

*DR K OKUNRIBIDO, DR M MYAT,*

*DR M CHANDER AND DR R AHMED*

**LITTLE LONDON SURGERY PATIENT PARTICIPATION GROUP**

**THURSDAY 20th September 2018 2-3pm**

Welcome and Introductions

Apologies for Absence

JOHN PAGETT

CHRIS PAGETT

BRIAN SALT

DIANE MCCLEAN

IN ATTENDANCE

DR M MYAT

DR M CHANDER

JODIEL HOWELLS – SUPERVISER

GAYNA TAPPER – SECRETARY

ANDREA STANTON – PPG MEMBER

BARBARA HOLDER – PPG MEMBER

DAVID GUTTERIDGE – PPG MEMBER

MALCOLM NEWPORT – PPG MEMBER

JEANETTE BARNFIELD–PPG MEMBER

JOAN RAMSAY – PPG MEMBER

THOMAS WORLEY – PPG MEMBER

DIANE MASON – PPG MEMBER

**DISCUSSION ON**  **plans to participate in research with RCGP accreditation**

**MC** EXPLAINED RCGP (Royal College of General Practitioners) which entails running research projects on patients ie targeting such things like obesity, smoking. Letters are sent out to patients who fit the targeted criteria. GPs feel this has worked well for Little London and further research projects may be in the pipeline.

**DISCUSSION ON:**

**Answer phone message - we repeat telephone emergency numbers - do the members feel this is necessary – this is historic as elderly/hard of hearing patients might not catch the number first time round, the out of hours message is clear , however CCG want us to review .**

After CCG visit this was one of the points raised by them to discuss

Discussed and reviewed and it was unanimously agreed to repeat the telephone emergency numbers.

Discussion on pros and cons of directing telephone calls to WALDOC.

Currently if GPs receive emergency calls WALDOC take down the details and telephone the GP with details of the particular GP on call that day via their mobile. WALDOC have rotas of GPs on call so know who to direct to.

However, often the calls are not an emergency. PPG members asked for their opinion and it was felt some patients do not want to go through WALDOC. MC stated it is the patients choice whether to use the service as some patients may be confused going through WALDOC ie ; non speaking patients . Surgery does not get too many calls out of hours and if emergency should go to A&E. PPG members agreed to keep current system in place.

**DISCUSSION ON:**

**Electronic prescribing**

How are patients finding this. Discussed patients are still getting confused and do not realise they have to still order their script themselves. PPG members state they use the electronic system and it works very well for them most of the time. MC states with anything new there will always be teething problems.

Not all things go through electronically at the present time i.e., prescriptions that need to be collected. PPG members queried whether patients have to still order their prescriptions each month or does it automatically roll over each month, surgery informed that they still have to order their prescription each month electronically and then go to their chemist to collect, the idea is it misses out coming to the surgery and helps both the patient and the surgery saving time on both sides. The only way to automatically roll over each month is to contact their allocated pharmacy to request this and each month their pharmacy will telephone the patient each month requesting if they require a repeat of medication this month and repeat. It is very helpful to GPs if it is late evening. This system omits the green paper slip.

PPG member states he felt independent pharmacies don’t always keep branded items or have the required medication. MC states if there are any problems with local Medisure Pharmacy to make surgery aware so this can be rectified. Local Medisure Pharmacy has recently changed hands and was noted by PPG members how more efficient it is since changing hands. PPG members made aware they can change pharmacy nomination if they choose.

**DISCUSSION ON:**

**Recruitment of nurses / our new practice nurse**

Informed PPG members of our new HCA Catherine Moylan

Informed PPG members of our new fully trained experienced practice nurse who can carry out immunisations

Informed PPG members of our locum ANP - deal with minor illnesses and can prescribe.

Discussion on the shortage of nurses nationally, and within Walsall area.

PPG members are very happy with our new Nurses.

**DISCUSSION ON:**

**PPG support with on line access**

GPs are nor all signed up for online access enabling patients to book appointments in advance. PPG member felt there were often no appointments available using this system. JH informs PPG that if they log on the day at 8am or 4PM as soon as possible they will obtain an appointment this way. PPG member felt the online system is better than the old system as he can book appointments in advance. PPG member states old system is better for patients without PCs for example. MC states surgery will keep appointments off-line also, to cater for all patients.

**DISCUSSION ON:**

**PPG support on patient questionnaire**

Questionnaires not available yet but the practice would like their support

**DISCUSSION ON:**

**GP patient survey 2018**

PPG member was ‘astonished’ at the below average scores and they felt when put into context it only relates to 28 people, 321 letters were sent out and 100 replies received, only 32%. PPG member states the reason they felt to low scoring is patients are more likely to respond when unhappy with a service and not when they are happy, hence more negative and positive comments. PPG member asks if the surgery could challenge the results with the system. GPs were very disheartened with results as they do everything possible to obtain maximum results.

1. **Respondents find it easy to get through to this GP practice by phone, local average 71%, National average 70% - our result 38% -**

MCstates when running future audits in the practice we can see which patients are calling, where there are language problems ie, one case recently showed a person to keep the receptionist on the telephone for 15 minutes and in resulted in the caller to not even be one of our patients. A lot of situations like this causes the telephone lines to get blocked and therefore causing longer telephone waiting times for other patients.

MC states the shortage of receptionists, and general staff with good experience.

Cannot afford a 3rd telephone line unfortunately.

1. **respondents usually get to see or speak to their preferred GP when they would like to**

**Local average 46% National average 50%** **our result 18%**

PPG members felt that the question could inadvertently be misread and misworded causing patients not understanding the question.

Discussion on it being impossible for the patient to always see the GP of their choice. JH states surgery does their best to offer patients appointments with their desired GP and try their best to deal with what they want and solve patient problems. JH also states that patients feel the practice is stopping them from seeing a GP when trying to encourage them to use the pharmacy as GPs do not deal with conditions like head lice and similar symptoms, this can be dealt with directly through the pharmacy. PPG members agreed that it is unreasonable to see the GP of choice on an urgent appointment.

1. **Respondents are satisfied with general practice appointment times available.**

**Local average 65% National average 66% - our result 52%**

PPG member suggests texting patients about the length of a consultation to patients might be useful and to inform of appointments available but it was felt this system would not work very well as by the time the texts were received and the patient rang up the appointments would be gone. MC states if appointments are booked 2 weeks or more in advance there are a lot of DNAs causing appointments to be lost.

Discussion to improve our system by changing telephone appointment slots to 7 minutes each and doing our best to get as many patients through on the telephone as much as possible. GPs often deal with 2-3 problems at a time. The practice has put in place more telephone consultations but not all patients are aware even though it is advertised on our system. Patients cannot always use telephone system and it depends on history and symptoms.

MC stated we now have another GP on Mondays carrying out clinics until December and hope to continue this. We have 4 GPs, 1 locum and a locum ANP at varying days during the week.

CCG’s national formula which funds practices called Car-Hill does not give enough funds. The practice has requested more funding but this has been declined and the practice has to manage on the resources available. MC hopes the system will re-look at the formula again and help the surgery as it is full to its capacity and it is not easy to fulfil every aspect of patient’s requests with the limited capacity.

The surgery would like to run midday clinics but cannot due to time with visiting housebound patients and feel the surgery are doing as much as they can but the formula doesn’t work. PPG felt regular appointments suffer due to the amount of home visits; GPs sometimes have 22 nursing home visits in one day. Some practices have moved to 15 minute appointments but we do not have the capacity. PPG member asked if practice could close the patient list and was informed we have no intention to go down this route.

**Any other business**

Discussion on our new Height Weight BP machine which is currently in reception corridor. PPG members asked if this could be placed in reception so while waiting for their appointment they could use the new equipment and save time when seeing the GP as the GP would not need to retake height, weight, BMI or BP. MC and MM felt if it was put in reception it may get broken, i.e.; children playing on it, also it is not very private and some patients may not wish to use in such a public place.

PPG member asked if we could recruit younger PPG members.

**Date and time of next meeting 21ST FEBRUARY 2PM LUNCH WILL BE PROVIDED**

To finish promptly at 3.00pm