

# *Marazion Surgery*

## **Minutes of the Marazion Surgery Patient Participation Group Meeting on Monday 3<sup>rd</sup> March 2014, at 6.00pm**

### **Present:**

Mrs Juliette Benstead  
Mr Leslie Lipert  
Mrs Mary Page  
Mr Michael Page  
Dr Neil Walden  
Mr Barry Webb  
Mrs Ailean Wheeler

### **Apologies:**

Mr Brian Baker  
Miss Kate Baldwin  
Mrs Mary Baldwin  
Mrs Jackie Brown  
Mrs Gill Clephane  
Mrs Serena Collins  
Ms Samantha Cox  
Mrs Margaret East  
Mrs Sandra Easterbrook  
Mrs Trudy Jones  
Mrs Ann Miller  
Mr Michael Miller  
Mrs Pauline Needham  
Mrs Fran Phillips  
Ms Jane Richards  
Mr Colin Treleven  
Mr Michael Tremberth

### 1. Patient Satisfaction Survey:

Recent Emails between JCB and the group had discussed the format of the annual patient satisfaction survey. When the survey results for 2013 were discussed it was felt that a four page survey form with twenty seven questions was too long. Many patients had not fully completed the form. It was agreed that the most relevant questions from the previous survey could be picked out, so that the survey results from 2014 could still be compared with 2013 and earlier. The proposed survey form for 2014 was Emailed to the PPG members who approved this.

The survey had been undertaken the previous week and the report prepared by JCB was circulated. Everyone was given opportunity to read this prior to discussion. The format of the report remained the same as previous years for ease of reference and comparison.

**Please refer to the Patient Satisfaction Survey 2014 report: Notes have been made for each question of the survey.** These were discussed at length with the PPG. The following additional discussions took place:

### **BOOKING APPOINTMENTS ON-LINE VIA THE WEBSITE:**

This was started prior to the 2013 survey but had to be discontinued due to software issues. This had been recommenced some six months earlier and advertised to patients, however uptake had been slow despite the interest in being able to do this expressed previously. The members of the PPG stated that they would try to use the system and spread the word that it was available. It was confirmed that these appointments were not exclusively available on-line, they could be booked over the telephone as well so as not to discriminate against those with no access to a computer. These were available to book two weeks (or occasionally longer) in advance. (This had been discussed with the group at the previous meeting on 11.11.13).

## TELEPHONING FOR APPOINTMENTS:

Two thirds of patients surveyed felt that getting through to the surgery on the phone was very easy or fairly easy. This was approximately the same as previous survey results. However there was a long discussion over the difficulties in getting through when the lines first opened at 8.15am, though this very busy period usually eased quite quickly. The PPG members felt that this had improved in recent months.

There was one telephone number for appointments, with the ability to answer four calls at once by four staff simultaneously. Staff dealt with calls quickly and efficiently in order to deal with demand. Patients were encouraged to ring after 10am for routine appointments with a doctor or nurse (not on the day). Letters sent to patients reminding them that routine health checks were due asked patients to ring after 10am; nurse appointments could be booked up to six weeks in advance usually. Test results were given out after 2pm as calls could be lengthy and the number of incoming calls was less in the afternoon.

Emergencies and other queries were dealt with on the main number, which was never congested.

A full review and upgrade of the telephone system was in hand. It was suggested by one member that a call stacking system ('you are now third in the queue to be answered') may assist patients and ease frustration. It was noted that may not be possible to increase the number of staff available to answer calls at 8.15am.

The number of appointments offered each day was based on ongoing audit and monitoring. Each day the doctors discussed the demand on the day and if additional appointments were needed these were added in, to ensure that everyone who needed to be seen that day was offered an appointment. Some Practices operated a triage system whereby every patient wishing to be seen had to speak to a doctor first; Marazion did not wish to do this.

The Practice offered a Minor Injury service, which NW outlined. This would assist in reducing inappropriate attendances at Casualty.

The Practice Nurses also had capacity to see urgent patients each day.

Please also see the comments section of the report in relation to comments about appointments.

## SPEAKING TO A DOCTOR ON THE TELEPHONE:

A telephone consultation may be appropriate for some issues and members of staff were able to assist with deciding this. These were at set times of the day, so the patient knew when to expect a call and did not have to wait around all day. Some were available to book a few days in advance and some could only be booked on the day.

Messages could also be left for a doctor with the receptionist; if they were routine the message would be passed to the requested or usual doctor, if the matter were urgent it would be passed to the doctor on call for emergencies that day.

## SPEAKING TO A NURSE ON THE TELEPHONE:

Quite a large percentage of patients surveyed said that they 'did not know' how easy it was to speak to a nurse on the telephone. It was not clear if they did not know they could, or they had not tried. The nurses were to be asked to let more patients know that this was an option as none of the PPG members present knew how to do this. Patients should contact the receptionist who would be happy to arrange this.

## OBTAINING TEST RESULTS:

The process for obtaining results was felt to be working very well, with patients finding it very easy.

One member of the PPG queried whether software could be developed to routinely Email results to patients. This was not currently possible in terms of software, the time it would take members of staff to Email every result (NW had dealt with over 150 results himself that afternoon alone), issues concerning confidentiality in ensuring that the information reached only the correct patient and

Information Governance concerns. It would also not be helpful to patients to have the actual result as they would not have the ability to interpret it; this would need to be the comment provided by the doctor. However NW was interested in this idea and would mention it to a colleague in Norwich who was researching patient safety issues concerning medications as this may link into that work.

#### SEPARATE WINDOW TO THE RIGHT OF THE MAIN RECEPTION DESK TO TALK ABOUT CONFIDENTIAL MATTERS MORE PRIVATELY WITH A RECEPTIONIST OR A DISPENSER

For some years there had been a freestanding sign asking patients to stand back from the main reception desk, to give patients opportunity to speak privately to staff. This had recently been broken by a patient; a new one was being ordered.

#### PATIENTS WHO FAILED TO ATTEND APPOINTMENTS:

One member of the PPG had discovered research that displaying a sign in the waiting room saying how many patients had failed to attend their appointments actually encouraged patients to fail to attend rather than to deter it. The thinking being that it was ok to fail to attend as other patients were doing the same thing. JCB would discuss this with the Practice Manger, with a view to removing this sign.

It was suggested that a text reminder for all appointments would be helpful. In fact the Practice had been doing this for over a year. Patients were asked to complete a very short form with their mobile telephone number on; these could be obtained at reception.

#### REQUESTING REPEAT PRESCRIPTONS:

Patients surveyed were aware that at least two working days notice was required; finding that their prescription was always ready on time.

There were several methods available to patients to request prescriptions and it was noted that all were used regularly; patients used the method most convenient to them and it was felt that providing lots of different choices provided a good service to patients. Faxing requests was not popular with patients, but the local nursing home did tend to use the fax to communicate with dispensary. All the various methods available were outlined in the Dispensary Leaflet, copies of which were available on the main reception desk.

#### COMMENTS:

A practice response has been included for each comment made by a patient in order to explain or clarify the issues raised. These are included on the survey report.

The comment made that patients were upset that they were not allowed use the Dispensary as they lived too close required a further explanation from NW. Nationally, outside of the control of the Practice, was a rule that if a patient lived within one mile as the crow files of a chemist, their medication could not be dispensed by the Practice. The rule went on to say that if a patient lived more than one mile from a chemist but their previous doctor was non-dispensing, the patient would not be allowed to be dispensed by the Practice they changed to. This was quite a complicated ruling, designed to protect chemists. It was clarified that the Dispensary benefited the patients due to the service offered, and the Practice financially, but this was offset by the rural area and time it took to visit patients in the community. The Dispensary at Marazion had more staff than some other Dispensaries locally; this was an indication of the standards set by the Practice concerning patient safety and efficiency. NW confirmed that the Practice had very good working relationships with local chemists and with Mr Ridge in Marazion in particular.

There were over three pages of positive comments and praise for the Practice. These were very much appreciated and would be shared with all members of the Practice team.

## 2. Action Plan for Patient Satisfaction Survey:

The Minutes of the meetings following the survey in 2013 were reviewed. It was agreed that all action points had been dealt with. In particular the Practice now offered appointments available to book on-line, through the Practice Website and issues with the Dispensary medication ordering system 'The Waiting Room' had been resolved.

Similar to the previous year, it was felt that many of the services offered by the Practice could be more widely advertised. This was despite being in the Practice Leaflet, Dispensary Leaflet, on the Practice

Website, NHS Choices website, electronic noticeboard in the waiting area and in some instances on the automated message heard by patients when they were 'on hold' on the telephone. This would be discussed with members of staff at the next Staff Training Meeting.

The telephone system was in the process of being reviewed, with a view to an upgraded system. Further information would be made available to the PPG in due course.

The results of the Patient Satisfaction Survey, including the report discussed with the PPG and the Minutes of the PPG Meeting, would be discussed at the next Staff Meeting, attended by all members of staff, and at the next Practice Meeting, attended by all GP Partners.

3. Minutes of Previous Meeting:

The Minutes of the meeting on 11<sup>th</sup> November 2013 were agreed to be a true record.

4. Matters Arising:

4.1 *Care Data:* This had been delayed nationally by the Government. NW felt that this may be changed to an 'opt in' scheme, rather than the current 'opt out' idea currently in place. It was not possible for Practices to opt out; one doctor who had tried to resist up country had been threatened with removal of his licence to practice medicine. If a patient wished to opt out forms were available from Reception.

4.2 *Bus Route to St Erth:* Nothing further had been heard and it was believed that this route was no longer under threat. JCB would clarify this.

4.3 *Liverpool Care Pathway & End of Life Planning:* As NW had explained at the previous meeting the Practice did not use the Liverpool Care Pathway, it followed the Gold Standard Framework. It was clarified that if a patient lacked capacity the relatives of the patient could be involved in decision making for the patient. This also came under Power of Attorney; there were two types, financial or medical and social.

4.4 *Achievement of Group:* NW was pleased that he had heard recently that all Practices in the area now have a PPG. The possibility of having locality-wide representation from PPGs looking at wider issues was now being considered. Following on from the discussion at the previous meeting, it was confirmed that CQC had not yet visited the Practice.

4.5 *Poltair Hospital:* NW reported that the consultation was ongoing. He outlined the current thinking, following the public meeting held at St John's Hall attended by over one hundred people. Over three hundred replies had been received during the consultation period.

5. GP Partner – Dr Richard Robbins:

NW was happy to inform the PPG that Dr Richard Robbins would be joining the Practice in August as a full-time GP Partner. He was local, training and currently living in Truro. He had worked in both a large Practice in central Truro and Cape Cornwall Surgery, and was looking forward to joining this rural Practice. Dr Robbins had a particular interest in older patients and dementia.

6. Shingles Vaccine:

One member asked NW's opinion of the shingles vaccine. NW felt this was certainly worth considering, being aware that shingles could be a seriously debilitating life-changing illness for some patients. It was clarified that patients aged 70 and patients aged 79 were eligible to receive the vaccine (patients could contact Reception to arrange an appointment when they reached these ages). The government had restricted the eligibility due to concerns about supply of vaccine.

6. Any Other Business:

There were no issues regarding the Practice or the wider area that anyone wished to raise.

8. Date of next meeting:

The date of the next meeting was not confirmed; an Email would be sent to all PPG members in due course.

*Minutes were approved by Dr N Walden, Chairman, on 07.03.14*