

PATIENT PARTICIPATION GROUP

Minutes of Meeting

22 March 2016

Attendance:

Practice:

Rachel Green, Karla Levy

Patients:

Harriet Caine, Mr Abel, Mrs D'Aquila , Mrs Malik

Apologies:

K Andrews, L Thulbourne, S Watkins, A Civico, A Thompson, L Daley, M Parkin, S Burgin, P Wood, R Furnival, C Jessop, A Burrige.

1. Date & time of next meeting's

In regards to PPG meetings it was suggested dates be set in advance and contact was to be made to each member of the group if a future group needed to be cancelled. Letter to be sent as a reminder of impending meetings, the dates picked where:

Tuesday June 7th 2016

Tuesday October 4th 2016

Tuesday 7th February 2017

2. Minutes of last meeting

Given previous update of the changes made from last meeting In regards to a joint meeting to help Park surgery, this is still in discussion which Karla will take up with Diane. Touched weekend opening times explained tried with flu clinic but was not previously full; as patients prefer to be seen in the week will elaborate later regarding satellite units.

Rachel asked if everyone had taken a look at the new website, Rachel explained we've moved to a new system where the layout is better and asked for feedback. Rachel also informed everyone that you can order online for prescriptions and how to register and obtain password. Also touched on the

pharmacy on EPS ordering and that the only issue is that they don't seem to understand how to download the prescriptions from there system.

3. Access

Rachel explained to everyone that the government wants GP to focus on chronic diseases, and the issue we had with a large amount of patients ringing for such things as coughs and colds instead of finding other alternatives. Rachel briefly explained that we will become a Gp training practice by the end of September which hopefully will add more appointments. We are also running a small pilot where the staff are asking people to try other services such as:

- Minor ailment services at pharmacy
- Discussing with a pharmacist first re: minor ailments
- Booking them in with nurses instead of GP
- The Gp can also refer to one of our satellite units at another surgery, the only issue we found was that patients don't want to travel and don't want weekend appointments.

Rachel went on to say that the feedback (although not been trailed for long) were getting is a lot of abuse from patients that don't believe we have the right to ask them to go anywhere else, so she asked the group for suggestion on other ways we can encourage patient to try alternatives instead of going straight to the GP. As the Gp would like to know how you would feel if you were given this advice.

- Mixed signals from the group, some not too happy to be sent somewhere else
- Others said a list of the minor ailment available as they were not informed they could go to their pharmacist for certain medication and advice.
- Patient said no to worry too much about the abuse as we seem to be doing as much as we possibly can. And that we won't be able to please everyone

4. DNA Report

Rachel showed the group some graphs that described how many patients have DNA over the last month and what that equates to, she explained all the things the GPs are doing to discourage this behaviour such as:

- Firmer on who gets an appointment
- Comforted on their behaviour
- Letter sent after 3 missed appointment explaining if this persist they will be removed from the list

These issues we face as a practice is that the majority of patients who miss their appointment have English as a second language. So sending letters and phone calls aren't working. We also struggle as patients don't consider us when they change Phone numbers and address, so the information we have is always wrong. Rachel asked if the group could think of anything else we could try.

Suggestions made where:

- To make sure all patient details are correct, by asking them to fill in forms at reception. Rachel told the group that this has been tried and tested and the problems we face is that patient get fed up of us asking them the same questions when they arrive, and it creates crowding as queues then become longer while patient wait.
- Try writing notices for the DNS's that patients can relate to such as
 - Locum fees it has cost us
 - DNA relating to each GP
- Employing an interpreter to explain the severity of the missed appointments

5. Friends and Family

Rachel explained graph and a handful of comments we get from patients both good and bad. Rachel explains the newsletters we have and they are also been very well received, but would like to know if there are any ideas that the group thought we could put in the next addition:

- Non-attendance (DNA)
- Friends and family results/comments
- Overview of this PPG meetings
- Minor aliment information
- How to order prescription online