

Minutes of PPG Meeting 03.02.2014

Attendees: HGG, LS, RC, PB, DS, BH

1: Review of recent patient survey

2: Effective Communication

3: Triage System – a summary

4: Dealing with complaints

5: AOB

1. All members were given a copy of the complete survey and results in summary show in table and graph format.

It was discussed that a wide range of our practice population had been represented in the results

Some of the results showed areas that need to be advertised more, for example our website is not looked at very regularly by those who answered the survey.

Patients preferred to be contacted via text or on their land lines if we needed to contact them urgently.

2. Moving forward it was discussed that contacting patients in an emergency mobile numbers and land lines would be preferable to email, although emailing non urgent information to patients was suggested to be a good way of communicating changes within the surgery.

With new patients registering we are building up the numbers of patients who have an email address. With each prescription request it is asked for. Also asking patients to update us with their new contact details is something we need to advertise more as still a lot of patients do not tell us of a change in mobile number.

Advertising our website in the waiting room. Providing details on DNA rates to show patients the lost appointment times.

Mjog appointment reminder messages to be sent to all patients who have landlines and mobile numbers.

It was agreed that the flu clinic is a really good time to educate our patient's on the services we provide – e.g joint injections, website, online prescription ordering.

Having a large TV screen in the waiting room showing the services the practice offers was suggested and Dr Whitfield will look in to costings and where the TV could be located.

3. Helen gave statistics for that days (Monday 3.2.14) triage statistics: 85 requests for help had been taken, 15 were duplicate or missed calls, 63 patients had been seen by 3 GPs. Other week days 50% of all requests for an appointment can be dealt with over the phone.

It was mentioned how hard it can be to call during the 08:30-9:00 rush in the morning but since triage system in place the calls are no longer all coming in one rush, they are spread out during the day which makes it easier to get through.

The group agreed that the patients are familiar with the word triage and are happy for follow the process of waiting for a call back.

A review of the facts and figures would be made in a year to see how effective triage has been.

4. Recent causes of complaint have been regarding the triage system. Mostly working people are struggling to agree on a time to be called on, although we try to be as flexible as we can. Similarly it is difficult to book an appointment within 2 weeks.

It has also been commented that the patient is not aware who they are speaking to when they get a call back. Suggestions were made that every member of staff introduces them self with their name and job title – if a clinician – so the patient is aware when they are speaking to clinical staff.

5. The group has requested that any results of surveys or relevant information be emailed to them prior to the meeting in order that they may make notes prior to the meeting.

The group has requested details of joining the CCG Patient representative group.

A slogan of 'It's your practice, look after it' was suggested to try and engage patients.

It was mentioned that if a patient does not attend (DNA) more than three appointments they are taken off the practice list. Helen said it is very difficult to accurately record why someone has not turned up to their appointment. It was suggested that we make the DNA statistics more noticeable in the waiting room. It was also suggested that the cost of the appointments lost is shown – Helen will speak to Dr Whitfield.

Action plan :-

1/ Promote in house and self referral services more widely in the waiting areas

we will: - use eye catching displays in the waiting areas to promote

all services that we offer at the Practice and all the self referral schemes available

2/ use all communication methods available to reach as many patients as possible.

We will: - use Text, email, posters, leaflets, website, face book, twitter

messages on right side of prescriptions, messages on the self check screen and verbal communication in order to reach as many patients as possible.

3/ Promote online services more widely

we will: - attaché information to all prescriptions leaving the building and include information in new patient information packs inviting patient to register for their PIN

4/ there are no major changes planned for the Practice

There were no proposals that were rejected and therefore not be implemented.

- a. The survey showed that of the patients surveyed only 56.2% knew that the Practice Nurse offers minor illness appointments and only 11.2% are aware the Practice offers Minor Surgery appointments, just 2 examples that the PRG felt should be publicised more and it was agreed that more information should be made available to patients in the waiting room, on the website and in the Practice booklet.
- b. As discussed at the PRG meeting on 3rd Feb 2014 the Practice will follow the action plan agreed.
- c. The Practice is open from 8:30am to 6:30pm Monday to Friday. Patients who require medical assistance between 8:00 and 8:30 am and telephone the surgery line will be directed via a message to the most appropriate contact which may be to telephone 01252 524344 For urgent assistance outside of these hours 111 offer a 24 hour telephone line and for medical emergencies A&E or 999 as appropriate.
- d. Southwood Practice offers routine pre-booked appointments with all clinical staff up to 4 weeks in advance, including extended hours surgeries on 2 evenings a week for both GP and Nurse Appointments between 6:30 and 8:00pm for pre booked appointments. If patients are unwell on the day a telephone assessment appointment is offered with a call back from a clinician who may either offer advice over the telephone, an appointment that day or within 3 working days whichever is most clinically appropriate.