

PATIENT PARTICIPATION MEETING

Friday 12th June 2015

MINUTES

**Present: Dr Graves, Dr Tideswell, Dr Pitt, Samantha Cox, Victoria Desmond,
Tony Saville, Jane Page, Brian Sleafer Gwen Salmon, David Gregory,
Gaenor Jones, Gordon Crawford**

Annie Taylor, Kate Williams and Alison Andrews

1. **Apologies**

Apologies were received from Judith Harrigan

2. **Minutes of last meeting** (20.3.15)

3. **Matters Arising – see below**

4. **Felsted Pharmacy Application – update**

Nothing further to report regarding Felsted Pharmacy application.

5. **CQC – report from visit**

Annie thanked the members of the group that gave up their time to come to the surgery on the day of the CQC visit. The surgery has been rated as Good in all areas and the final version is now available to read on the CQC website and will be uploaded to surgery website. Dr Tideswell stated that we are one of the first surgeries in the area to have had CQC visit and the outcome was pleasing. The Partners are to discuss the report on Monday to maintain the good report and hopefully next time to have an outstanding outcome. Annie asked for any comments on the CQC report to be brought to the next meeting for discussion.

6. **DNA – May 2015**

There were 170 DNA appointments at John Tasker House and 33 DNA appointments at Felsted for the month of May compared to February. In February there were 36 DNA appointments at Felsted and 144 DNA appointments at John Tasker House. It was again discussed that a firmer line should be taken with persistent DNA's.

The group discussed possible ways of contacting patients who DNA'd appointments. Dr Pitt advised that the practice are in the process of discussing the possibility of writing a letter after the 2nd DNA possibly stating that the patient may be forced to register at another practice or their ability to pre-book an appointment may be limited. However some of those who DNA'd are vulnerable patients. Discussion regarding the definition of a vulnerable patient took place.

Gordon stated that if the patient is classed as vulnerable then a letter may not be the best way forward and a phone call may be more appropriate. Gwen queried what proportion of the DNA's were on-line booked appointments. Kate reported that at least three DNA's were appointments booked by GP for the patient. Dr Pitt stated that we are unable to differentiate if patient who DNA'd was vulnerable and any procedure would have to be across the practice.

Samantha queried if the practice was still sending out text messages to remind patients of their appointments as she had two appointments recently with no reminder on her mobile. Annie has asked that this be monitored and report to her if there are any further problems.

Annie informed meeting that patients are now able to amend personal details i.e. phone number, address on the booking in screen in the waiting room.

7. **PPG Terms of Reference – update**

Terms of Reference now signed off and up for review in June 2016.

8. **Suggestion Box**

1. Have an appointment to see GP in the same week – Annie advised that we do have emergency GP slots for patients to seen in the same week.

The appointment system was discussed and the CQC were happy with our appointment access system. The on-line appointment system was discussed and it was suggested that a comment could be placed on the website for patients who have been unable to book an on-line slot advising that further appointments would become available shortly. To speak to Heather regarding this.

2. On-line medication ordering. Patient had come down to the surgery to collect medication to find out that medication was not ready as GP needed to review. Was there any way that a comment could be sent back to patient to say that patient has an email – rather than having to log back into JTH website which is suggested so that patient can see if their request has gone through. This is to be discussed with Heather and taken to the EMIS conference – customer service hub.
3. Chairs in waiting room with arms for less able patients to make it easier for them to get up – Annie reported that this has already been suggested by a member of staff and there would be a number of chairs with arms provided.
4. Patient commented that receptionists were questioning need for appointment, Annie advised that the patient is normally asked if they would prefer not to say why they wish to be seen and that the receptionist is only asking so that the patient can be allocated to the correct clinician and allocating the correct appointment time.

9. AOB

Dr Tideswell advised the Group that complains from patients, if appropriate and not of a clinical nature, would now be on the agenda for discussion. Sam commented that she had discussed this with the CQC and felt that it may be beneficial.

The first letter of complaint to be discussed was from a patient who had been “invited” to come in for a health check and was purported to have been told “we don’t expect people to take up the offer of a health check, and we normally only treat sick people”. There was a discussion as to whether this actually applied to this particular patient or if it had been written on behalf of someone else. It was felt that a comment should be put on the bottom of letters inviting a patient to come in for a health check or medication review stating “if you have been seen recently by a GP please ignore this letter”. This needs to go on dispensary medication review letters also. It was also suggested that a note be put on letters asking patient to bring letter in with them when they come into surgery.

The second letter of complaint which Annie has dealt with came from a patient who had been seen by a GP and was in a great deal of pain. The patient went to the reception desk and asked if a phone call could be made to enable the patient to be taken home. The receptionist was unhelpful and the patient walked to a shop in the town and was taken home by a member of the shop staff. Annie stated that we are able to phone for taxis and we have telephone numbers on reception for local firms. Patients are able to use the telephone if they request. This matter to be brought up in the next staff meeting to remind receptionist to be compassionate and helpful.

Jane had previously mentioned that someone she knew was not happy with dispensary with queuing etc. and following Jane’s advice to change the time she came to the surgery she now reports that the dispensary is “brilliant”.

Victoria asked if there had been any further progress with relocation of the dispensary hatch but Annie reported that as we are unsure of the future no major building alterations would be made at this time.

Dr Tideswell mentioned that patients are now able to leave comments regarding their visit to the surgery on the booking in system in the same format as the handwritten cards.

The group were informed that in the next 12 months in accordance with NHS England all patients would be allocated a named GP and this may not be the GP that you normally see. Patients cannot insist on seeing their named GP. No letters would be sent out regarding this only to the over 75’s.

The group were informed about Success Regime (Essex). This involves health services in the whole of Essex being looked at in more detail by NHS England regarding local hospital performances and how this may impact on patient services. Dr Tideswell advised this would not have any effect on us.

Tony asked if there was a designated disabled parking space at Felsted now and Kate advised that the Parish Council have put this in place.

There has been a rumour that the Felsted Surgery may be moving into the FKS building. Dr Pitt commented that the surgery at Felsted cannot expand any further to take Little Dunmow patients and there had been a discussion regarding a five room building near The Bury last year for which the partners had registered an interest. However the CCG have stated that Dunmow was in need of further health care facilities and they would be unable to consider further developments at Felsted if this were to take place. The CCG will be working closely with the practices in Dunmow with a view to possible integration of services and both surgeries in the town co-operating closely. The practice has registered their interest in provision of perhaps a new health care centre to be situated near Tesco in Dunmow. The aim for this would probably be to have GP's, community nurses, physios, social workers etc. all under one roof, however the goal posts are constantly being moved.

Gwen asked about a TV in the waiting room to display information for patients and messages to be published on. Annie advised that the surgery have just swapped our phone system but the television was still being discussed. Tony commented that perhaps the money could be spent in a more sensible way but it was agreed that people may tend to read a television with a message on rather than look at paper notices and it also meant that the focus was taken away from the reception area and what was being discussed on the telephone.

David mentioned National Patient Participation Group day and also NAPP and that the group should possibly be part of this. Annie was in agreement that individuals could sign up for this.

As previously discussed Felsted Parish Council would like a Parish Councillor to be part of the PPG. However Dr Pitt did not feel that this was appropriate.

Meeting closed at 2.45

Date of next meeting Friday 11th September 1.15pm

At FELSTED