

MINUTES OF THE PATIENT PARTICIPATION GROUP MEETING HELD ON  
TUESDAY, 24<sup>TH</sup> OCTOBER, 2017

**PRESENT:**

**PPG Members:**

MR J FAIRWEATHER  
MR PETER BUTTERS  
MS ROSEMARY REBO

**Patients:**

MR & MRS WARDLE  
MR & MRS KILFOYLE  
MRS BUTTERS  
MR & MRS DONNELLY  
MR WALKER  
MR & MRS CAIN

**Staff:**

JULIE SPINKS, PRACTICE MANAGER (PM)  
LAURA WILLIAMS, PRACTICE NURSE  
NICOLA PRYOR, RECEPTIONIST

**GUEST:** ANDY LAVENDER, CHAIRMAN, DIABETES UK CHESTER

**APOLOGIES:** MR A WAGNER

		ACTION
	<p><b>Talk by Andy Lavender</b> Many thanks to Andy Lavender who gave a talk on Living with Diabetes. Andy is Chairman of Diabetes UK in Chester. He has a lot of input into the local diabetes network and helps with peer support.</p> <p>Andy gave ideas on healthy living and how to live with diabetes. He recommended websites, <a href="http://www.feelyourfeet.com">www.feelyourfeet.com</a> and <a href="http://www.diabetes.org.uk">www.diabetes.org.uk</a>. There are also leaflets and information at the surgery around podiatry, diabetes in general. Andy then gave some time for questions and answers.</p>	
	<p><b>Audit - Appointments</b> PM explained an audit had been carried out over a 3 week period. The findings of this are attached.</p> <p>PM told the meeting we are still struggling to recruit salaried Doctors and that other surgeries in the area are under the same pressure. With our shortage of Salaried Doctors and Dr Hutchinson on maternity leave, the practice is having to rely on Locum Doctors. This does not give our patients or staff any continuity. We have an advertisement out and hoping to recruit in the new year.</p>	

	<p>A patient queried seeing different Doctors and the PM explained she cannot get locums to work the same days each week and that we use over 15 locums to be able to cover the surgeries.</p> <p>From the audit the PM explained she will be looking at the appointment system in the next two weeks with the Partners to see how they can better utilise the appointments.</p>	
	<p><b>E-Consult</b></p> <p>The PM informed the meeting that on Old Hall Surgery website there is now E-Consult where patients can consult Doctors on line by simply filling out a form to get advice and treatment by the end of the next working day.</p>	
	<p><b>Care Hub</b></p> <p>The PM also informed the meeting that also on the practice website was a tool called Care Hub which connects patients with Care Providers. You can search for anything from ballroom classes near you, to Chiropractors in the area.</p>	
	<p><b>Flu</b></p> <p>To date the surgery has given 1,100 flu vaccinations to patients who are eligible with more to follow in the next few weeks.</p> <p>Pneumonia a one off vaccine, is currently unavailable, but will be offered as soon as we get sufficient stock.</p>	
	<p><b>AOB</b></p> <p>The PM took questions from the meeting which included patients saying that they are getting prescriptions when they did not ask for it. We are still trying to reduce the amount of prescriptions being ordered when not asked for. We are continuing with our Prescribing Pilot and staff are ringing patients opportunistically to ask if they need items the chemists have ordered.</p> <p>Patients queried that the message on the phone system was too long and they had trouble getting through for an appointment.</p> <p>PM explained the message is for information for the patients and will not stay on indefinitely. The PM said she would take on board request for the telephone system to have a queuing system within it.</p> <p>PM thanked everyone for attending.</p>	
	<p><b>Next meeting:</b> Tuesday, 31<sup>st</sup> January, 2018 at 6.30pm</p>	

**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.