

Drs Yap, Hughes and Michael: Patient Participation Group Meeting 23.2.2017

Meeting Summary

Attendees

Dr Yap	Mr E Martin
Mike Pealing	Mr D Cook
	Mrs B Cole
	Mr G Scott
	Mrs P Black
	Mr G Bishton
	Mrs J Yates

Apologies

Mrs K Thomas (Secretary), Mr & Mrs Webb

Introductions and Apologies

The group welcomed a new member to the P.P.G, Mrs P Black.

Matters Outstanding

There were no matters outstanding from the previous meeting in December 2016.

South Maypole Surgery

MP advised the group that a local practice, South Maypole Surgery, will be closing at the end of March 2017. The Clinical Commissioning Group has written to the South Maypole patients advising them that the practice is to close, and giving them details of medical practices close to them where they may register as a new patient. It is the patient's choice where they wish to register, and MP anticipated that from a total of 2200 patients, this practice would be taking on up to an additional 800 new patients. Based on these figures, the existing list size for the practice would increase by 20%.

Members of the P.P.G expressed their concern that taking on such a number of patients would have an effect on the service that the practice provided to the existing patients of the surgery, in particular the availability of an appointment with a GP.

Both LY and MP advised that the practice would do their utmost to ensure that the level of the existing services provided to patients would not fall. The practice will employ an agency Health Care Assistant to assist with registering the new patients and their new patient medicals, and that locum GPs would be employed to boost the availability of GP appointments, until the impact of these new patients joining the surgery may be assessed and reviewed.

Practice Patient Survey 2016 – 2017

MP advised the group that during the period mid November to mid December 2016, patients who visited the practice were asked to complete a paper based questionnaire. The questionnaire was comprised of 10 questions relating to the services delivered by the practice, and the patients were asked to score each question from the range of very good to very poor by circling their response. In total 150 questionnaires were completed, which was in line with the number of recommended questionnaires suggested by NHS England – the number being based on the patient list size.

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The patient responses were analysed by the practice, and subsequently ranked into an order of patient "satisfaction" using the same methodology of that used by NHS England for the NHS Friends and Family Test. Copies of the table of survey results were given to all members of the group together with the details of the three highest and three lowest scoring areas, for discussion. (please see Practice Survey 2016 documents)

From the questionnaires completed, the three highest areas of patient satisfaction were:-

1st The quality of care by a Doctor during the patient's consultation (191 from a maximum of 300).

2nd The quality of care by a Nurse during the patient's consultation (182 from a maximum of 300).

3rd The accessibility of the practice (176 from a maximum of 300).

The three lowest scoring areas were:-

3rd The choice of appointment times for an afternoon surgery (22 from a maximum of -300).

2nd The ability to get through to the practice by telephone (21 from a maximum of -300).

1st The waiting time(s) upon arrival at the surgery for an appointment (2 from a maximum of -300)

The main group discussions centred around the three lowest scoring areas of the practice questionnaire.

Choice of afternoon appointment times.

MP & Dr Y explained that there was a greater choice of appointments in terms of day, times and with which GP available to patients for the morning GP surgery sessions than that available in an afternoon. When considering afternoon appointments, GP half days, Dr Hughes being a part time GP and specific patient clinics being run on a Wednesday afternoon all limit the choice of an appointment that is available to a patient.

However, the patients should keep in mind that the majority of appointments outside of usual surgery hours are in the early evening, rather than in the early morning.

The ability to get through to the practice by telephone.

MP explained that the practice has two incoming BT telephone lines, initially, to be answered on two handsets on the Reception counter. The practice answers telephone call from 8.30 am to 12.30 pm, and 1.30 pm to 6.00 pm Monday, Tuesday and Friday, 8.30 am to 12.30 pm Wednesday and until 1.00 pm on a Thursday. At all other times 8.00 am to 6.30 pm Monday to Friday, calls to the practice are taken by the Out Of Hours service.

Unfortunately, what appears to happen is that a substantial number of telephone calls are received between 8.30 – 9.00 in the morning and 1.30 – 2.00 in the afternoon where patients are looking to make an appointment.

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While certain appointments may be pre booked ahead, a number of these by using the patient on line appointment booking facility, this has not reduced the large number of calls being handled at these times.

The practice has aimed to educate patients that it does not take requests for prescriptions over the telephone (blocking lines and mistakes being made) and that there are given times when a patient may telephone for their test results or to speak to a GP or the Nurse Practitioner. However, the practice is still receiving a number of such requests at 8.30 in the morning.

Although in the past, this was not the suggested approach from the P.P.G, it was now suggested that the practice should include within the telephone answering system, a short message to advise the patient what time they should call for specific services. This message would be played to the incoming caller before their call is answered.

MP is to investigate this facility, contacting the telephone equipment provider for the practice.

The waiting time(s) upon arrival at the surgery for an appointment

Together, members of the group identified two main possible reasons why a GP or the Nurse Practitioner may be running late during their surgery. These being, patients presenting with multiple problems during a 10 minute appointment slot, and a GP engaged in obtaining an emergency admission to secondary (hospital) care for a patient. Although there would appear to be very little to be done about the secondary care area, the circumstances being beyond the control of the practice, the practice continues to try to educate patients that if more than two problems need to be addressed, then the patient should book more than one appointment.

The Reception staff continue to advise patients if a GP or the Nurse Practitioner are running behind time with their surgery. This then gives the patient the option to either sit and wait for their appointment or re-book their appointment.

MP advised that the practice is shortly to install a patient self check-in computer screen, which will advise the patient automatically at the time they check-in if their appointment will not be running to time. The patient will then have the choice either to re-book or sit and wait, and it is hoped that patient satisfaction regarding this area will improve next year.

Date and time of next P.P.G meeting

The next group meeting was arranged for Thursday 25th May 2017 at 1.00 pm.