

PATIENT PARTICIPATION GROUP MEETING
Held on Tuesday 16th April 2019

1. Acceptance of Minutes

The Minutes of the last meeting were accepted, subject to the following adjustments.

1.1 Improved Access (4.4. on previous minutes)

The opening times in the published minutes were incorrect. The hours should read as follows:

“Improved Access extends the availability of appointments to patients. The aim is for access to be available 7 days a week. The system operates across the entire Locality by sharing the resources of the 16 Practices within the Locality.

Hours of operation at Whiteladies Medical Group are as follows:

CORE HOURS – WMG patients only

Monday to Friday 7:30 am to 6:30 pm

EXTENDED HOURS – WMG Patients only

One day a week from 6:30 pm to 7:30 pm. Appointments only
One Saturday in three 8 am to 11:30 am. Appointments only.

OUT OF HOURS – Open to all patients. 111 Service operated by BrisDoc.

Monday to Thursday 6:30 pm to 8 am next day

IMPROVED ACCESS – open to all patients within the locality

Monday to Friday 6:30 pm to 8 pm. Appointments only.
Weekends and Bank Holidays – contact surgery for latest availability.

2 Matters Arising

2.1 Telephony

The present provider Commsplus, is being replaced by Bistech.

The new system should increase and improve analytics, identifying busy times and enabling better staff allocation in line with call volumes.

The system is currently funded by One Care.

2.2 Open Access

Open Access is the ability to walk in to the surgery each morning without an appointment. The opinion expressed by the PPG at the last meeting regarding the value of this service as reaffirmed. Concerns were raised that the Practice was to review the services offered.

Patients would want to know what system of consultation was being proposed. The possibility of a new system being tried out on an experimental basis was discussed and concerns raised by the PPG that such trials often become permanent regardless of proven or unproven efficacy.

The Chairman proposed that group participants pool their comments and that he collate these and present them in appropriate form.

The Chairman also undertook to consult PPGs of other local Practices along with a straw poll of his friends and family members on what arrangements were in place in their particular practices. The results are as follows: -

1. Does your practice offer Open Access/Walk In service or do patients have to request an appointment?

All practices so far investigated operate a bookings- only system.

2. Did your practice ever run an Open Access /Walk In service?

Those that operated a walk-in open access system stopped doing so many years ago.

3. When did the Open Access/Walk In service stop and why?

Those that did operate walk-in open access ceased some years ago. In these cases, there appears to be no information on what patient reaction was nor on what process the surgery went through to remove open access.

4. How does your appointment system work?

There appears to be no one system in operation: it seems very much up to the surgery as to how they offer their services. All seem to offer an online, telephone and reception-based appointment booking system.

All surgeries accommodate emergencies with some form of on-call doctor.

For those patients requiring a same day appointment, the patients must call the surgery or report directly to the surgery reception first thing in the morning to request an appointment for that day, some practices discourage the latter.

There are a limited number of appointments available on the day. Due to the pressure on the service, appointments can be difficult to secure so that not everyone will see a doctor on the day and will need to repeat the process the following day.

Some practices run 2 separate surgeries, one in the morning and a second in the afternoon, the appointments for the afternoon session not becoming accessible for booking until midday.

Patients are often screened by the surgery to ascertain urgency of the request and offered an appointment at a future date and/or redirected to an

alternate practitioner if appropriate. Not everyone will secure an appointment for the same day.

5. Is the booked appointments system better or worse than the Open Access/ Walk-in service and why?

There was a general acceptance of the systems in operation arising from an understanding of the current pressures within the NHS.

Many liked the 'old' walk-in system but disliked the wait time when compared with a secured appointment time slot providing better time management.

Some expressed frustration over appointment availability and an inability to see a doctor within a 'reasonable' timeframe.

Some felt pressurised by the competition calling the surgery as soon as it opened. Some frustration over telephone queue holding times was reported.

6. How long does a patient have to wait before being seen?

Many reported that they were able to secure a same day or next day appointment, others reported there is often a 1 to 4 week waiting time.

Longer appointment times are likely if requesting a specific doctor. Some find difficulty making appointments at all if requesting a specific doctor due to popularity and the period over which appointments are made available.

The Chairman has also written to One Care to establish whether they have any information on how many practices offer an Open Access/Walk-In service.

2.3 CQC

The date of the Care Quality Commission's visit, referred to in the previous minutes as "imminent", is still unconfirmed. The Practice would expect to be given at least two weeks' notice of their audit.

2.4 Pharmacy Awareness

The Clinical Pharmacist is considered to be integral to the Practice. Although mentioned on the website, it is felt that this role is not sufficiently publicised or known about.

The Clinical Pharmacist comes to the surgery three times a week and will see patients instead of a consultation with a doctor. Reception has a list of 10-12 common ailments which can be referred to the Clinical Pharmacist in the first instance. If appropriate, the patient will be referred on to a doctor.

Where the common ailments were concerned, it was often much quicker to see the CP rather than wait for a doctor.

Discussion turned to the service provided by local pharmacies. Delays had been reported with provision of medication, it was not known why but may arise from delays in the centralised electronic prescription system in larger pharmacy group which did not seem to be experienced at smaller 'family run' chemist shop.

	<p>2.5 Reception</p> <p>It was noted that staff manning reception are still referred to as “receptionists” even though their job titles changed to Patient Coordinators at the beginning of the year to reflect their new and wider responsibilities.</p> <p>It was felt that Reception was often overstretched.</p> <p>2.6 Continuity of Care</p> <p>This refers to the number of patients seeing the same health practitioner or small medical team over a period of time.</p> <p>The standard arguments for continuity of care were discussed: personalisation, patient comfort and reassurance, more rounded and in-depth knowledge of patient by a single health practitioner.</p> <p>One Care are part of a large project investigating continuity of care. The following link appears to be fairly clear about its objectives: https://onecare.org.uk/?s=continuity+of+care</p> <p>The 2 year project in which One Care are involved is part of a wider initiative of The Health Foundation https://www.health.org.uk/about-the-health-foundation The programme is inspired by recent Health Foundation research which demonstrated that patients with ambulatory care sensitive conditions who see the same GP a greater proportion of the time have fewer unplanned hospital admissions. The programme has been developed with the advice and support of the Royal College of General Practitioners.</p> <p>Details of the continuity of care programme can be found at : https://www.health.org.uk/news-and-comment/news/health-foundation-selects-five-projects-for-new-programme-to-increase-continuity-of</p> <p>One Care’s specific responsibility is to answer the question “How well do I know and trust my doctor” details can be found at: https://www.health.org.uk/improvement-project/how-well-do-i-know-and-trust-my-doctor</p> <p>Interestingly following our discussion last night on what it actually meant, the project will focus on improving continuity by increasing the number of patients that see the same health professional or small team over a period of time.</p>
<p>3</p>	<p>Practice Report</p> <p>3.1 Improved Access</p> <p>Additional appointments during the week and weekend continue to be available. However, funding for this initiative ends in June and it is not known what will happen thereafter.</p>

3.2 Primary Care Network

This is the cornerstone of the new GP Contract, whereby every practice is part of a local group of practices, with each practice numbering between 30,000 and 50,000 patients. The purpose is that the system should be small enough to provide personalised care and large enough to benefit from economies of scale. The pattern of Mental Health provision is a good example of this.

The new system is not yet finalised, but the date of 15th May has been set for completion.

3.3 Telephony / Bistech

This has already been dealt with earlier in the meeting (see 2.1 above)

3.4 Friends and Family Survey

This is a questionnaire asking patients to reflect on their feelings about the consultation they have just experienced. The questionnaire is available at Reception and can also be sent as a text.

Response to the paper questionnaire available from reception has been low, but text messaging appears to be more popular and response to the texted questionnaire has been much better.

Results of texted *Family and Friends* questionnaire:

February 2019	Responses	146	93% would recommend WMG
March 2019	Responses	125	93% would recommend WMG

It is not known what percentage of people canvassed responded to the questionnaire. Some PPG participants said they had not received the texted questionnaire.

3.5 Practice Manager Replacement

The new Practice Manager will be Nigel Cutland. He takes up his duties on 3rd June. He has been a school bursar and has a strong financial background.

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Any Other Business

4.1 One Care

The scheduled meeting has been cancelled, with no new date being proposed as yet.

One Care has recently been restructured into a limited company and has lost 2-3 people from a staff of 25.

	<p>4.2 Email Communications between PPG members</p> <p>To facilitate open dialogue within the PPG the sharing of email addresses was discussed and agreed. The pros and cons of various other facilities available such as Facebook, Emails, WhatsApp and Yahoo Groups were considered.</p>
<p>5</p>	<p>5.1 Next Meeting</p> <p>The next meeting is scheduled for: 16th July 2019</p>