

Patient Participation Group Meeting – Thursday 25th July 2019

Those Present: Dr Parijat Roy
 Anne Green
 Theresa Date
 Roy Magee
 Bill Dick
 Isabel Hyde
 David Rawlings

Apologies Emmie Harris
 Mark Ryalls
 Vernon Young

1. Welcome and Introductions

Theresa Date and Bill Dick were welcomed to the group.

- Theresa worked as a practice manager in Reading for many years but has now retired
- Bill Dick – Retires in September after 10 years serving as Chairman of The National Hydration Council.
- Isabel Hyde gave an update on Care Farnham, made up of volunteers who will drive patients to appointments. Patients can call Care Farnham on 01252 716655 to arrange a lift lifts. Volunteers claim mileage only, at 0.50p /per mile. Clients give whatever donation they feel able to, to the charity, towards
- Roy Magee – Roy’s company is on p22 of this week’s Farnham Herald
- David Rawlings , volunteers for the Witness service, helping vulnerable and intimidated witnesses

2. Role of PPG - Dr Parijat Roy Power Point Presentation - see attached



Presentation focused on what is a PPG, aims of the PPG, objectives, to share knowledge of issues that impact on health, reflection on what we do well together, changes within health care and resources, sharing good practice, what can you do to help, encourage use of online services, help with patient surveys.

Dr Roy encouraged PPG members to send in ideas and suggestions on a regular basis, either direct to AGs email or to reception.riverwey@nhs.net

Discussion around patients and the use of technology.

Appointments online that are available are not always suitable timings for elderly patients,

Action AG to send minutes from Locality PPG
AG to look at timings of online appointment – make later ones available for the elderly population

Ideas welcomed of what we can do as a practice, group or a community.

Suggestions from PPG over the release of appointments at 5pm on a Tuesday. To stagger the release times over the week.

Action AG to discuss with reception manager

IH had a positive experience on e-consult, quicker than waiting for an appointment and a good response.

RM found it time consuming and didn't get a response in 24 hrs – was the first patient to use e-consult in the practice and fed back experience to AG at the time.

Mission Statement

DR commented that the first line is what we do as a practice, lines below is how we do this.

PR – last sentence tries to focus our minds on what we are trying to communicate to one another

RM suggested adding in to Mission Statement we want to be a reactive organisation – all agreed this was a good idea

Action AG to amend Mission Statement to include **reactive**

Discussion around role of national PPG group and PPG weekly newsletter

Action AG to send link for National PPG

admin@napp.org.uk

01932 242350

www.napp.org.uk

weeklynews@patients-association.com

Patient feedback discussed and different ways of submitting this –NHS Choices / NHS UK, Friends & Family Test. All invited to make comments and suggestions online.

Action AG to send link for NHS Choices/NHS UK

<https://www.nhs.uk/Services/GP/Overview/DefaultView.aspx?id=45086>

Answering of Phones and Routine Paointment5s

Unable to get a routine appointment for 3 weeks. Felt it would be nice to be able to book for 3-4 days. At present the options for appointments are urgent on the day or a wait of up to 3 weeks for a routine.

2 day appointments – TD discussed these at her previous surgery, although commented that receptionist has to ask questions as to why this is needed and placed a lot of the onus on them.

Message on answer phone

Currently 51 seconds – PPG asked for this to be reduced as most patients had already heard it multiple times.

Action – AG/Partners to review message on answer phone.

Online appointments

Only one appointment available online with Dr Roy at the moment

Farnham Integrated Care Centre

All the group had positive feedback for FICS – works well

Digital Triage – Dr Parijat Roy

Dr Roy outlined vision of a new digital triage system to put the onus back in to the clinicians hands of how soon a patient should be seen. Looking into a system, which is less clunky and long-winded than e-consult, and would link in directly to patients clinical notes. Dr Roy added that one of the systems (MJOG) directly links in, whereas AskMyGP the practice would copy and paste it into the notes. They are different systems and both have their advantages and disadvantages. We are still in the process of reviewing them.

Musculo-Skeletal Service

Discussion around musculo-skeletal service (MSK) in FICS which can be booked in to directly for patients with problems, such as knee, back, ankle pain etc.

Action – To make patients aware of this service and the option of asking to be seen directly by MSK practitioner, although noted that some patients will go directly to own chiropractor/ physio rather than a GP.

Further discussion Points

Use of Nurse Practitioners being part of the triage system

Walk in Surgeries have been tried in the past. New systems often work well initially and for a short period of time but can then be over utilised

Discussed Holly Tree Surgery's system of walk in and wait with no bookable appointment. Appears to work well for that population group and for staff there, although doesn't suit everyone, especially working population who prefer to have a known, timed appointment.

Workload - Why has GP work load gone up so dramatically?

Possible reasons are patients understandably question things and have high expectations, ageing population with co-morbidities (multiple illnesses)

GPs working long hours, often until 9-9:30pm and recognised that a balance has to be found in order to maintain current workforce.

Named GP – Patients need continuity of care with a named GP. However, the reality is that your GP will not work 5 days a week so not always achievable. River Wey don't run a personalised list system so patients are always welcome to see any GP in the practice but still have the choice to wait and see their own names GP if preferred.

Acknowledged that staff /GP changes and a GP on long term sick leave have left some patients unsure as to who their named GP is.

Sign up in reception encouraging patients to ask if they are at all unsure and assured they can switch to a GP of their preferred choice at any time.

Answering of phones

This has been an ongoing discussion point and was raised at last PPG meeting in October 2018. AG assured the group that PPG feedback had been discussed with the partners and reception manager and a new model of increased staffing hours on reception had been approved. The aim of this is

to have two members of the reception team at the front desk at all times throughout the day, dealing with patient queries and answering phones to improve the service we offer. Recruitment to achieve this has not been easy but we continue to work towards this model and are hopeful that by September 19 we will be up to full complement and be able to implement the desired model of staffing.

GP National Survey - See slides on power point presentation.

Dr Roy presented the latest survey to the group and compared how River Wey is ranked against the CCG and national average. Areas acknowledged that we need to improve on and fall slightly below the nation average are;

- Patients offered a choice of appointments
- Ease of getting through on the phone lines
- Waiting time to see a GP
- Mental health needs of our patients being recognised and understood
- Support from local services and organisation

The group acknowledged areas where the River Wey had scored above the nation average and the helpfulness of the reception team which was consistently praised.

Overall Experience of the practice described as good = 89%
Local CCG average = 85%
National Average = 83%

Discussed frequency of meetings and how often the group would like to meet going forward.

Date of next Meeting – Proposed as Thursday 12th December 2019