

**AGENDA - PATIENT PARTICIPATION GROUP
Monday 3 November 2014**

Informal pre-meeting 5 – 6 pm

Attendees

Jack Crawford (Chairman), Sheila Allen, Barbara Williams, Arthur Williams, Barbara Hollands, Vivien Jury, Ellie Wright, David Brace, Gary Williams, Peter Bishop, Rachel Taft (RT – minutes), Dr David Ward

Formal meeting 6 – 7pm

1. Apologies Muriel Robinson,

2. Minutes of the previous meeting (1 September) – taken as read

- a. 111 calls from Staffordshire patients** RT has now managed to confirm that all recommendations/signposting to services are made based on the caller's registered GP practice. Even if the caller was not sure of this information, 111 has access to the NHS Spine where they can see the caller's practice, and so they know to direct to Derbyshire services. This is an improvement on before, and so it really should not happen that 111 do not know of the existence of St Oswalds for example (as has happened in the past).

RT has managed to acquire an official 111 feedback form and will use it in future when patients comment about an unsatisfactory experience (this was on the action plan). RT will see if it can be made available on the website as well.

3. Matters arising

4. Royal Derby Hospital patient experience - update from Barbara Williams

Barbara continues to contribute to RDH's review of patient experience, and was asked to attend a high level meeting to give her thoughts first hand. She feels that they really are trying to make improvements and that it is not 'window-dressing' - that they do want to understand the patient perspective and use these insight to make any necessary changes.

5. Practice update – amongst other things:

- a. Phone system** – now that the new system is in place, RT suggested that the PPG might like to help the Surgery review the way it handles calls (the routing of 'press 1 for...' etc). Agreed to do this via email and all those who wish to comment/contribute can do so.

b. Dispensary patients – The law allows dispensing practices to only dispense to patients who live more than 1 mile from a commercial pharmacy – unfortunately this mile is ‘as the crow flies’ (even though patients tend not to travel that way). RT explained that NHS England had reviewed the list of patients we dispense to and instructed us to strictly enforce the 1 mile limit, much against our wishes. This means we have had to cease dispensing to most patients in Clifton and other areas. This has resulted in a number of complaints as patients valued our service, but unfortunately we had no choice.

c. Xmas opening – it is likely that the practice will close its doors at 4.30pm on both Christmas Eve and New Year’s Eve (as will most practices in South Derbyshire), but we are current still debating with NHS England on the subject. RT confirmed that if this happened, 111 would be ready to take calls (in the same way as happens on training afternoons). Local Practice Managers had reassured themselves that this would not impact greatly upon patients – 111 confirmed that call activity between 4.30pm and 6.30pm was low, with only 44 calls during this time in 2012 and 45 calls in 2013 across the entire area (comprising 545,000 patients).

The Surgery will confirm when the decision is finally made, on the website, posters in the practice (as at 20/11, still being hindered by 111 not confirming they can cover, despite chasing)

d. Friends and Family test – Agreed to make the follow-up question (to ‘Would you recommend the Surgery?’) ‘Why do you say that?’, in order to make it a useful tool

6. Top three areas for improvement – where would like us to focus/continue to focus? The PPG were asked to consider this pre-meeting. Resounding answer of ‘Appointments, Appointments, Appointments’. Specifics difficult to pin down. Discussed at length the difficulties of accommodating requests for all patients to see their requested GP – practice experience is that when patients say they can’t get an appointment, this isn’t usually the case, but that they mean they can’t get an appointment with one GP in particular.

Discussed the Surgery’s concern that sometimes patients refuse appointments (even when it is an acute problem and they really need to be seen), preferring instead to wait to see their GP of choice. As with finite pre-bookable appointments, there is a limit on how many urgent cases a GP can see in a day – finite as there are safety aspects to consider. Whilst the Surgery is in the process of increasing GP appointments via recruitment, this will not help those patients who refuse to see other GPs. Reducing DNAs would undoubtedly help, and the Surgery awaits news on the replacement for NHS Mail (upon which it relies to implement the planned text message reminder system).

The Surgery continues to try to persuade patients on a 1-2-1 basis, and to reduce the pressure on appointments, and appreciates this is the number one

area for constant review and efforts to make improvements. Dr Ward and RT assured the PPG that the Surgery does listen and it is at the top of the agenda.

The Surgery is also aware that over the summer, due to staffing issues, nurse appointments were similarly affected, but recruitment has been successful and it is hoped that this will soon be rectified.

7. AOCB

- a. **Website** – question whether it would be able to deal with all the new functionality that will be coming (online appointments etc). RT confirmed that the Surgery uses a leading provider of general practice websites, and it is fit for purpose. In this respect, the Surgery website acts purely as a link to the secure website where patients can already order repeat medication and view their Summary Care Record (just your allergies/current medication/problems). Appointment booking will be added as of 1/4/15.

Question as to how well-used the website is and how many patients would want to use it. RT admits that she is perhaps incorrect when saying a lot of patients don't use it, but this is based on the low number of patients who are registered for online access. She encourages the PPG to register and to encourage all patients to do so as well (there has been a display up in the waiting room for some time, and a notice on the tv screen and on the website).

Update post-meeting The CCG is now providing resources to help all practices improve the usefulness of their websites. On 20/11/14, there will be someone in the waiting room discussing how the website can be improved/what patients would like/encouraging patients to register for online access.

8. Dates of next meetings

- a. Monday 5th January 2015
- b. Monday 2nd March 2015