

Manor Park Surgery PPG Meeting Minutes

Date: Thursday 21st November 6pm

Attendees:

Karen Wood
Dr Matt Barton
Kevin Ritchie
Michaela Stephenson

1.	Welcome, introductions and apologies (MB)
2.	Our Ground rules: <ol style="list-style-type: none">1. Confidentiality – what is said in the group stays in the group.2. Avoid personal references - as patient leaders we think about the needs of the wider public.3. Avoid assumptions – base discussion on evidence and good practice.4. Listen – listen actively and attentively. Avoid interruptions.5. Challenge - critique ideas, not people.6. Find solutions - build on one another's comments; work toward shared understanding.7. Do not monopolize discussion – give others chance to speak.8. Respect – other people's thoughts, ideas and suggestions (even if you don't agree with them)
3.	Practice Update <p>-Tina Marsden has left the Booking Service Team and gone to Armley Health Centre to become a receptionist.</p> <p>-Three new starters within the Booking Service Team. Kelli who has returned since leaving to re-join the team, Nicole and Lucy. These ladies are currently in training, we are sure they will make excellent additions to the team.</p> <p>- New Health Care Assistant Apprentices. Rachel and Victoria who were working within the Clinicare office and the Booking Service Team applied, were interviewed and have been given the opportunity to become Health Care Assistants through an apprenticeship. This will last two years.</p> <p>-Terri (Health Care Assistants) left on 31st October for maternity leave. Her baby is due early December. We wish her the best of luck.</p> <p>-Stacey (Health Care Assistant) has announced the happy news that she is pregnant. Her baby will be due in May 2020.</p> <p>-CQC Telephone Assessment- A new process was launched in April 2019 where all practices in England will have an annual CQC assessment over the telephone. The practice is required to complete a questionnaire which consists of around 20 questions and is submitted with supporting evidence. A phone call is then made to the practice where CQC inspectors will go through the questionnaire, evidence and any other questions they may have. Based on these things, a full on-site inspection may be arranged, or the inspectors may decide that a full on-site inspection is not required at this point.</p> <p>Manor Park did very well and had our telephone assessment in October. It was decided we do not require a full on-site inspection and so our overall rating of Good will not be changed (this can only be changed following a full inspection). We will now await our phone call next year to repeat the process.</p>
4.	Patient Survey <p>Proposed patient survey questions were brought along to our meeting in May and amended based on the groups feedback. It was then launched in June and was open for 3 weeks. We received 572 responses, most of these were done online.</p>

The results were analysed over the summer. This has taken a long period of time as there were a lot of opportunities for patients to enter free text answers to the questions.

The Patient Survey was presented using a slideshow (which will be sent out with the minutes). This is displayed in reception and on the practice website.

Going forwards Claire and I will be putting together an action plan based on the results of the survey including (not limited to):

- Contact details campaign (making sure we have all up to date contact details).
- Social Media – Exploring the possibility of a Facebook page for the practice to share information on practice updates, community groups and voluntary organisations. This would be a 1-way page as to not encourage contact and possible abuse through the page.
- A review of capacity and demand of appointments.

The information board in reception will be updated as things progress so please watch for updates.

5. Complaints Analysis

The complaints analysis was presented using a slideshow (which will be sent out with the minutes). Our complaint year runs from April to March. We have completed our analysis for complaints received within this period for April 2018- March 2019.

*KR suggested that more patients would have experienced issues and grievances but not taken the time to complain. During this period, we received 57 complaints and 83% of these were under the following categories:

Communications

The trends pulled from this were mainly based on the phones and the long time it takes to get through to the practice. This reflects a rather difficult period within the Booking Service Team where resource was an issue. This next period analysis should hopefully show a drop in these specific complaints.

Appointments

One of the trends was that patients were unhappy been advised to attend Shakespeare Medical Practice. This is a walk-in service based near St James's Hospital which offers patients from other practices appointments. This is an option we can offer patients when all our appointments have been taken and they feel they cannot wait until the following day.

*MS asked for clarification on what should happen if a patient has a genuine medical emergency. KW advised that you need to explain all the symptoms to the booking service advisor or care navigator, that person would then speak to the on-call doctor and advise the best course of action.

Staff Attitude/Behaviour/Values

All staff undergo reviews and appraisals as part of their roles. This is the same if that staff member is clinical or administrative. Complaints that arrive for any member of staff are shared with that person's line manager and the staff member themselves. This is then discussed in reviews and appraisals for learning and monitoring.

Prescription Issues/Prescribing Errors

We have a lot of issues with pharmacies ordering medications on behalf of patients. We have no control over the ordering, there is no receipt of orders placed from the pharmacy and a pharmacy will quite often order everything on a patient's repeat prescription whether it is needed or not to claim more money back. This causes patients to build up a back stock of unneeded medication and leads to prescriptions coming out of sync which makes ordering troublesome.

There has been discussion of stopping requests from pharmacies been received in practice and encouraging people to request their own medication online or in person. We would discuss a method for vulnerable patients to still be able to request their medication, so these people are not at risk of not receiving their prescriptions. This is still under discussion.

As with the patient survey, Claire and I will be discussing and putting together an action plan. Please keep an eye on the display in reception for updates and plans moving forwards.

*KR said he found emailing his prescription to be more efficient.

5. AOB

MS – Raised an excellent point on text messages – If one family member has several family members registered under one mobile number and they receive text messages regarding results and treatment. How can this person know who the text message is for as there are no patient details identifying who test results are for? KW will discuss with Andy, our IT manager

MS advised that had attempted to cancel appointments by text message and had then received a message advising she had not attended for her appointment. KW will discuss with Andy, our IT manager

MS advised that when booking appointments online, she will book more than one appointment under her name and then change the patient when coming into surgery. This means she does not run the risk of missing out of appointments by logging off and on for different people. Reception had advised her this was not appropriate. MB advised this was a good idea and we will discuss this issue and clarify this with reception.

MS noticed chair handles are still attached in reception. Apologies as these should have been removed following on from our last meeting. KW will speak to the site co-ordinator, Vicky at Manor Park and ask that this be done as soon as possible.

Waiting room 1 now looking cluttered again with difficulties for wheelchair access. Explained that retinal screening also uses this area. Work is been discussed so retinal screening can use the waiting room in the opticians. Currently an issue as the space within the opticians is not soundproof and so not in keeping with confidentiality.

6. Next meeting proposed:

TBA