

## Patient Participation Meeting

12<sup>th</sup> December 2017

Present: Wayne Penegar (WP) Chair, Lynsey Buckles (LB)-Mins, SP, LN, GN, IP

Apologies: CG, HN, SOF, KG, SB, AM, WPr, JB

### Actions from last meeting

Action	By whom and when	Outcome
LB to remind staff to answer the phones with their names, to reschedule for next Team Meeting.	LB-Still Outstanding	
AM & WPr to support surgery with review of posters		On-going

### Today's Agenda and Actions

Discussion	Action
<b>Matters Arising</b>	
Flu jabs-This is on-going with text, letters and phone call promotions.	LB to encourage patients to let us know if they've had the vaccination elsewhere, as members of the PPG did not know if they informed us of that it would remove them from the surgery call/recall list.
<b>Today's Discussion</b>	
<p><b>Complaints &amp; Compliments</b>                      2 complaints both with Communication issues highlighted, both have been resolved and were a result of working under increasing pressure and having to prioritise.</p> <p>Lots of compliments in Christmas cards, these will be shared as they were last year in a collage.</p>	
<p><b>Accessible Information Standard</b>                      These standards have been out in the public domain for a while now. LB discussed how we are improving what we do to offer people with sensory impairment a better service</p> <p>1) Questions about any sensory impairment are on registration form and how patients want to be communicated with (Letter, phone, text, email)</p> <p>2) On the check in screen it asks if patients have sensory impairment to let reception know and inform us of the best way to communicate with them.</p> <p>3) Putting alerts on patients records for those who have sensory impairment.</p>	
<p><b>Posters</b>                      LB invited everyone on the PPG to assist with reviewing the posters and leaflets when they are in the surgery-if there are any that look like they are out of date or should not be up anymore, please remove them, give them to reception and ask for them to be put in Lynsey Box. LB will then review and action accordingly.</p>	
<p><b>Hub Use</b>                      We have access to additional appointments for our patients in the evenings at the Nelson Medical Practice. This is going well, our use is the 2<sup>nd</sup> highest in the west of the borough. These consultations have been useful for our patients and feedback has been positive.</p>	

<p>Survey</p> <p>Survey results were given out and discussed. Smaller sample than previous years. Huge increase in patient satisfaction with nursing appointments. No other significant changes in the survey results year on year to report. Patients are still in the vast majority very happy with the service they receive.</p>	
<p>Welcome Voice Messages</p> <p>LB asked for feedback on the usefulness of the voice message you get when calling, the surgery has been trying to put helpful information on there and also advice on common ailments and whether a Dr's appointment is required.</p>	
<p>Feedback on New Appt types</p> <p>New appt types have been created in order to try to have appointments available sooner. When routine appointments are made available they all tend to go within 24 hours. New appointment types that are released periodically</p> <p>24 hr release, 48 hour release, 7 day release and 14 day release have been set up and are being trialled-for about a month now on most weeks. LB asked for feedback, but none of the PPG had seen these or booked any of them. LB acknowledged that feedback from reception had been that these are predominately booked by online users and they haven't really noticed any benefits of them.</p>	
<p>KPI's</p> <p>LB discussed the new KPI's that have come into play now and the key areas of focus for the practice over the next 18 months.</p> <p>Areas discussed today were Carers KPI, the targets around increasing the Electronic prescribing, dementia friends, active signposting roles of receptionists.</p> <p>Patient death notification was discussed, one of the members spoke of their experience of their parent passing away and having to contact all the different services to inform them and then services turning up not being aware that the patient had passed. We all agreed a waste of resources but LB did not think it was anyone's responsibility to notify other involved agencies when someone's relative dies, which means no one takes responsibility for this apart from the Carer.</p>	<p>LB to ask EGW to raise this at the next MDT meeting to see whether there are any processes that she was not aware of.</p>
<p>Online Contacting Nurses</p> <p>Booking nurses appt's online. LH raised this as a frustration. LB explained that there are around 30 different types of nursing appoints with a variety of time frames attached to different appointment types, this means it is impossible for them to be book online currently.</p> <p>Emailing nurses now is not possible due to a few separate incidents where patients were inappropriate or aggressive via email and it was agreed that the only email that patients usually are able to access it the MERCCG one.</p>	
<p>AOB</p> <p>Cancer Services Talk-KG suggested that this might be a good person to have in to talk. Dr Shweta. All agreed.</p> <p>Monitoring of DNA's</p> <p>A patient that is not a member of the PPG emailed in some questions as below</p> <p>1. I asked the Primary Care Commissioning Committee if they</p>	<p>LB will try to arrange this.</p> <p>LB to bring the F&amp;F Test results back.</p>

obtained data on the Do Not Appear (DNA) rates for GP appointments preferably for each practice. They replied that Practices were not required to supply these data. I was interested as I expect a large number of appointments are missed and practices should be actively monitoring this with monthly data and taking steps to reduce this waste which would help relieve the pressure on GPs. There was a recent article on this in the Lancet which I've attached.

So my question is can you ask the practice to supply this data monthly so it can be tracked. The practice has also indicated according to the PPG June minutes that on the day appointments help to reduce DNAs so it would be good to see the evidence.

*Practice Response-We did extract this data for a few months and found it to be of little or no benefit for a number of reasons, so considering the vast amount of pressure General practice is under currently extracting data of this nature has not been prioritised. The information about reducing DNA's for this practice is anecdotal and self-reporting from the GP's themselves. However there is evidence available widely that on-the day booking system do have significant impact see quote below*

"Practices in the Modality Partnership in Birmingham introduced same-day telephone appointments and saw a reduction of 72% in DNA's"

I also believe that a business process for appointments that texted and emailed patients a few days before an appointment asking them to confirm their attendance, as opposed to just a reminder, would further reduce DNAs. I can't see why this couldn't be an automated process from within the GP IT system.

*Currently patients with a mobile number registered get a reminder 48 hours before their appointment time with the option to cancel, which is used frequently by our patients. A system whereby someone has to confirm an appointment would create huge amounts of administrative workload and lots of queries on what to do if a patient does not answer their phone, it would have very limited impact. Although we are considering how we could increase admin capacity to contact those patients using the extended hours appointments the day before to double check-these are booked in advance and have frequent DNA's or last minute cancellations.*

2. I would also like to have clarification on the same day booking process now adopted by the practice. I would think for most patients this is a great inconvenience. Appointments can only be booked on the day or 24 or 48 hours ahead either at the practice in person, on the phone or online at 08:00 each day. For anyone who works or has a busy schedule this surely makes it very difficult to get an appointment that fits in with your schedule.

What has happened to the process by which most appointments could be booked online in advance relieving the workload on the practice reception?

*Nearly all appointments are available online, but on most days these*

*appointments have gone by 8.15am. We have a high number of people registered and actively using the online booking system which means the appointments are being booked on the phone, online and obviously in person and therefore they do go quickly.*

3. Can you please ask why patients cannot receive an automatic text or email when an appointment is booked. Surely the EMIS system could do this automatically. At the moment reception has to scribble this down on a scrap of paper. There does seem to be a general reluctance in the practice for any email communication.

*Text when an appointment is booked. I am not aware of this functionality in EMIS, we do not use the EMIS system for text messaging we are currently using a system called MJOG-this is mostly paid for by the CCG. They are decommissioning this company and moving to another provide in March. These providers limit the number of texts that can be sent within your package which could potentially mean we are able to text even less. Texting is obviously not as costly as sending letters but each text we send is at a cost. As individual GP practices we do not commission these services themselves, the focus is about buying at scale and in the current climate to make cost efficiencies. Sadly we have limited involvement or impact on these decisions.*

*With regard to emails, we do have a generic email address that patients can use. You are correct there is a reluctance and until I worked in primary care I myself could not understand it either, but the sheer volume of correspondence and communication that takes place each day in just our practice alone is astounding. Trying to manage additional modes of communication with no increase in resources to do this is challenging.*

*Apologies if these weren't quite the answers you were looking for, however I have tried to be as transparent as possible and am always open to suggestions from our patients.*

Next Meeting is scheduled for 13<sup>th</sup> February 2018 @ 6.30pm