

Meeting of De Montfort surgery Patient Participation Group

1.7.13

There were 9 of us who were able to attend the meeting, (8 patients and Fran Duggan representing the practice) Overall it was a lively meeting with some useful discussions and thoughts about how to take things forward. We had several new members as well as group members who have supported the meetings throughout the last 2 years. There was a good combination of personal and professional experience within the group as well as new ideas and suggestions from everyone on the topics discussed.

Introductions

As we had some new members we introduced ourselves, discussed a brief history of the group and what we had achieved so far, and mentioned a little about why we were participating in the group or what we were able to contribute based on our personal or professional experience. It is important that the group is inclusive and uses individual's skills and experiences, as well as aiming to improve services and have some interesting discussions about the various issues.

What next? Review of the action plan and priorities

Our action plan for this year included; encouraging the use of on-line services, continuing to monitor and further improve the appointment system and to develop and promote the PPG.

On-line services

We had a productive discussion about the use of on-line services. We agreed that we need to continue to offer a range of options for patients wishing to access services. However, we agreed that it would be helpful to promote the on-line services. The receptionists are currently asking all patients collecting repeat prescriptions if they would be interested in ordering their prescriptions on line and we will monitor progress with this over the next few weeks.

The surgery currently only offers pre-bookable appointments on-line. We agreed that it would be good to trial offering immediate access appointments on line as this might ease the pressure on the phone lines first thing in the morning. The system does not allow there to be control the overall number of appointments released on-line but only how many are available at any moment. We were concerned that this could lead to an imbalance of numbers of appointments being booked on-line compared to the number available in person or by phone. It was suggested that the on-line immediate access appointments were limited to one doctor each morning or afternoon to try and provide some control of the numbers.

Even those patients who are keen to access the on-line services found the system difficult. The surgery is not able to fully control the way that the system is used, particularly in terms of issuing the passwords, because of the information governance protocols that must be adhered to. Patients found that it was inconvenient to have to attend the surgery to be given the password and log in, particularly if it had been lost or mislaid. There was also some discussion about being able to change the password to something more memorable for the individual.

Action

Fran to investigate all of the above, discuss with relevant practice staff and promote services as appropriate.

Appointment system

Fran explained that we have had some staff sickness which, in combination with staff holidays has impacted on the appointment availability. We had previously audited the appointment system and had hoped to be able to review this by now. However in order to continue to offer sufficient immediate access appointments we have had to limit the number of pre-bookable appointments available. We had been concerned that this would cause complaints from patients wishing to pre-book. We have been fortunate that this has happened at a quieter period for the surgery with less demand for appointments. We have discovered that as long as we offer sufficient immediate access appointments patients seem to be happy with the service and we have had no complaints about this. This is interesting in terms of the

balance of pre-bookable and immediate access appointments that we should be aiming for.

Once the system is running normally again, we will review the appointment system and feed the information back to the PPG. We discussed the reporting options and queries that can be run on the system as we were interested in why patients choose to pre book appointments or phone on the day and whether patients with long term conditions prefer to pre- book or use immediate access appointments.

With the influx of new students we will need to think about how we advertise the various appointment options that are available. There was also some discussion about trying to ensure that patients are directed to the correct clinician. Although the nurses are nurse prescribers they are not able to prescribe for all conditions or age groups. This information needs to be made clear for patients and receptionists so that patients can be directed appropriately.

Action

Fran to look at reports that can be run to try and consider these questions.

Feedback information re nurse prescribers to receptionists.

Developing and promoting the PPG

We have discussed this at previous meetings and continue to look at the different ways that we can encourage involvement with the group. We hope that the new student welfare officer will be able to attend some meetings. Fran has contacted DSU volunteering, and the Square Mile project to see if students might be interested in helping to run, advertise and support the group. We continue to advertise and promote the group at the surgery but are aware that personal contact or invitation seems to be more effective. We are aware that coming to group meetings may be low down in students' priorities but agreed that it might help if we held the next meeting for example in the students union. We also felt that although we would like to have a wider age range involved in the group, we could alternatively try and arrange more frequent patient questionnaires on different topics throughout the year and then use the group to take the actions forward.

Text messages had been sent to all patients with a mobile phone number advertising the virtual patient participation group. Unfortunately we have had less than 10 people join the virtual PPG and had no response to the message sent recently informing them about the minutes on the web site, the meeting tonight and asking for views and comments.

There was discussion about making better use of e-mail for surveys. The surgery has not collected e-mail addresses as there had been a concern that confidential data or important information would be sent to an NHS no reply e-mail and that this could cause a problem. We will consider this again at a business meeting.

Action

Fran to continue to work with surgery staff and DMU to promote the PPG.

DNA statistics (missed appointments)

We continue to collect the information about numbers of missed appointments and have been pleased with the reduction in DNAs following the introduction of appointment confirmation and reminder by text. Nationally the statistics vary, but do not tend to fall below 4% of appointments. We are pleased that we have had a reduction from 11.9% last March to the current figure of 7% for May 2013. Occasionally the figures have dropped as low as 5.2%. It is unlikely that we will get the figures much lower than this.

The letter that was discussed last time and attached to the last minutes was circulated. The surgery has drafted a letter for patients who have missed 3 appointments as well as patients who seem to be attending urgent care and A&E frequently and inappropriately. As a surgery we are always concerned that these letters should be used appropriately and so have asked the GPs to authorise a letter to be sent as they see fit.

We agreed to meet again in early September in the hope that we could organise a meeting in the students union, or another venue in October, when the students are back at university.

NEXT MEETING

9th September 2013 from 6.15 to 7.30 at De Montfort surgery