

Patient Participation Group Minutes

Meeting held at Victoria Health Centre at 1pm on 16.01.2020

Present: James Pam (Acting Chair), Debs Main (Secretary), Cath Verhoeven, Bill Brown, Sue Clague, Alan Wilson, Tony Wright, Robin Taylor, Martin Rudge, Roy Sells, Michael Stewart, Anne Hardy, Tryphena Anderson, Barbara Kendal.

On Behalf of the Practice: Dr Nightingale, Simon Jones (Practice Manager).

Apologies: Non received

Agenda

1. **Ratification of Minutes:** the minutes for the meeting on 15.10.2019 were ratified.

2. Matters Arising:

A. **Telephone Manner:** Simon Jones reported that there have been 2 optional training days for staff but these have focused on sign-posting patients to relevant services rather than addressing telephone manner. He added that regular staff meetings are to be reintroduced and staff will be reminded about appropriate manner when dealing with patients and ensure that they give their name.

B. **New Clinic Room at Mapperley Surgery:** The conversion of a room at the surgery is out to tender with a date for work to be agreed in the near future. This will provide extra space and so allow more patients to be seen. A new doctor has also been employed (Dr Khan) and the new space will help to accommodate her too.

C. **Newsletter:** The potential for sending the newsletter to all patients with smartphones via MJOG is being investigated by Simon Jones. He commented that this may not be possible under the GDPR guidelines as the newsletter is not exclusively 'health related information' and patients need to opt in to being sent it. The PPG felt it would be appropriate to challenge this as it would be in the patients interest and would benefit them to receive the information included in the newsletter. It was also suggested that the newsletters are put on the reception desks to make it more likely to be picked up and so increase circulation.
Action: Simon to explore further.

D. **DNA's** - Simon Jones reported that the number of DNAs (*Did Not Attend Appointment*) is over 6% per month. This has improved since the text reminder service, was implemented. The PPG asked how this compares to national statistics. A discussion ensued as to how habitual DNAs should be managed. One suggestion was that patients who DNA should be sent a letter with potential for them being removed from the practice list if they continue. However, others felt that some patients may have valid reasons for not attending such as long term conditions or mental health issues and this needs to be taken into consideration. Another suggestion was that patients do try to cancel appointments but are unable to get through on the telephone. **Action:** Simon to explore further.

- 3. PPG Constitution:** Bill Brown introduced the suggested changes to the constitution. The PPG has been operating for 6 years and is continually trying to recruit more members and encourage them to be involved and attend meetings. According to the current constitution the appointment of officers has been for 3 years. It was suggested that to allow a more flexible approach this should be amended to ensure that, until appropriate replacements are recruited, the posts are held without a time limit imposed. Cath Verhoeven will complete here 3 yer term at the AGM this year and has currently agreed to remain in post as Chair until another PPG member is proposed. Bill thanked Cath and complimented her commitment to the role. **The changes were proposed and seconded.**

A PPG member raised a question as to how members of the 'Action Group' are recruited - Bill responded that PPG members should contact the Chair and discuss their interest.

Action: Changes to be made to constitution and upload to practice website.

- 4. Telephone Survey & 'Secret Shopper':** Bill Brown presented the results of the survey carried out by the PPG Action Group prior to Christmas (see appended results). This was done as part of the PPG Objectives to improve patient experience. The results of the survey were echoed by the '**GP Patent Survey**' in that the practice could improve around patients being able to get through to the surgery. The secret shopper results showed that most calls took between 3 and 10 minutes to get through and the service was faster at VHC than at Mapperley.

Simon Jones commented that wait times are recorded and analysed by the practice to look at ways of improving the service. He also mentioned that staff sickness over the winter period has had an impact on them being unable to deploy staff to the phone lines at busy periods. Simon is investigating the possibility a single phone system covering both practices which should improve the service.

- 5. Proposed Changes to Repeat Prescriptions:** It is being considered that patients ability to contact their pharmacy to order repeat prescriptions be stopped. Patients would need to order prescriptions via the practice either in person, by post or via 'Patient Access' on-line <https://www.patientaccess.com/gp-features>. For clarity, current Practice protocol if that **Repeat prescriptions cannot be ordered by telephoning the surgery**. Simon Jones reported that this has been implemented by other CCGs in order to reduce waste and enable better auditing of patients prescriptions. He added that these changes would not have much impact on admin staff workloads. Certain patients can be exempt such as those who are housebound. Dr Nightingale commented that when the 'Patient Access' system is used the request goes directly to a GP and bypasses reception and there is the ability to add a note to the request or raise a query with the GP.

PPG members raised a number of issues, namely that it would result in patients having to make a number of trips to the surgery to order and again to collect prescriptions and not all patients use the pharmacies next door to the surgeries.

A poll was taken at the meeting of how patients there currently ordered prescriptions. Of the 15 people present **11 ordered via a pharmacy, 1 via the surgery and only 3**

ordered online. Of the 3 who ordered online – 2 did via Patient Access and 1 via Boots online service.

Alan Wilson raised the problem that VHC patients are unable to order their prescriptions via Patient Access.

Overall the discussions did not provide a compelling case for the changes and it was suggested that this should be fed back to Practice management . It would also be vital to understand how the exemption would work in practice for patients.

Action: CV to summarise the concerns to the practice formally by letter. Sue to feedback to the CCG

6. Questions from PPG Members:

1. **Q:** What is the whole time equivalent (WTE) for GP's in the practice and does this fall within any nationally accepted ratio of GP's to Patient population.

A: Simon Jones said that, for the approximately 10,000 patients registered, the practice has 43 GP sessions (1 WTE = 9 sessions).

The **BMA guidance** is 720 appointments per 10,000 patients per week.

V&M Practice currently have 774 appointments per 10,000 patients per week.

This does not include appointments with nurses and HCAs.

PPG members were pleased to hear that our practice is operating with a ration above national guidance.

Action: The PPG wish to have this information as a standing item at each PPG in future. Sue to ascertain what is the average ratio for our Primary Care Network (PCN).

2. **Q:** Why is there such limited availability of on-line appointments bookable via 'Patient Access'

A. There should be 25 appointments per week allocated and it may be that they are booked up quickly.

Action: Simon Jones to review. It may be useful for the Action Group to perform a survey of availability of on-line appointments and feed back to the Practice - to be discussed at Action Group meeting.

7. **Close of Meeting:** James Pam thanked all present for their participation in the meeting.

Next PPG Meetings:

At: Mapperley surgery On: Tuesday 21st April At: 1pm

At: Victoria Health Centre On: Thursday 16th July At: 1pm