Minutes Of Patient Participation Group Meeting

22 July 2014

Present:

Practice Manager	Jan McCulloch
Reception Supervisor	Aileen Money
Admin Assistant	Angeline Salani
Scottish Health Council	Noreen Caldwell

Patients – Alex F; Michael D; John H; Liz M; Tom S; Susan G; Maureen B; Ed A

Next Meeting: 21 October 2014, 5 pm, Barns Medical Practice (TBC)

1. Background

This meeting was held to re-launch Barns Medical Practice Patient Participation Group (PPG). The last PPG meeting was held in 2008 and was a Government requirement at that time. Although no longer a Government requirement, the Practice feels it is important to hear the views of patients and involve them in some of the decision making processes in an effort to evolve and improve the services and care offered by the Practice, and having a PPG is a good way of doing this.

The patients in the Group have all responded to a Practice advertisement for volunteers to participate in the group.

The group was given the opportunity to read the results of the Patient Experience Survey prior to the meeting and some of the comments and issues raised from that were displayed in the conference room, together with comments from Patient Opinion[1], for the group to reflect on. Members of the Patient Group and others in attendance were all introduced.

2. Introduction

Jan McCulloch welcomed everyone to the meeting and provided some background information on the Practice which included an overview of the Practice team, the weekly workload and our contract with Ayrshire & Arran Health Board to provide General Medical Services.

We discussed the Practice involvement with NHS Education for Scotland GP Training Scheme, and also our work with local colleges and Government training schemes to train administrative staff. We discussed how the role of nursing had changed in recent years, and the new and varied skills of the different members of the Practice nursing team.

The Practice currently has 8824 patients registered, and a graph showed the age range of the practice population, shown by male and female. It was noted though the Practice population is larger than the Scottish and Ayrshire & Arran average, but the age range is fairly similar to that across the country. People are known to be living longer, and as a result a rise in those suffering from multiple chronic diseases is predicted. Obviously this will impact on future healthcare services, and current Government policy aims to address these demographic changes. As the PPG develops, it is hoped the Group will provide valuable input into the future delivery of healthcare services for the Practice.

3. Patient Participation Group Aims

Noreen Caldwell of The Scottish Health Council was introduced and explained how Patient Participation Groups can help Practices gain feedback from a wider audience by their involvement. The Scottish Health Council was set up in 2005 to be "The Voice of the Patients". It encourages Practices to establish Patient Participation Groups to open up communication between the Practice and its patients.

Jan explained what the Practice aims were:

- Gain patient perspective on Practice services
- Involve patients in decisions about the Practice
- Continuously improve services and quality of care
- Improve patient (and staff) satisfaction
- Open, honest, fair and constructive discussion in a confidential environment

The suggested aims of the PPG were:

- Define patient priorities
- Develop an Action Plan
- Share PPG views with the wider Practice population
- Gather feedback from the wider population
- Report back to the Practice

The Practice, the PPG representatives and SHC representative, were happy with the aims outlined above.

4. Define Patient Priorities

Based on the background information provided at the meeting, and following review of the results and comments from the recent Patient Experience Survey, the Group focussed on the following areas of concern –

4a) Patient Call System

Problem

Some patients had raised concern that their names being called out identified them to others in the Waiting Room, and that pronunciation was wrong.

Discussion

Around three years ago the Practice upgraded our patient call system which also incorporates a health promotion information system too. Health promotion material runs through two TVs in the waiting room, and when the clinician calls the patient, the patients name and room are called and displayed on two television screens. The Group discussed the concerns that had been raised.

Both the health promotion and patient call system are configurable by the Practice. It was explained to the group that the Practice only shows the room number a patient is to go to rather than the name of the clinician to maintain confidentiality. We discussed other options but it was agreed to continue using the patient name and room number to call patients.

As for pronunciation, the phonetics within the system can be tweaked if the pronunciation is inaccurate. However it was appreciated that patients would not know this and so it was suggested this be advertised in the waiting room.

Those patients present did not have any complaints with the call system and agreed that the health promotion items were informative.

At this point, a member of the PPG asked how the Practice recognizes patients who require assistance due to difficulties with hearing/visual impairment or mobility. The patient call system is visual and audible to accommodate milder impairments. Reception staff rely on patients informing them if there is any need for additional assistance. We discussed how patients may assume staff will know if assistance is required, and so it may appear unhelpful if no assistance is offered. It was therefore suggested that if patients require additional assistance, they should be

encouraged to let Reception staff know and a noted can be added to the patient record which should flag up each time they attend. It was appreciated sometimes staff may not be able to assist, but usually they could call on others if need be.

It was noted that a hearing loop is available for patients with hearing impairment and this is advertised.

Action

- Inform patients that the patient call system is configurable, both for pronunciation and display.
- Encourage patients to advise Reception staff if assistance is required when visiting the surgery.

4b) Privacy in the Waiting Room

Problem

Some patients had commented that patients sitting in the waiting room could hear conversations between reception staff and patients at the desk or on the phone. This seemed to put some people off phoning in for test results as they thought folk using the waiting room would hear the conversation.

Discussion

The group agreed that there was a lack of privacy in the waiting room, and staff could be heard speaking on the telephone and speaking to each other.

It was explained the majority of telephone calls are actually answered upstairs in the Records Office. However on occasion the second phone line (the Practice has two incoming lines) is transferred to Reception if that is where staff are based. Staff are expected to maintain patient confidentiality when answering the phone by not repeating identifiable information. If the patient is at the front desk, then staff should direct the patient to a more private area if they feel the information they are passing on warrants this. The far end of the Reception Desk or Room 12, are often used for this purpose. The Group were reassured by this but were unaware that there is a private room available. It was suggested the Practice inform patients a private area is available if they are visiting the surgery, or if the telephone is answered at Reception then the patient be informed of this also.

One member of the Group objected to patients being asked for their name and address and felt this was unnecessary. However it was explained we have many patients who share the same name, and so as an extra safety measure to ensure we are using the correct patient notes the staff use another identifier either address or date of birth. The Group were reassured by this and appreciated the need to use a second method of identifying the patient.

Action

- Ensure all staff are aware that conversations can be heard by those in the Waiting Room, and reiterate the need to respect confidentiality
- Inform patients there is a private area available should they wish to use this
- Ask Reception Staff to let patients know if the telephone is answered at the front desk
- Rearrange staff hours so that incoming calls are answered upstairs the majority of the time
- Let patients know why a second identification method is necessary

4c) Telephone Access

Problem

Many patients had commented on having difficulty getting through to the surgery on the telephone, and patients found it frustrating to have the phone constantly engaged or unanswered.

Discussion
The Group agreed that there were times when it was very difficult to get through on the phone and were frustrated when they kept hearing an engaged tone.

The Practice is aware that telephone access can be difficult and have been looking at alternative telephone systems.

It was explained there are currently two incoming telephone lines to the surgery and it is recognised during peak times eg Monday morning, an additional line would be useful.

The Practice does carry out regular telephone audit – measuring the number of attempts it takes to get through; and how many times the phone rings before being answered. Whilst the audit results are generally favourable*, the Practice is aware that there is a need to extend the current system if possible.

The Group were asked what they felt the priorities for a new telephone system were. Everyone agreed that it was nice to have a "real person" answer the phone rather than an automated system. However having a queuing system would be an advantage – instead of the phone being engaged patients could be told they were in a queue and therefore have an idea how long it was likely to be until their call was answered. The PPG were against restricting times for calls for certain services, and did not like the idea of having music played whilst queuing. It was suggested that patients should be encouraged to call out with peak times for non urgent matters eg collecting test results.

Action
- New telephone system to be in place by March 2015, consider adding a third incoming line to be activated during peak times
- Display most recent telephone audit results in the meantime, and acknowledge current issues
- Patients should be encouraged to make their call in the afternoon if the matter is non-urgent, and the Practice Team should remind them of this if asking the patients to call

*Telephone Audit May 2013
- 72% of callers able to get through on the first attempt, 84% on the first or second attempt
- 93% of calls answered within 4 rings

4d) Ability To Book Preferred Doctor Appointments

Problem
Patients prefer to see the same GP each time, and feel that if they are attending regularly with the same problem that seeing the same person offers continuity of care.

Discussion
The Practice aims to ensure that all patients receive the right care at the right time by the right person and patients are therefore usually asked for some information by Reception staff to ensure this happens. There is a Government requirement to offer each patient "48 hour access to a healthcare professional". A Practice designed leaflet explaining 48 hour access and the other appointment types was made available to the Group.

Many patients know that they have to book well in advance if they want to see a particular GP. Although appointments should be available 4 weeks ahead, the PPG noted that this is not always the case. The Practice explained that only one member of staff is responsible for organising the clinical rota and at busy times and during holidays there can be a delay in producing the clinical rotas. This role should be shared within the Practice.

It is recognised that there is a substantial number of appointments wasted when patients fail to attend or cancel in time. The Practice offer an appointment reminder system for any patient with a mobile phone, and whilst this has made a big difference in the number of patients who fail to attend, there are still on average 25.5 hours of clinicians time wasted on a monthly basis. This

obviously has an impact on the time the patient has to wait before an appointment is available. The Practice Policy on dealing with patients who fail to attend was discussed, and those present felt this was a fair system.

A recent development for some Practices has been to offer patients the ability to book appointments online. A member of the PPG asked if Barns had considered this. There are obvious advantages for the Practice, and the patient, in allowing access to the appointments system. However some members of the Practice team have reservations about doing so due to the range of appointment types available. Again, being able to ensure patients receive the right care at the right time by the right person is paramount to ensuring the Practice appointments system runs efficiently, and some within the Practice feel the Receptionist is able to assist with this. In the past year the Practice has investigated offering online appointments but the feeling was that the software currently available is not particularly user friendly for patients or the Practice, and does not meet our requirements.

The Practice is contracted to provide services 45 hours per week, between the core hours of 8am and 6pm. Outside of these core hours, Ayrshire Doctors On Call are available for any patients requiring emergency treatment. Jan explained to the Group that the Practice pays a fee to use the ADOC service and that some of the GPs work evening and weekend shifts for ADOC. The Practice offers Extended Hours, offering GP and Practice Nurse appointments up to 7.30pm every Tuesday. These appointments are very popular and are offered in the first instance to people who specifically request an evening appointment. They are always well utilized.

Action

- Other admin staff will be trained in how to process the clinical rota so there is no delay in adding future appointments
- PPG to review Practice Patient Information Leaflet on 48 hour access and feedback at next PPG Meeting. Also consider ways of making this leaflet accessible to all patients.
- PPG consider ways to decrease number of wasted appointments by those who fail to attend or cancel in good time.

4e) Other Matters Arising

Online Prescription Requests

The Practice offers an online service for ordering prescriptions and informing the Practice of change of details. A question was raised about how this could be made simpler by displaying a list of the patient's repeat medication. Another Group member stated that their internet browser had stored their list so that all they had to do when ordering was tick the items required on that occasion and so users should allow cookies for the Practice site to avoid having to type the names of medications every time they were ordering.

Action

- Provide instructions on how to do this within the Repeat Prescription leaflet and in the next Practice Newsletter.

List Size

Thinking about information given previously about the Practice list size versus the average list size, a member of the PPG asked what the average list size per GP was.

The Practice responded that now patients are no longer registered with an individual GP, but with a Practice. Before this change GPs could have no more than 2000 patients registered with them, but the current answer to the patient's question was unknown.

Following the meeting, the information was located on Information Scotland Division –

"This is very difficult to measure in an accurate, consistent and meaningful way. Before April 2004, patients registered with a specific GP and so each GP had his or her own "list size". However, since the new General Medical Services (GMS) contract came into effect on 1 April 2004, patients no longer register with a specific GP. Instead they register with the practice as a whole (even though they may wish to see a particular GP most or all of the time). The new

contract places much more emphasis on patient care being provided by the whole clinical team (GPs, nurses and other health professionals) and therefore the concept of average numbers of patients per GP is now less meaningful than may have been the case historically. In addition, attempts to calculate numbers of patients per GP using routinely available data are based on GP headcount information and therefore can take no account of differences between areas in the proportion of GPs who may work part time to a greater or lesser degree."

Practice Boundary

Following on from the discussion about list size, it was noted that in order to manage an increasing list size, several years ago the Practice chose to narrow the Practice boundary. (A map of the Practice boundary was available at the Meeting). This means that patients moving outside of the boundary are asked to register with a local doctor. At times this is an unpopular decision with patients, and whilst the Practice can sympathise with patients who don't want to change Practice, we are unable to continue providing home visiting services to these outlying areas.

5. Share PPG Views with the Wider Population

The Group were made aware that only 19% of patients asked had completed the Patient Experience Survey. This response rate was in line with the response rate across Ayrshire & Arran Health Board, and just slightly less than the response rate last time (23%).

The Practice had advertised for approximately a year for patients who might be interested in joining a Patient Participation Group. Names of eighteen patients had been collected, and eight were in attendance at this first meeting.

We discussed how best to share information with our wider patient population aware of the Patient Experience Results, and our discussions at this meeting.

Action

- Display Patient Experience results in the Waiting Room alongside comments from PPG members
- Display concerns that patients had raised, with Practice responses on how we will tackle these
- Include all this information in the next quarterly Practice Newsletter
- Set aside a PPG section on the Practice website, and upload Minutes, Action Plans etc

6. Gather Feedback from the Wider Population

In the initial stages, it is hoped by sharing views with the wider population as outlined above, that feedback would be forthcoming from these displays. We would hope to continue gathering interest in the Patient Participation Group.

Action

- Advertise that PPG is still recruiting new members
- Consider setting up a "virtual" PPG using email to canvas opinion

7. Report Back To the Practice

The PPG agreed meeting quarterly would be appropriate, and a second meeting in October was anticipated with a further meeting planned for March 2015. Tuesday evenings suited those present, but alternative days and times could be offered in future if need be.

Those present would be asked to review some of the Practice patient information leaflets, as well as the Practice website and feedback at the next meeting.

An Action Plan summarising the action points from this meeting would be drawn up and circulated ahead of the next meeting.

Action

- Devise Action Plan and circulate to Group members

VIII. Summary and Close

In summary, the Practice and the PPG were happy with the progress made at the meeting. The Practice had already gained valuable feedback from these early discussions, and the patients present had been impressed by some of the information shared.

All were thanked for coming, and their willingness to contribute had ensured the meeting was a success.

The Group were given a tour of the premises on their way home.

IX. References

[1] – Patient Opinion – An independent website which offers patients the chance to share their experiences of UK health services, good or bad. More information can be found at www.patientopinion.org.uk