MINUTES OF PPG MEETING 5th FEBRUARY 2013

Present: Patricia Lunn, Nick Derbyshire, Deborah Price, Sandra Watkiss, Christine Waddington, John McAvoy, Jonathan Rush, Dan Zamoyski, Judith Clay, Shaun Snow, David Walker

Apologies: Anne Mack, John Riley, Wendy Riley, Gill Roberts, Bill Kirkland, Billie Reeves, Heather Swindell, Pat Miller

MINUTES OF LAST MEETING: Approved.

MATTERS ARISING: A question was raised concerning staff abuse as mentioned in the minutes. Nick did a quick resume of this item for those unable to attend last meeting.

Dan was unable to attend previously to discuss online appointments but asked if a paragraph might be added to patient access to point out that appointments are also available to book on the day as well as in advance. Some new patients were unaware that this was possible. Nick explained this part of the website was not owned by Bakewell Medical Centre therefore unable to change. He went on to display the BMC website and highlighted the difference between that and the NHS Choices site. The difficulty of getting an appointment on the day was examined and the problems of patients holding for several minutes on the phone (and here Nick reminded members this was one of the reasons the current phone system was implemented - to avoid patients having to constantly redial when phones were engaged) versus the appointments all being filled very quickly as there are always a minimum of three, sometimes up to five, receptionists answering the phones. Nick currently looking at alternative phone providers and would report back when options have been identified. However, whatever the phone system this will not alter how quickly appointments are sometimes taken if there is a heavy demand (which is often unpredictable).

PATIENT SURVEY

At the November meeting three areas were identified on which to focus the Questionnaire, these being Dignity, Care Planning and Cleanliness.

Questionnaires were distributed to patients visiting the surgery during December 2012 and January 2013. They were also posted out to new patients to the surgery from the last 18 months (approximately 200). We received 80 responses in total which was disappointing given the amount sent out/offered to patients attending but nevertheless these were given to a diverse range of patients. Some members thought this a low response and Dan reminded group that there is a facility to have a leaflet drop undertaken by the post office at a cost of approximately £1,000 per 10,000 homes. Nick reminded members that the NHS performed their own annual survey and as some of our patients would be included in this there was potential for confusion and too many questionnaires.

In response to Question 1, provision of health information, Nick advised that a leaflet display stand had recently been purchased and if any member(s) felt they were able to help with regularly tidying/updating the leaflets it would be appreciated (many PPG's take responsibility for such areas within Practices as well as discussed in the past provision of a patient library)

On question 4, in relation to the range of health services offered by the surgery, Nick clarified that as a rural practice we do provide a wider range of services than urban practices, for example phlebotomy, INR monitoring, 24-hour blood pressure & ECG monitoring, which in many areas would be done in hospitals.

There was a discussion around question 6, support from local services. Members felt that a definition of local would have helped here although the questionnaires were sent out to members prior to being used.

Question 8 centred around written care plans. The NHS have encouraged use of written plans certainly for some chronic/long term conditions but many patients who have trialled such plans have found them cumbersome and intrusive and irrelevant. GPs often use printouts from Mentor Library site, and both doctors and nurses do give leaflets wherever they feel appropriate and relevant to the patients. Care Plans are always used for very ill and vulnerable patients (both in nursing homes and those very ill but still at home) and these are shared with families and other agencies.

Question 9. *Has having discussions with doctor or nurse helped improve the patient's management of their health problems*. The practice would be looking at ways to improve upon this area of service.

Question 10 centred around the amount of time devoted by the nurses. Nick assured the members that within limits the length of time devoted to the consultations was adjusted according to the problem and its complexity.

Questions 11 and 12 Cleanliness. Nick informed the group that the CQC were very keen on infection control and scrutinise equipment, clinical rooms, and

indeed all areas of the Practice. There followed a discussion around the magazines, toys and books in the reception area that were reintroduced having been removed during the swine flu crisis. Christine commented that mostly the hospital waiting rooms now have a TV available but have kept to the no magazines rules. The Practice are considering a health promotion screen and the many that are available. Some members thought a local advertising screen as used in the post office might be an option. This remains under consideration but the cost of not only purchasing but maintaining and subscribing to relevant health programmes may be prohibitive.

The potential for a library to be placed in reception was revisited. Nick asked that if this was a prospect that it be run by PPG members.

Questions 16 and 17, the resolution of complaints. Sandra wondered if there was any differentiation between complaints and problems as she had recently had the latter and it was quickly dealt with. Nick explained the strict policy on raising, resolving and reviewing complaints. Serious complaints were sometimes recorded in significant events (where there was a potential for any harm, a breach of confidence, incorrect prescriptions etc) discussed at multi-disciplinary team meetings and some are passed to the PCT. Whenever it is relevant systems do get changed to avoid repeat occurrence. Dan queried the resolution process and wondered if they were always considered resolved. He suggested that old complaints were reviewed to clarify if those patients were satisfied. Nick explained that this is carried out annually and any recurrent areas are clearly a priority. Christine felt that a time frame built into Q16 would have been helpful. David queried whether an advocate should be offered in the complaints process, perhaps a PPG member. Nick advised there were other agencies in existence which are happy to provide advocates, for example PALS and an advocacy service.

There was further discussion around whether the dissatisfaction recorded in the questionnaire was reflected on a greater scale but the number of complaints formally made through the complaints process were significantly less than the number raised on the questionnaires. This could well be that patients have complained to a receptionists-for example-about not being able to get an apopointment at a time which was more convenient to them than the ones offered.

One of the comments on the complaints section was that of a patient who was ‘appalled’ at not being told their doctor was leaving. (This was specifically at the retiring GP’s choice NOT to announce in advance their retirement). It has been suggested by a very small number of patients that we should have written to all patients advising them of the changes-this is clearly a very expensive exercise running into many thousands of pounds in terms of stationery, postage & staff time. We communicated this through our website, two newsletters (including a ‘Christmas Special), and through Parish magazines which are cost effective and

reach the majority of patients. It was agreed by all the GP's (including those retiring) that such expense is better spent on patient care.

Some discussion around whether Bakewell Medical Centre is a service provider or business and if doctors have a contract with their patients. If so, would they therefore be expected to give notice of intention to leave. Whilst acknowledging this, Nick felt that if doctors chose to leave they had the same right to privacy as anyone else.

Dan asked about locking patients records. Nick confirmed that we do have patients who have requested their records be locked. Once locked they can only be viewed by GPs. Dan asked if this facility publicised anywhere. Nick said that this only done in extenuating circumstances and provoked many difficulties operating the service to those patients. Confidentiality by all staff is fundamental to the service we provide and any breach of this is not tolerated and is subject to disciplinary measures including dismissal.

The questionnaire produced surprising demographic results with most responders coming from the 40-59 age group rather than older patients of whom the Practice has around 30% on its list.

It was agreed that the following be actioned:

1. Website information to be printed and displayed in reception
2. Provision of services offered in the surgery to be displayed prominently
3. Provision of patient information via tidy and relevant leaflet displays and notice boards to be easy to read and containing surgery information (as per point 2 above)
4. Further consideration be given to purchase of a computer in reception area for use by patients and which could be used for ongoing questionnaires (ie a touch screen)
5. Consideration to be given to newsletters being placed on a shelf immediately below the check in screen.
6. Nick to update and bring to the meeting alternative telephone providers

ANY OTHER BUSINESS:

David raised Patient Empowerment. His friend had recently gone through traumatic surgery and felt let down by the service provision, both in primary and secondary care. David felt that as care is purchased by GP surgeries more demands should come from them.. Whilst acknowledging that there are many issues, Nick explained that we can not just change providers and that the whole concept of CCG's was around working together with other local practices to deal with such issues. Christine felt that communication between hospitals and gp

surgeries was inadequate and post discharge problems often occur. Nick agreed but assured the Group that the poor communication was generally from secondary care back to the Practice-it can take up to 3 weeks or longer to learn that a patient has been admitted or discharged from Hospital in many cases.

The Chair referred to briefings being arranged by the North Derbyshire Clinical Commissioning Group where 'joined up thinking' issues were being discussed, and suggested that a representative might be invited to a future meeting of the PPG

DATE OF NEXT MEETING:

MAY 7TH 2013 AT 6.30PM