

## Old Hall Surgery PPG

MINUTES OF THE PATIENT PARTICIPATION GROUP MEETING HELD ON  
TUESDAY, 1<sup>st</sup> May at 6pm

### PRESENT:

#### PPG Members:

J Fairweather ( Chairman)

P Butters

R Rebo

G Bonner

E Bonner

#### Staff:

Julie Spinks Practice Manager (PM) Laura Williams Nurse, Nicola Rogers Office Manager

**APOLOGIES:** Rev Joan Wagstaff

	<b>Pm welcomed everyone to the meeting and introduces the staff that attended</b>	<b>ACTION</b>
<b>6pm</b>	<p>.Telephone system: PM talked to the group regarding numerous complaints from patients regarding the telephone system. Patients are finding it increasingly difficult to get through to the surgery having to redial numerous times. One patient told me they re-dialled over 80 times until she got through.</p> <p>The surgery carried out a survey with patients over a two week period. The findings of the survey are attached. It was found that the majority of patients would prefer to be in a queuing system knowing what place they are in the queue that they would have their call answered at the end of it. The PPG group recognised this. Chairman JF agreed this is the way forward.</p> <p>PM to look into new telephone system and put to Partners.</p>	<p><b>Survey for telephone system to continue for another 2 weeks</b></p> <p><b>PM to discuss results with Partners</b></p>
<b>6.15pm</b>	<p>PM explained to the group the new GDPR regulations that come into force on May 25<sup>th</sup>. The Practice will encourage patients to use Patient Access to allow patients to book appointments, order prescriptions and view their medical record online.</p>	<p><b>Information to be displayed in surgery regarding GDPR</b></p>
<b>6.20pm</b>	<p>New Build – PM was able to show the PPG group first draft plans for the new build Hub. These are only first draft plans and will change. This was to give the group an insight into the layout of the building and where the surgery would be located. PM will keep the group updated on any new plans. The build is expected to be completed by the year 2021.</p>	

<b>6.25pm</b>	Prescriptions – PM informed the group that due to the increase in demand for prescription requests from chemists and patients that the surgery has requested that you allow 72 hours for your prescription to be ready. Patients to make sure they have enough medication to cover them until their new prescription are ready to collect.	
<b>6.30pm</b>	E-Consult data- PM shared the results of E-Consult survey Jan – April 2018.( see attached) E-Consult can be accessed via the practice website. The surgery encourages patients to use E-Consult and the results show that 176 patients visited the page in the quarter. 18 patients were given self-help advise, 13 patients were advised to go the pharmacy, 42 medical queries were sent through to a DR, 13 patients needed an appointment with a Dr Or ANP and 25 appointments were saved. The surgery promotes E-Consult with banners in the waiting room and information on the TV screen in the waiting room and it is also prominent on the website <a href="http://www.oldhallsurgery.co.uk">www.oldhallsurgery.co.uk</a> .	
<b>AOB</b>	R Rebo resigned from the group as she is moving out of the area, we wish her well in the future.	
	<b>Next meeting:</b> Tuesday, 7 <sup>th</sup> August 6.00pm	

## OLD HALL SURGERY

### REPORT ON APPOINTMENTS SYSTEM 2017

#### 9.0 Summary of Findings

The current capacity modelling is not appropriate and is creating significant problems for patients and staff.

- Lack of routine appointments results in a “ring on the day” culture, promoting a reactive culture.
- Incorrect use of same day appointments leaves the practice exposed as no resilience exists to deal with urgent presentations.
- Patients are not encouraged to self-care as they are booked a same day when a routine would be best to allow the patient time to self-manage.
- Patients wanting a routine appointment for a follow up etc have to ring on the day and frequently end up in a same day slot, or worse still give up.
- Receptionists report that over 50% of all appointments offered were not appropriate. Usually a routine or telephone slot would have been more appropriate, than the one offered to the patient.
- Same day availability is not flexed based on demand. For instance there are no identifiable increases on Mondays or Fridays.
- Most importantly, the number of same day slots need to be reduced and routine appointments increased

The current workforce model could be reviewed to bring improvements.

- The ANP is still developing in post and should be supported to see a broader range of patients.
- Over 20% of the patients currently seen by the GPs could have been seen by an ANP.
- The practice could reduce its operating costs by making better use of ANPs.
- There appears to be little time available for GPs to spend/deal with chronic patients.
- The number of same day slots allocated to GPs should be reduced and the time used more effectively.
- More use of telephone consultations or introduction of a clinical consultation service to determine the appropriateness of same day appt requests.

The receptionist / patient interface needs to be reviewed.

- The current capacity model makes it very difficult for receptionists to manage patient demand at point of access.
- No formal process exists within the practice to support patient signposting or challenge appropriateness – **Solution implemented.**
- The practice is exposed as the receptionists have no templates to record the details of a contact. No audit trail — **Solution implemented.**
- No details around the reason for the appointment are taken from the receptionist. Potentially lengthening the clinical contact — **Solution implemented.**
- Patients do not engage with the reception staff. Resulting in a negative impact on patients and the practice— **Solution implemented.**

- Receptionists do not view the clinical record when dealing with patients.