



PPG Meeting Minutes

Thursday 17 January 2019

Attendees

(AC)	Practice Manager
(DS)	Patient Representative
(EG)	Patient Representative (Secretary)
(JH)	Patient Representative (Chair)
(MJ)	Patient Representative
(JM)	GP Partner
(MC)	Patient Representative
NH)	Patient Representative
(PP)	Patient Representative
(RD)	Patient Representative
(TM)	Patient Representative

Apologies

(PR)	Patient Representative
(PW)	Patient Representative
CB	

Did not attend

AT; PH.

Introductions

Members were welcomed to the meeting. The minutes of the meeting were approved. AC commented that AT should be contacted to see if she wishes to remain on the PPG.

Matters Arising & Actions

JH agreed that a topic, raised by NH at the close of the last meeting, would be considered under AOB.

1. Presentation on Deer Park Patient Survey 2018.

JM introduced the Patient Survey, a copy of which had been given to members by AC. The results of the in-house survey had been compared to the results of the national survey of GP practices. AC reported that 140 people (2.5% of clients at Deer Park) had been given a survey to complete following attendance at the surgery. This was over a two-day period. All surveys were completed (100%). The national survey is sent randomly to 245 clients; however, it is possible that those people may not have actually attended the practice during

the survey period. There was a 45% response rate, which is good. The presentation covered the following aspects:

- **Appointment bookings**

JM commented that he felt the number of bookings made 'in person' was high. MJ suggested that it may be due to the difficulty of booking by telephone and RD thought that people perceived they had access to more/different GPs when they booked in person. 30% of patients have registered to use the online booking system so it is surprising that there is only 9% uptake.

- **Types of appointments**

Some members remarked that they were not aware that there was such a variety of appointments available. AC responded to a question by EG: not all appointments can be booked online, for example, consultations with nurses vary according to the patient's need: it is not possible to build this into the system. JM said that raising people's awareness of the range of appointments available could be an action arising from the survey.

- **Travel to surgery**

67% patients arrived at the surgery by car; only 4% walked.

- **Repeat prescriptions**

JM reported that there were ongoing problems with the system and that Deer Park, and many other practices, would soon be preventing pharmacies from ordering repeat prescriptions on behalf of patients. Problems had arisen because pharmacists did not routinely follow the agreed procedures (they should consult the patient before placing an order). Patients had received incorrect medicines and even ones that had been stopped by their GP.

Inevitably, stopping the service will cause some problems although, based on the experience of similar practices, this may not be as great as feared. AC assured the group that the practice would always support those who had difficulty arranging their own repeat medication.

JH asked why it was not possible to request repeat prescriptions by telephone; AC and JM said that this increased the risk of error as the names of medicines were not always correctly pronounced, or patients could not remember the proper names asking for 'yellow tablets' etc. GPs handle around 500 prescriptions every day.

- **Overall Satisfaction**

Nationally, 76% respondents said that their 'overall experience of their practice', was 'good', compared to 54% at Deer Park. All people completing the local survey had attended the practice during that period; it is not known whether the same applied to the national survey.

- **Electronic Prescription Service (EPS)**

JM said he was 'very surprised' that 68% said they had had 'no problems' with EPS. The perception of GPs was that people found pitfalls in the system.

- **Comments**

There were many positive comments added to the Patient Survey. Several people commented on the difficulty of booking appointments, confirming that this was an issue to be addressed by the practice and PPG. JM and AC will accept comments and suggestions from PPG member by email in order to begin a process of improving communication on the bookings systems.

JM said that unfortunately GPs were not able to be as proactive as they were even three years ago because of changes to funding etc. EG commented that this was not widely known and that improved communication of such matters could only benefit the practice. JM reiterated that it was important to use the survey results to inform and improve practice: he asked the PPG if there were any immediate suggestions. TM commented that appointments should be made available during the weekend. JM said 'that will not happen': there are too many constraints on time, income and resources, and insufficient GPs to staff the extra sessions without affecting normal weekday services. MC remarked that the local free magazine, Grapevine, flagged up that weekend/out-of-hours appointments were available, which made readers believe that all practices were involved. JM said that trials of having GP services at Accident and Emergency centres had proved very successful at 'clearing' patients but there are drawbacks, such as that the service did not have access to full patient records. JM said that 'out of hours' was the future but it is an expensive service, needing many more GPs to run it and ways to ensure continuity of care.

DS wanted to return to discussions on the Patient Survey: to confirm what issues were to be addressed, for instance we need to know *why* people prefer to book appointments 'in person' rather than by other means. MJ felt that it was necessary to improve online booking. JM thought that the practice needed to address the different appointments available, and communicate the information, so that patients made the most appropriate booking. NH asked how patients might know about this range, AC said that information was available on the back of all new registration forms. EG commented that people who had been with the practice for many years would not have been given this information. EG offered to collate further comments on the survey if members email them by 30 January.

Improving various aspects of the appointment booking system seems to be an urgent requirement however, merely making appointments available online would not be the best solution: this would discriminate against the majority who currently do not use Patient Access. AC said that Dr T. wants to explore improving the uptake of online booking as it will free up resources. JM proposed writing a newsletter explaining the appointment booking systems etc. He will undertake to write the content within 3 weeks and asked PPG members to read it and comment on accessibility and content etc. The PPG must help to deliver the newsletter to places such as the library so that it reaches patients. JH and AC will begin to create a dedicated notice-board in the waiting area to assist communication: they appealed for help in this. MC offered to help set up the notice board and monitor its content. Other volunteers – maybe four people are needed.

2. DNA Policy

JM has sent out a letter to one patient; he assured the PPG that 'one off' situations would not receive letters. The practice was aware of patients who tended to not attend without apology.

3. Items for discussion at next meeting

JH asked the group for suggestions on what we might tackle.

- (i) MC suggested checking use of the car park by parents going to the schools and shoppers.
- (ii) DA would like to look at preventative care measures; one surgery he knows of uses volunteers to take people walking.

JM said that such initiatives used to exist but have largely stopped because of safeguarding and health and safety concerns. Many self-help groups already exist such as Wollaton Care Group. Members felt that more could be done to promote the work of such groups and encourage participation.

- (iii) NH and JH wanted to discuss how the amalgamation of Clinical Commissioning Groups (CCG) might affect the practice. There is an opportunity for a member of a local CCG to talk to Deer Park PPG: members must decide what the focus should be. NH suggested SDTP and how the 'top down' changes might affect Deer Park. JH will liaise with NH to format an idea as it is a specialised area. JM suggested that he gave a 20-minute presentation to inform the PPG about its role but that would delay topics for the next meeting. It was decided to hold a short interim meeting before April.

AOB

- (i) AC mentioned that she was to attend a meeting to begin the set-up of a social media account for Deer Park Practices: the account would be for the communication of information not comments.
- (ii) DS asked about Brexit might affect the supply of medicines.
- (iii) AC asked for help to organise noticeboard dedicated to matters arising from the Patient Survey: maybe along the lines of 'You Said – We Did'. MC volunteered. JM stressed how important it was that noticeboards were kept up to date. JH hopes to involve up to four people to help: members were asked to contact him by email.

Meeting closed at: 14.10

Next meeting:

Interim meeting: Thursday 7 March 2019 at 1300
Scheduled Meeting Thursday 18 April at 1300

Any items for the agenda to EG by: Monday 1 April.