

MERRIDALE PATIENT PARTICIPATION GROUP

Minutes of meeting held on 20th March 2014

Present	Apologies Sent
John Brennand (Chair)	Jill Smith
Jay Champaneri (Secretary)	Carl Porter
Reverend Joseph Suray	Marilyn Draycott
Terry Parker	Angela Bailey
Olga Dmochowska-Korzekwa	Marianne Hancock
Vin Davda	Helen Rhodes
Alan Gledhill	
David Smith	Did not attend
Dr Tew	Viktoria Petrikaite
Cara Morgan	Raj Mann
	Jan Butlin

NB Action points are denoted by ▲

1. Minutes and matters arising from the previous meeting

The minutes from the previous meeting were discussed and agreed. VD commented that the attendees/non attendees/apologies sent should be shown clearly in the minutes. AG asked that future minutes make it clear when points are agreed on a 'general consensus' basis as opposed to there being general but not overall, unanimous agreement or when it is the 'majority view only –not necessarily held by everyone present' as some attendees are bound to have different opinions. CM confirmed that future minutes will make such distinctions where necessary and explained that it is a case of getting the right balance as to level of information being included whilst also ensuring that the minutes reflect the extent of input from individuals –hence why initials as to who commented on certain matters is tending to be included when practical. It was generally acknowledged that the minutes do need to continue to have sufficient details so that PPG members who cannot attend a particular meeting are kept updated via the minutes and it is equally important that the notes are comprehensive enough for patients who wish to read the notes. ODK commented that she found the level of detail helpful..

2. Update issued on 18.3.14 (i.e. before the meeting) by Cara –copied in below for reference

- *Appointments On the whole the first stage of our appointment review (which came into effect on 3.3.14) has gone well with patients commenting that they like the option of being able to pre-book up to 2 working days in advance. We anticipate launching online bookings for certain appointments by the end of next week. Our phone message has been updated so patients are aware that we need*

to book same day appointments in time order by booking morning appointments first before allocating same day afternoon appointments and also to explain that appointments can now be pre-booked up to 2 days before. The appointments for the whole of March will be analysed fully at the month end

- *Clinical team changes Another GP -Dr Kagzi (male) has joined the Practice and will be having clinics Tuesday -Friday. We have had excellent feedback about him so far. Another Practice Nurse (Ann) will also be starting shortly (to work alongside Gayner)*
- *Music in reception This was changed to Smooth 106.6 as at 3.3.14*
- *New receptionist Gwen has now joined the reception team as of 3.3.14*
- *Moving away from the 0844 number Liaison is underway with the current phone supplier (along with other potential providers) as it is our wish to move away from the 0844 number completely as soon as it is practical to do so.*
- *TV media screens This has now been progressed and the screens are expected to be installed next month (fingers crossed)*
- *Improving Practice questionnaires These surveys are now drawing to a close. The results will be forwarded to PPG members once they have been received back.*

3. Appointment review

- **Current position** -Dr Tew/CM confirmed that the appointment changes which came into effect as of Mon 3rd March have, on the whole gone well, with some very positive feedback having been received (quite a few patients have said that they are pleased that they can now pre-book appointments up to 2 working days ahead). Dr Tew/CM said that there may need to be a few small tweaks of the process which will be decided once the new system has settled down further over the next few weeks. A full analysis is being done of appointment activity and usage so that the impact of the changes can be properly measured.
- **Online appointments** -CM confirmed that the option for patients to book certain appointments online (via the Practice's website) will be available by the end of next week. Whilst this is another positive development the extent of online bookings will need to be carefully balanced and limited so as to ensure that those who do not have access to the internet can continue to as readily book appointments.
- **Queries from some PPG members** AG + ODK +VD asked for some clarification about certain aspects (such as afternoon/evening bookings for those who work; how far in advance bookings can be made and also the situation if/when a patient wants to see a specific GP only when, as an example that GP works 2 days such as Thursdays/Fridays only
- **Pre-booking (afternoon appointments) up to 2 working days in advance** CM confirmed that the Reception team can pre-book afternoon/evening appointments for patients up to a maximum of 2 days ahead. All of the 10 GP's at the Practice offer pre-bookable appointments on the days when they have clinics but patients are asked to observe that Reception cannot book appointments more than 2 days ahead so as an example, if a patient wishes to see one of the GP's who works on

Thursdays/Friday only –they won't be able pre-book an appointment to see that specific GP until 2 days before hand e.g. on a Tuesday if their next clinic is on a Thursday. Some Nurse Practitioner appointments can also be pre-booked for first thing the next day (bearing in mind that the Nurse Practitioner, Helen is very experienced and can deal with a wide range of ailments and prescribe appropriate medication). One of the reasons why pre-bookable GP appointments are afternoon/evening bookings is to accommodate those who have work or childcare commitments.

- **Same day appointments –morning appointments are allocated first until fully booked** Dr Tew explained the principle of 'on the day' appointments needing to be booked in time order so that morning appointments are fully booked prior to any later bookings that day. He explained that this is important as the aim is to make sure that patients who genuinely need to be seen that same day can be allocated an appointment and if all of the later appointments that day were to be booked up early in the day then it results in those ringing later on not being able to get a same day appointment (which caused problems previously when the booking of afternoon appointments was not restricted). Not booking up morning appointments first can also mean that morning appointments don't get filled which leads to a lot of wasted appointments which impacts on all patients. He said that it is a question of balancing the needs of individual patients against the needs of patients as a whole by maximising where possible appointment availability for everyone. Various appointment models had been considered and the decision to restrict 'same day bookings' to booking morning appointments up first before the 'same day' afternoon appointments are booked is in the interests of the patients as a whole..
- **Other appointment systems** Dr Tew said that some Practices have changed their appointment system so that they offer more 'telephone triage' appointments instead of face to face consultations but conducting consultations over the telephone can create barriers so this Practice has deliberately avoided this, and as an alternative now offers lots of same day morning and afternoon appointments mixed with pre-bookables afternoon appointments
- **Requests to see specific GP's** Dr Tew explained that if a patient feels that they need to be seen 'on the day' then it may be impractical (and perhaps an unreasonable expectation) for them to be offered an appointment with a specific GP of their choice as earlier appointments that same day may be available with another GP (and therefore need to be booked up first) or that particular GP might not be in that day or may be the On Call Duty Doctor. Dr Tew said that clearly if patients restrict themselves to solely wanting to book to see one GP only then it stands to reason that the range of appointments which are available for that one GP will be limited –particularly if lots of patients are also expecting to just see that same person as inevitably that particular GP's pre-bookable appointments will then get booked up very quickly. Having 'same day' appointments across the GPs who are on in a particular day does offer a good choice of appointments bearing in mind that all 10 GPs at the Practice have a mix of 'same day'

appointments and 'pre-bookable' appointments .Some PPG members commented at this point that if someone is ill on the day then being able to see a GP is what matters so it shouldn't really matter which particular GP it is that they see.Dr Tew also said that if a patient at the outset of their appointment request stipulates that they want to see X GP at X time –without any leeway then any Practice is likely to struggle to meet that precise expectation as there is a finite number of appointments in any surgery on any given day –not a limitless number of appointments. There was general acknowledgement about this point and most of the PPG members present said that they now appreciated the reasons why anyone wishing to be seen on the day will be offered the next available appointment that day with one of the GP's, which is reasonable in that patients are being offered a GP appointment on the day albeit not always one with a specific GP of their choice bearing in mind that patients can pre-book with all of the GPs now which is a positive change.CM informed the PPG that an April Newsletter is being planned which will include further information and updates for patients

- **Feedback about the Practice GP's** A few members of the PPG then made some very positive comments about the GPs at the Practice .It was also noted that, as has happened already with the GP's who have been here for some time, the GP's who have recently joined the Practice have also become popular very quickly with lots of patients opting to pre-book to see them again. Some really good feedback is being received on a regular basis.Dr Tew endorsed this point and said that although it is appreciated that patients get to build a rapport with certain GP's so may be reluctant at first to see another GP who they might not have seen before, the cycle of always only wanting to see X GP can start to be broken with an increasing number of patients being happy to see any of the GP's at the Practice with confidence. This again helps to expand the options for patients if they do not place restrictions on which GP they are prepared to see.
- **Other feedback** CM has asked that the PPG and other patients continue to provide feedback about how they are finding the appointment system as any such comments will be taken into account. Comment cards are readily available in reception and are regularly checked and actioned.AG and ODK said that their queries about the changes were based on questions that patients had asked them about - hence why they had sought clarification on behalf of others. CM said that patients are welcome to contact her or the Practice Manager Vicki direct if they so wish about any appointment aspects or any other matter.JS said that no system whatever it is can be classed as perfect and it is best that the Practice are permitted to continue with the trial of these changes which came in at the start of the month on the basis that if it becomes clear when the Partner GPs/Manager review how things are going they feel that any changes are needed then everyone should be assured that they will take the necessary action in the interests of all of the patients. JS said that it is also hard to find something that suits everyone but he commented that the changes which have been made –with improved access to appointments are very positive developments indeed.Dr Tew

confirmed that the whole review continues to be 'work in progress' with some fine tuning along the way. One of the PPG said that sometimes patients ring to be told to ring back on another day if they want to see a particular GP to then find when they ring back on the suggested day that the GP concerned doesn't have a clinic that day which can be quite frustrating. CM confirmed that the reception team always aim to look ahead to future clinic days to ensure that they do not misadvise patients. A chart of which GPs are in when has also been drawn up for reference by staff. AG asked if that could be put on display in reception and also be placed on the Practice website. It was agreed that this is something which may be feasible to do once the appointment changes have been assessed though it would need to be borne in mind that such charts would and could only reflect GP normal working days –not taking into account absences and adhoc changes to clinics which sometimes have to occur.

4. Composition of the PPG and Terms of reference

As explained at the last meeting JB reiterated that at the moment the PPG had an adequate number of members (16) so he is maintaining a 'reserve 'list' of any other patients who have already contacted him to express an interest in joining the group. The value of PPG members actually attending the bi-monthly meetings was discussed again .There wasn't time to review the PPG Terms of Reference at this meeting so it was agreed that this would be the main topic /aim of the next meeting. The copy of the slides which had been sent out by with the pre-meeting update were agreed as very useful and a good basis for the next meeting. Generally the view was that if any PPG member fails to attend 3 consecutive meetings and/or fails to submit their apologies on 3 occasions then they may be asked to stand out but it was agreed that all such aspects would properly be discussed next time

5. A.O.B

a) **Website** JB asked why the Practice's website didn't include all of the GP's names –CM said that it did and had been recently updated again with the latest GP's who had joined the Practice -10 now in total .*Immediately after the meeting CM checked the relevant web page which already does display all 10 GP's names.*

b) **Photos** VD asked if photos of the GPs were on the website /in reception .ODK said that visual images not just words sometimes helps and can be more memorable so patients can easily recognise each GP. CM advised that photos aren't available currently.

c) **Older people** DS asked how the appointment changes were being communicated to the older patients who might not come into the surgery very often or might prefer some standard messages at the bottom of any correspondence issued so they are aware of the basics such as how to request a home visit /book an appointment

etc. CM said that as part of the longer term plan she and Vicki are drawing up a basic communication plan and exploring the various communication methods/formats given that there is a diverse mix of patients with various needs/from different backgrounds so as to ensure that the 'Harder to Reach' groups are kept informed in an appropriate way too. The methods of distribution of the April newsletter being a consideration once it is being produced as it is important that as many patients as possible have access to Practice related information and on-going developments

d) Review of material /patient information on display in reception CM explained that as part of the review of the reception display areas and the above mentioned 'communication plan' alternative formats/languages is part of the overall review of patient information. DS said it will be good to have the promised TV/media screens up in reception and asked about timescales –Per the update issued before the meeting these are expected to be installed by the end of April. ODK asked that random flashing lights/volume to be avoided so the screens aren't too intrusive. CM said that the screens are likely to enhance the patient experience and will be discreet yet visible and will display standard 'NHS fed' information, health related material aswell as health promotional campaigns and Practice related information and updates. Some members asked could we have magazines –this was briefly covered at the last meeting and is being considered as part of the review of the reception areas generally

e) Feedback about reception team JS and others said that they wanted to convey their thanks to the reception staff who are really helpful. CM said that this would be passed on to reception with pleasure as the job is very intense and they are constantly having to deal with differing expectations balanced with sticking to the requirements appointment wise so it is nice to know that their hard work is appreciated. An example of how helpful staff had been when there appeared to be a problem with an urgently needed prescription was also commented on too as 'reception and the scripts team had pulled all the stops out to get the query sorted out quickly' –so thanks to be conveyed to the scripts team and the admin team too who all work closely with the reception team to collectively provide a good service to patients

f) Designated car parking spaces for disabled people AG expressed concerns about instances when people had parked in these designated spaces without displaying a Blue Badge –some of whom it appears were unlikely to be eligible to use those places. Other PPG members commented about this too. ODK said that there was correct signage to inform car users that the spaces were restricted. Some of the PPG also remarked that sometimes vehicles/vans park in such a way that can cause hazards and impede access depending on where they are parked. It was acknowledged that this has tended to be an on-going problem in that some patients who aren't entitled to use those spaces have been doing so which can present a safety and inconvenience issue in addition to being unfair to those who need to park there. A 3 pronged approach was agreed to try in that ▲ The Practice Jayex (wall

board) will be updated with a message reminding patients that the designated disabled car parking spaces are solely for use by disabled patients so if anyone else has parked there they need to move their vehicle immediately ▲ PPG members (if they feel comfortable doing so and notice anyone parking there inappropriately) can politely ask patients to move their cars into alternative spaces and/or PPG members to let CM or Vicki know –they in turn will politely but firmly address the matter. JB commented that there is limited parking available generally with it being such a busy Practice but it certainly isn't right if people park in those spots when they shouldn't. This topic will also be mentioned in the April newsletter

g) **Friends and family test** Dr Tew consulted the PPG about the second question to be included in the new local survey which is being introduced in 2015 and will replace the current IPQ surveys. Everyone was happy for "Did you know you can book appointments online" being included as the 2nd question.

h) **Letter to CQC** VD asked whether the letter had been issued to the CQC yet from the PPG. It was confirmed that this was going to be done within the next few days as JS keen to send a letter from PPG perspective

i) **Appointment of new PPG secretary** JC informed the PPG that for a number of reasons he would have to withdraw from his recently appointed role as PPG secretary so JB invited others to volunteer. VD offered to take on this role w.e.f. July –this was gratefully accepted by those present

j) **Pharmacy related matters** A couple of PPG members mentioned a couple of points relating to the pharmacy ▲ CM said that such points will be brought to the attention of the Pharmacy Manager via Vicki

Date of next meeting: Thursday 15th May at 12.15pm

Everyone was thanked for their input -The meeting ended at 1.50pm

Cara 25.3.14