

# MINUTES OF PRG MEETING

## 17<sup>TH</sup> MARCH 2014

Held at St Thomas Health Centre

Present: Dr John Fox  
Dr Alice Godwin  
Mrs Gill Heppell (Practice Manager)  
Mr Peter Scott (IT Manager)  
Mrs Karen Scott (Branch Manager)  
Mrs Janis Hooper (Branch Manager)  
Mrs Denise Knowles  
Mrs Marion Long

Plus 15 members of our PRG

Apologies: Received from three PRG members  
Dr Lorna Coleman  
Mrs Dawn Hogbin (Reception Manager)

### WELCOME

Dr John Fox welcomed everyone to the meeting.

### Minutes of Last Meeting (2.9.13)

#### Feedback from Mrs Eileen Barber

Mrs Barber asked us to point out the difference between a "*Patient Participation Group*" and a "*Patient Reference Group*".

Mrs Gill Heppell explained the "*Patient Participation Group*" is the Group members here tonight who work with the Practice to discuss the findings of any surveys.

The "*Patient Reference Group*" is the "practice population" who respond to our surveys each year.

#### Patient Survey Results

Dr John Fox talked us through a series of slides showing pie charts detailing the results of our latest Patient Survey.

The results are as follows:

- Surgery Times Suitable (77% Yes, 20% No)
  - If "no" which times would you prefer (most requested Saturday 10-12)
- Have you used the Same Day Illness Clinic (48% Yes, 52% No)
  - If "yes" was the time convenient (93% Yes, 7% No)
- Was the Wait to be seen acceptable (88% Yes, 12% No)
- Difficulty gained Access to Building/Services (20% Yes, 80% No)
- Interested in Telephone Consultations (72% Yes, 28% No)
- Interested in Home Monitoring/Self Testing (28% Yes, 72% No)

### Surgery Times

The results of the Patient Survey confirmed that our patients would prefer the Health Centre to be opened on a Saturday morning.

Dr Fox and Gill explained that as we may have heard on the TV or seen in the press a move to "8 til 8" opening for all GP Surgeries and this would be forthcoming in the future, the NHS Directive comes into effect on 1<sup>st</sup> April.

Gill explained that this did not necessarily mean that St Thomas would be open "8 til 8" every day - it would be more likely that four or five different Surgeries would be open around the City which patients could attend.

### Home Monitoring/Self Testing

Blood Pressure seems to be most popular for home monitoring and Gill said this would probably be the best one to pilot. Gill explained that Exwick have been piloting this in their Waiting Room and they would be reporting back in due course

## WHERE WE ARE NOW WITH OUR CURRENT ACTION PLAN

### INSTALLATION OF NEW TELEPHONE SYSTEM

Mr Peter Scott, IT Manager spoke about our new telephone system and presented a very informative slide show.

Pete explained that there would be three dedicated Receptionists answering the telephone and would be seated away from the Reception Desk. These Receptionists will only be taking appointment telephone calls.

Pete stated that when the new system was installed all Secretarial/Admin staff would be able to answer the telephones during the peak period. Gill explained she too would also be answering the telephone during busy periods.

Pete also explained that the Reception desk would be manned with "silent telephones" so that the Receptionists sat at the front Reception Desk could deal with the patients at the desk without the constant ringing of telephones.

A general question and answer session then followed relating to the new telephone system. Pete explained all the Options available and showed the proposed "Telephone Options" on a slide.

It was stated that we probably would not get the options totally right in the first instance but felt having consulted with our PRG on two occasions we would initially go with the proposal which had been agreed with our Group. Gill and Pete confirm that the Options would be continually reviewed until we felt we had got them right!

Gill explained that the Partners had invested a lot of money in this new system, across the three sites and it had to work!

### **TEXT CANCELLATION SERVICE**

Pete explained that this was now "up and running" and reported that in the six month period this had been operational, 816 text cancellations were received giving approximately 24 extra appointments per week. 88 cancelled appointments were also received via the website - giving an average of 5 extra appointments.

### **ACCESS FOR EVERYONE**

Mrs Gill Heppell then talked about "Access for Everyone". Gill confirmed that "Easy Read leaflets" have been prepared and sent to our "Learning Disability" patients.

Gill also explained that she had sent a questionnaire, enclosing a stamped addressed envelope, to all our registered disabled patients asking for their feedback on access. To-date she has only received ONE reply!

Gill explained that she will persist and see if she can get more replies!

The results from our Patient Survey suggest that 20% of our patients have experienced difficulty accessing our building/services.

Some of the access areas highlighted from our Patient Survey:

- Telephone (being dealt with)
- Entrance to Surgery on Slope (unfortunately this could not be altered)
- Metal thresholds in doorways (this would be looked into)
- Car Park (on going)

- Reception (being dealt with)
- Same day appointments (being addressed)
- Small Lift (unfortunately this could not be made bigger)
- Dietician
- Mobility in Surgery area
- 24 hour Repeat Prescriptions
- More Disabled Parking
- Self Check in

### Surgery Responses to some of the above access problems:

#### Lift

It has been noted that it is not immediately obvious when entering the Health Centre that we have a Lift. Gill asked for any ideas on how we can address this?

It was suggested we get a bigger lift to cope with the mobility scooters. Gill explained that this would not be possible and a suggestion was made by one Group Member that a wheelchair is made readily available for disabled patients to use if they need to use the lift. Gill agreed to look into this.

Gill pointed out that GPs would be happy to see a patient in one of the downstairs consulting rooms if access to the upstairs was difficult.

Door thresholds into the Doctor's rooms would be looked at in an attempt to make it easier for wheelchairs.

#### Self Check In

This is something that we have looked into in the past and Pete explained because of the way our clinical system was set up a "self check in system" did not easily work at the moment. Software is always changing and hopefully in the not too distant future this feature would be available.

#### 24 Hour Repeat Prescriptions

Dr Fox outlined the reasons we request 48 hours for repeat prescriptions rather than 24 hours as suggested by one Group member.

It was explained that sometimes an annual review needed to be done before the prescription request can be actioned.

If the prescription is not requested/printed until late morning the Doctor may not get to see it and action it until the following day and this would leave the timescales very tight if it was 24 hours - hence we say 48 hours.

Mrs Gill Heppell pointed out that should anyone be out of their medication they should tell the Receptionist at the time of their request and we would try our very best to get the prescription done as soon as possible.

### **Same Day Appointments**

Gill explained the booking/telephone system and said that in the future *"no one should be told to ring back in the morning!"*

The patient would be offered the first available appointment, even if it was in two or three weeks' time.

If that is not acceptable to the patient, the patient would be passed back to the Doctor's secretary who would take a name and contact number and speak to the Doctor and get back to you.

It is hoped that after using this system for a while it would ease the pressure on the Same Day Appointments?

It was asked why our *"Extras"* Surgery at 5pm each day was not advertised.

Gill explained this *"Extras"* Surgery was triaged by the GP, otherwise this late Surgery could go on for hours and it was felt that it is better to get patients seen earlier in the day (Same Day Illness Clinic) because if a referral to the Hospital or Social Services needed to be made it was not quite so easy after 5pm.

### **TELEPHONE CONSULTATIONS**

Dr Alice Godwin reported that Dr A Williams and Dr David Kernick are trialling telephone consultations, but it was difficult to get the happy balance between telephone consultation appointments and surgery appointments.

The difficulty being we had to ensure that the allocated telephone slots were taken otherwise there was a danger that we could be missing a couple of surgery appointment slots. We would continue into look at this and report back at a later meeting.

## **PARKING**

It was thought that there was a problem with people inappropriately using the Disabled Bays. Whilst it was acknowledged perhaps there were times when this happened it was thought on the whole they were used correctly.

Gill confirmed that we have looked into the possibility of additional Disabled Parking Bays but confirmed that we have the correct patient:ratio at the moment.

Staff parking is still to be addressed and Gill reported that she is in talks with the Social Club in trying to get permission for Health Centre staff to use the Social Club Car Park by day. This will be reported back in due course.

The District Nurses and Doctors will need to continue to park in the Health Centre.

## **GENERAL DISCUSSION**

Questions were asked about the Patient Survey, i.e. who/how we sent out the questionnaires.

Mrs Marion Long confirmed that 600 were given out, approximately 200 were posted randomly through the letter boxes of patients receiving their Annual Flu letters and the remaining 400 were handed out randomly to patients attending the Health Centres. Marion confirmed that a total of 451 completed questionnaires had been received.

### **Health Centre Sign**

The signage for the Health Centre was revisited - unfortunately we can't have a sign as we drive into the Health Centre - it has to be wall mounted. This is now being arranged.

### **Test Results**

It was asked what the correct procedure was for getting test results?

Gill explained that it was patient/GP specific but explained that blood tests are usually back the next day, as they now come electronically. The GP reads the result and marks it for filing or sends it to their Secretary if something needs to be actioned.

In general, if the result is "*normal*" you will not hear anything but there is nothing wrong with you ringing in to double check that everything is in order.

It has been noted that the Hospital tell patients that their X-Ray results will be available in a couple of days - this is not the case!

In our experience it is usually more like 10-14 days, as by the time the result has been read by the Radiographer, reported on, typed up and then sent to us, it is usually more than two days!.

### **PPG Constitution**

Dr John Fox explained that really the PRG should be running itself i.e. our Group should meet and come to us and say *"a meeting is being held on ..... and we need you to attend!"* rather than the other way around.

Perhaps it was now time for our PRG to meet independently?

Gill explained that she would be happy to facilitate the venue.

The feedback at the meeting was our members were *"happy to stay as they are and said that they found our meetings very interesting and did not wish to change to format!"*

Dr John Fox also asked whether we had any *"volunteers"* who would like to represent our Group at some of the sub locality PPG meetings in Exeter as well as representing us at some of the Clinical Commissioning Group meetings?

It was agreed a slip would be sent to all Group Members in the not too distant future to fill in and return if they were interested.

### **Retirement**

Gill explained that two of our Partners were "retiring" and that she was pleased to announce two new Partners had been appointed - Dr Lisa Gibbons and Dr Julian Bilyard.

The Meeting closed at approximately 8pm.