

Marazion Surgery

Minutes of the Marazion Surgery Patient Participation Group Meeting on Wednesday 6th March 2013, at 6.15pm

Present:

Mrs Juliette Benstead
Mrs Gill Clephane
Mrs Serena Collins
Mrs Margaret East
Mrs Sandra Easterbrook
Mr Leslie Lipert
Mrs Mary Page
Mr Michael Page
Mrs Pauline Needham
Mr Richard Thatcher
Mr Michael Tremberth
Dr Neil Walden
Mr Barry Webb
Mrs Ailean Wheeler

Apologies:

Miss Kate Baldwin
Mrs Mary Baldwin
Mrs Jackie Brown
Ms Samantha Cox
Mrs Trudy Jones
Mrs Ann Miller
Mr Michael Miller
Mrs Fran Phillips
Mrs Jane Richards

1. Introductions:

The Group welcomed new members and everyone present introduced themselves. It was clarified that the new members had read the Minutes of previous meetings on the website and that they were welcome to contact Mrs Benstead if they had any questions arising from these.

One member had left the area, but wished the PPG and the Practice well for the future.

Dr Walden apologised that he was currently on-call for emergencies and may have to leave the meeting at short notice. It was proposed by Mr Webb that Mrs Brown, Practice Manager, be Vice-Chairman and this was agreed by all present.

2. Minutes of Previous Meeting:

The Minutes of the meeting on 21st November 2012 were agreed to be a true record.

3. Matters Arising:

The Minutes were not read out due to time constraints, but it was confirmed that everyone present had read them and there were no issues that anyone wished to raise from the previous Minutes.

4. Patient Satisfaction Survey:

As the PPG were aware, a patient survey had been undertaken in February 2012 and it had been agreed that the same survey would be repeated in February 2013 in order to compare results. A full report and the comments on each section were discussed at length and a copy is attached to the Minutes. In addition to the comments contained in the report, the following points were discussed:

Representative of Practice Population: The survey was completed by a wide range of patients, who were attending the surgery for doctor appointments, nurse appointments or for any other reason. Patients who attended frequently and not very frequently were included. All age groups were represented, evidencing that the Practice has a high elderly population.

Extended Hours: Appointments in the early morning and evening were offered by all doctors and clinics tended to be fully booked. These could be booked up to two weeks in advance. A small number of patients failed to attend, despite text reminders. Awareness of these clinics had improved

over the previous year. The PPG were aware that they were advertised in the waiting room, on the website and in surgery literature.

Booking Appointments: The majority of patients surveyed stated that they booked appointments by telephone and that this would continue to be their preferred method. A small number of patients were interested in booking appointments on-line. This had been started the previous year but due to administrative problems had to be stopped. The software issues had been addressed; it used the same system as the Dispensary, called 'The Waiting Room'. The administration side was currently being discussed. It was anticipated to start with a small number of appointments that could be booked in advance. Booking on-line would need to be advertised to patients. It was necessary to ensure that the Practice made these equally available to all patients, not just to those with internet access, as this would be discriminatory.

Telephone: Nearly three quarters of patients surveyed felt that getting through to the surgery on the phone was very easy or fairly easy. This was an improvement on the previous survey. However the Practice was aware that patients had difficulty getting through on the phone when they rang at 8.15am when the lines first opened, though this very busy period usually eased quite quickly. The PPG had also experienced difficulties, which they shared. 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 (not on the day) and this was included in routine recall letters; test results were given out after 2pm as calls could be lengthy and the number of incoming calls was less in the afternoon. These measures had improved patient satisfaction. Dr Walden pointed out that emergencies and other queries were dealt with on the main number, which was not congested. It was noted that as the Practice had approximately seven thousand patients some congestion on the lines was to be expected, especially during periods of seasonal illness.

Appointment Demand: A great deal of time was spent auditing and calculating the approximate number of appointments that were likely to be required to meet patient demand each day. Mondays, Tuesdays and Thursdays tended to be busier. There was a careful balancing act between the number of appointments that could be booked in advance and the number of appointments that could be booked on the day. Dr Walden discussed the difficulties involved with this. Approximately 95% of patients who had tried to book an appointment with a doctor within two days were able to make an appointment. Of the patients who had tried to book an appointment with a doctor more than two weekdays in advance, approximately a quarter did not book an appointment. These figures were an improvement on the previous survey.

Speaking to a Doctor or Nurse on the Telephone: The survey had shown that awareness of this had risen. Dr Walden asked if these consultations were satisfactory in dealing with the queries and it was confirmed that they were very useful. Having the call at a predetermined time was more convenient for the patient. Details were taken by staff to ensure that the matter could be dealt with over the telephone, and to allow the doctor the opportunity to phone the patient earlier if he/she felt it were clinically urgent. Some Practices had a telephone triage system where every patient had to speak to a doctor before they could book a consultation, but the Partners at Marazion did not wish to adopt this.

NHS 111: Telephone advice was available from NHS111 which was due to be launched in the next couple of weeks. This was taking over from NHS Direct. A lot of effort had been made in the county by commissioners and providers to ensure that NHS 111 had accurate information about services, so that they could offer advice and signpost patients to the most appropriate service. It was hoped that this would reduce non-urgent calls made to 999, though if an urgent call were made to 111 this would be diverted to 999.

Patients Registered with the Practice: Nearly all patients found it very easy or fairly easy to make an appointment with the Practice Nurse or Health Care Assistant. These appointments can be booked four to six weeks in advance or longer when appropriate for specific clinics. There were fewer patients who had one doctor that they preferred to see; this was felt to be due to patients' confidence in communication within the Practice and the high standard of medical records kept.

Confidentiality Hatch: Patients were more aware of the confidentiality hatch, though advertising this could be improved.

Time on Premises: It was agreed that the doctors ran late rarely, but usually in response to patient need and this was acceptable. Receptionists were complimented that they kept patients informed and were very helpful.

Dispensary: Mrs Clephane commented on a recent issue concerning a breakdown of communication in the dispensary. It was also noted, by others present, that requesting prescriptions via the internet using 'The Waiting Room' appeared to cause a delay before the request was accepted. Mrs Benstead would look into these issues. The issues surrounding which patients could be dispensed for and who could not were outlined by Dr Walden and it was agreed that these were very complicated. A basic rule was that if a patient lived within one mile of a chemist the practice could not dispense for them. Long Rock had lost dispensing rights due to Tesco when it was built some years ago. The stock control in dispensary was discussed and it was pointed out that if a patient were informed that stock could not be obtained, staff would already have spent time trying to find alternative suppliers and stock prior to informing the patient that it could not be obtained. Medication stock shortages tended to be supplier problems, though the surgery did carry a limited stock due to financial implications. Patients were sometimes changed from one brand of medication to another, to save money for the NHS, but these changes were only made after careful consideration on an individual patient basis.

5. Extension of Premises:

Dr Walden confirmed that extending the premises, possibly incorporating some more parking, was being considered.

6. Summary Care Record:

Mr Webb asked if it would be possible to check the accuracy of his personal information prior to it being put on the summary care record. Dr Walden clarified that this was currently a proposal; further information would be available when the proposal was agreed and the system came live. This may initially be name, address and telephone number, though eventually information may include summary of main medical conditions, allergies and medications. Such information was often provided to the hospital when a patient was admitted, but this was obviously not possible at night in an emergency.

7. Date of next meeting:

The date of the next meeting would be at the beginning of May, avoiding the Bank Holidays. It was confirmed that Wednesday evenings were convenient for future meetings.

Minutes were approved by Dr N Walden, Chairman, on 11th March 2013