

## **Patient Participation Group Monday 9<sup>th</sup> September**

8 members of the group were present, there were 3 apologies received and Fran Duggan was present to represent De Montfort Surgery. We had some new members of the group, there were some introductions and new members were welcomed. We were particularly pleased that the new welfare officer for the student union, Sarah, was able to attend the meeting and hoped to be able to continue to liaise with the students union and other university contacts, as we feel that this will help us in appreciating the student's views about the surgery.

### **Appointment System**

Fran Duggan explained that we have been very short staffed in terms of GP's throughout the summer but have now managed to appoint a new GP, one long term locum, there is another new GP starting in November. The consequence of all of this we have mainly had immediate access appointments, most weeks and have been able to offer very few pre booked appointments with GP's. We had anticipated this causing more complaints that it has done. It has made us consider whether the balance of our appointments needs to be in favour of immediate access appointments, rather than 50/50 between immediate access and pre-booked appointment, which it has been previously. We have discussed the reports that we ran, looking at appointment availability, who booked the appointments, when it was booked and the length of appointment time. We hoped by now to have been able to rerun this report and see whether we are offering the right number of appointments, however in view of the staff shortages we felt that this wouldn't give an accurate reflection of the practice. From this month onwards things should return to normal so we hope that we will run the report again in October and we will be able to feed the results back to the group in November.

Fran to action.

### **Online access**

Fran had produced some information advertising online access for prescriptions, booking of pre-booked appointments and appointments on the day. This was circulated and was agreed by members of the group. We had several useful suggestions that would be helpful to patients. It was brought to our attention that over the summer there was nothing to indicate why there were no pre-booked appointments available on the website. It was agreed that it would be useful to have some information on the website at times when the usual booking system is changed or there is a lack of availability of appointments.

Fran to action

We discussed again how we could facilitate online access for patients. There still seems to be some difficulties over information that patients are receiving when patients collect their password and it was agreed that it would be helpful to have a text reminding people that they need to wait for 24 hours for their password to be registered and then they must use it within 7 days for it to be activated and arrange a standard text to be sent to patients with this information, that can be sent as soon as they collect their password.

Fran to action

### **C+B Referral System**

Concerns were made about the way the referral system works in terms of the appointment being booked. Once the GP has arranged the referral, a task is sent to the admin staff. This is usually processed the same day but on some occasions can be processed very quickly and on one occasion someone was sent a text asking them to return to the surgery to collect their information before they had even got home. We discussed various options, we had previously decided as a practice not to send the information out in the post for reason of data protection, concerns about post going astray and more recently cost. One option would be for patients to be offered the option for patients to sit and wait, however it is not often processed this quickly. Another option would be for a text to say 'please collect your information however if this is a problem, please ring us to discuss' and in these situations it may then be possible to send the information out. It may also be possible to send a text confirming the appointment, making patients aware that they should get confirmation from the hospital and asking them to contact the surgery for the password if they need to change the appointment.

Fran to action.

Discuss with managers, GP's and admin to try and agree a better way to facilitate the referral information being passed to the patients.

### **A+ E Attendances**

The practice had been asked to look at their A+E attendances, as have all other practices in the area and were proposing to put some information up in the waiting room, explaining about the range of conditions that can be seen in general practice, either by nurses or the GP's. We had a long discussion about the complexities of some of these situations, for example some of the GP's who cover the on call are happy to suture minor lacerations but it will depend on the extent of the injury and how busy the on-call is, as to whether they are able to do this. So giving clear information to patients about the most appropriate service to access can sometimes be quite difficult. We have been thinking about making some general information available to students about the role of the GP and the various services on offer. We agreed that there are lots of different reasons why individuals choose to access particular services. This can be due to waiting times, convenience and anxiety about the condition. We do have information available in the waiting room explaining about the services we offer but we felt that it would be important to try and advertise this more widely as information available on our website. One idea was to see whether through the square mile project they could do some local promotion of services and the role of primary care.

Fran to action, check information on the website and liaise with the square mile project. It was previously agreed a letter that would be sent to patients who had accessed A+E or urgent care inappropriately or repeatedly. The practice had agreed it would be up to GP's to task reception to send these out and because of the high workload this is not currently happening, Fran to action and to raise this at the business meeting. There was a discussion about the role of the on-doctor and how we wanted to publicise this. There was a suggestion that our notice boards need to be clearer, maybe by choosing to have one particular message on one noticeboard with minimal information.

We could not agree during the meeting what we wanted to say about the role of the on-call doctor, Fran to discuss this with the GP's and come up with some suggested wording.

### **Encompassing Student Views and Liaison with the University**

We feel that over the last year that we have improved our contact with the university, this is the second time that we have had one of the welfare officers who has liaised closely with the patient participation group. The practice also has contact with the head of welfare and with the square mile project. The group were keen to engage students to suit their opinion and agreed that we really need to go to where the students are, rather than expecting them to come to our meetings. Sarah suggested that we attend when she organises a particular campaign and could speak to students then. It was also suggested that we hold a subsequent meeting in one of the halls and also that we try and see if any of the hall managers would be willing to attend the meetings or are willing to give their input.

Fran to action.

### **Art Work**

There is a possibility that some of the artwork may be changed. The group have agreed that they would like to participate in choosing any subsequent artwork. Fran will let them know if and when this is going to happen and anybody who is able to could attend.

### **Volunteers**

There is a question about volunteers within the practice. It has been our practice policy not to have any members of staff who are patients at the practice. Fran will check with the partners but it will be assumed this will be the same for volunteers. Previously volunteers have helped input data from the patient satisfaction survey and that would certainly be something we may consider again.

### **NHS Health Checks**

The practice has been encouraged to contact as many patients as possible to come in for the health checks.

It would be useful for the practice to have feedback about the online access and any problems with this so that we can work to improve the service and hopefully, gradually roll out the number of immediate access appointments available online, which in turn would ease the congestion on the phone lines in the morning.

**Date of next meeting November 18<sup>th</sup>.**