CQC – update

The Care Quality Commission are changing their inspections of GP practices and are looking at key areas:

Are they safe? Are they effective? Are they caring? Are they responsive? Are they well-led?

For further information on the CQC and the new regulatory approach visit the website on www.cqc.org.uk or telephone 03000 616161

We have not yet been inspected but all GP Practices will be visited by 2016.

6. Attitude of GPs and Practice staff

The Practice is aware that we have had some negative feedback about attitude of receptionists and we have two new Reception Managers, Tracey and Kate, who are making a priority of improving our “customer service”

Louise asked the meeting for comments and feedback and the response was that they can find some receptionists can seem brusque, but they are aware of the very difficult job that they do and how busy they are.

Louise also enquired of the GPs and the feedback from the meeting was positive in this respect, however, it was noted that personality can be a part of how a patient/doctor relationship is established and patients often have a doctor they prefer to see. Again it was recognised that the doctors are under great pressure and do their best.

7. Proactive Care

Louise gave a brief overview of Proactive Care. This is a new service in this area which involves a multi-disciplinary team meeting, which can include GP, social worker, occupational therapist, physiotherapist, Prevention Assessment Team, specialist nurses. The aim is to help patients who may be at risk of admissions; a contingency or care plan will put in place in order to keep the patient

safe and well in their own home. Patients who will particularly benefit are those with multiple social or health problems

8. AOB

- Patients queried whether they should make an appointment when a prescription has a “medication review overdue” date on it. It was agreed that it is not a clear message. GPs will review medication as they prescribe. If a patient has been on the same medication for a long period of time they should make an appointment for a review by the GP.
- In light of a recent “computer down” problem, the meeting was reassured that we have an Emergency Plan for such times, which worked well on the day in question.
- An “external” noticeboard was suggested and Louise will look into this.
- There was a query over how results on blood tests were actioned and it was confirmed that the result is not given to a patient until a Clinician has seen the result and commented upon it. The result is available in the patient’s records before it is seen, but not “filed” until a clinician sees it.

The next meeting will be in July, date to be confirmed.