

# *Marazion Surgery*

## **Agenda of Patient Participation Group Meeting Thursday 20<sup>th</sup> March 2012, at 6.00pm**

### **Present:**

Mrs Juliette Benstead  
Mrs Jackie Brown  
Mrs Sue Canon  
Mrs Gill Clephane  
Mrs Sharon Knight  
Mr Leslie Lipert  
Mr Richard Thatcher  
Dr Neil Walden  
Mr Barry Webb

### **Apologies:**

Mrs Mary Baldwin  
Mrs Moira Calderwood  
Mrs Ann Miller  
Mr Michael Miller  
Mrs Mary Page  
Mr Michael Page  
Mrs Fran Phillips  
Mr Michael Tremberth

### 1. Minutes of Previous Meeting:

The Minutes of the meeting on 1<sup>st</sup> March 2012 were agreed to be a true record.

The user name and password for NAPP (National Association of Patient Participation) would be circulated to meeting attendees by separate Email.

### 2. Patient Survey:

*Please see the Patient Survey Results presentation, a copy of which is attached.*

The practice had undertaken a survey covering many aspects of the service provided to patients, the form had been approved by the group at the first meeting. The survey was designed to help the Patient Participation Group to identify areas that needed to be improved.

The survey included booking appointments, contacting the surgery, seeing a preferred doctor, waiting times, the parking and cleanliness of premises, helpfulness of receptionists and dispensers, requesting and receiving prescriptions in a timely fashion and demographic information. There was also an opportunity for patients to handwrite their comments on the premises, opening hours and services offered.

Mrs Brown was due to show the results of the patient survey to the staff and doctors the following day.

The survey results would be advertised to patients on the website and on the notice board in reception.

Slide 2	Mrs Brown outlined the results of the patient survey that had been undertaken in February 2012. This had been given out by staff in the waiting room at different times of the day, for one week. The fact that only 7, out of 166 forms, had not been returned was felt to be excellent.
Slide 3	The number of times the patients surveyed had attended the surgery in the previous six months with a similar number of patients in each section. Over half had visited the surgery more than three times.
Slide 4	Despite advertising the early morning and evening clinics in the surgery literature, electronic notice board and website, some patients were still not aware of these clinics. Mrs Brown explained that the clinics were for pre-booked consultations with a doctor; they were not suitable for emergencies as there was no nurse on the premises, and urgent blood tests or hospital admissions would be difficult to arrange at that time of the day. When these clinics were first provided the surgery had restricted them for the use of people who were unable to attend during the day, such as those who worked, attended school full-time or who relied upon carers to bring them. Since this had caused complaints of discrimination against retired people, the surgery had chosen to make the clinics available for anyone to book. However, audits showed that the clinics were used mainly by people who worked full-time.
Slide 5	It was of note that nearly half the patients who were not aware of the early morning and evening clinics had attended the surgery more than three times in the previous six months. Further ways of advertising these would be looked at.
Slide 6	The vast majority of patients telephoned the surgery to make appointments.
Slide 7	When asked how they would prefer to book appointments, the majority still said by telephone, however there was quite a lot of interest in being able to book appointments on-line. Mrs Brown outlined a new system that she was proposing to use called 'The Waiting Room'. This was already in use for requesting prescriptions, but there was a second part available for booking appointments on-line.
Slide 8	Over half of patients surveyed felt that getting through to the surgery on the phone was very easy or fairly easy. However Mrs Brown was aware that getting through on the phone to make an appointment first thing in the morning was an issue. 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.
Slide 9 Slide 10 Slide 11	Patients were aware that they could speak to a doctor on the telephone. However not very many patients were using the availability of telephone consultations with a doctor or nurse. It was agreed that this was an area

	that could be advertised more to patients as it was a resource that was not being used to its full advantage.
Slide 12	Patients found it very or fairly easy to obtain test results over the telephone.
Slide 13 Slide 14	The vast majority of patients had tried to book an appointment with a doctor on the same day or in the next two weekdays that the surgery was open. Very nearly all patients successfully made an appointment. The minority who said they had not stated that there were no appointments either with the doctor they wished to see or at a time that was convenient for them.
Slide 15 Slide 16	<p>Over half of the patients had tried to book an appointment with a doctor more than two weekdays in advance. Nearly two thirds of patients successfully made an appointment. Approximately a quarter stated that they did not book an appointment.</p> <p>Mrs Brown explained that the surgery regularly compiled statistics, and thus knew approximately how many appointments were likely to be required on any given day. Mrs Brown outlined the system that had been in place many years ago, where doctors had been fully booked for six weeks in advance.</p> <p>Currently one third of the appointments each day was available to be booked two weeks in advance. Thus at 8.15am every day, the appointments available to be booked two weeks in advance were released (ie on Monday 5<sup>th</sup> March the appointments on Monday 19<sup>th</sup> March would be available to book). All patients had equal opportunity to book these appointments. It was pointed out by Mrs Canon that by releasing these at 8.15am it encouraged patients to ring at 8.15am, at the same time as patients who wished to have an appointment on the day, instead of later in the day. Mrs Benstead would look at the system to see if the appointments could be released later in the day to avoid this. This would need to be advertised to patients if agreed.</p>
Slide 17 Slide 18	Three quarters of patients stated that there was a particular doctor that they preferred to see at the surgery. Of those, three quarters said that they saw their preferred doctor always or a lot of the time.
Slide 19	Patients found it very easy or fairly easy to get an appointment with a nurse or HCA at the surgery.
Slide 20	Patients found parking and access very easy or fairly easy.
Slide 21	Patients found the Receptionists very helpful.
Slide 22	The reception front desk was open, however a sign was displayed asking for patients to stand back from the desk to give more confidentiality. The telephones at the front desk are for making appointments, more confidential matters are dealt with at the back desks which cannot be overheard. Many patients were not aware that there was a

	confidentiality hatch that they could speak to a receptionist quietly, situated to the side of the front desk. This would need to be advertised more to patients.
Slide 23 Slide 24	The length of time that patients had to wait for appointments was felt to be reasonable. As noted by patient comments, delays were often due to patient need and were therefore understandable. Patients did not feel that they had to wait too long.
Slide 25	Patients found the Dispensers very helpful.
Slide 26 Slide 27	Patients were aware that they should give at least two working days notice for prescription requests and nearly all patients said that their prescription was always ready or ready a lot of the time.
Slide 28	One third of patients were not aware that the surgery offers a prescription delivery service for patients who are housebound or have particular difficulty in collecting their medication.
Slide 29	The surgery is very clean.
Slides 30 to 38	<p>Patient comments were noted to be very positive. A few comments were picked out and discussed in more detail:</p> <ul style="list-style-type: none"> <li>- Patients who are hard of hearing would appreciate a visual method of being called for their consultation; Mrs Brown would investigate this suggestion.</li> <li>- Toys in the waiting room would be installed due to trip hazard and infection control concerns.</li> <li>- There was no national mandate to offer particular tests for certain age groups, however the surgery offered well person checks to anyone who wished to have one, if a particular test such as cholesterol were requested by a patient this would be made available, patients often discussed these and their concerns with a doctor.</li> <li>- When a doctor is on holiday or attending a meeting, the number of appointments offered by the surgery does not decrease. Although locum doctors are sometimes employed, the same ones are used on a regular basis. This is for the benefit of the patients, who get to know them, and the Practice as the locums get used to the way the surgery works.</li> <li>- The congestion of incoming telephone calls first thing in the morning is a known problem. It is not possible to increase the number of calls that can be answered at once (currently four), however some patient education on the most appropriate time of the day to ring may be beneficial.</li> <li>-</li> </ul>
Slide 39	The surgery has an high elderly population and this is reflected in the breakdown of demographics, of patients surveyed. Further information on the Practice and demographics of patients is available on the NHS Choices website <a href="http://www.nhs.uk">www.nhs.uk</a>

### 3. Priorities for the Future / Action Plan:

The priorities for the group would initially be to look at the areas identified by the survey.

The survey results were felt to be quite encouraging, as though patients often commented that they found it difficult to get through on the telephone first thing in the morning, the vast majority of patients were able to make appointments with the doctor of their choice within a reasonable timescale.

It was agreed that the following points (not in order of priority) would be looked at in more detail:

- To continue to encourage patients of all ages etc to be involved in 'patient participation'. To consider the use of a Facebook page to engage the younger age groups.
- To make patients aware that the community centre car park could be used as an overflow car park by patients (the sign in the waiting room was quite faded).
- To research a method of having a visual aid in the waiting room when patients were called for their consultation, to assist patients who were hard of hearing.
- To advertise to patients the availability of the confidentiality hatch, where they could speak to a receptionist further away from other patients if they were concerned about being overheard.
- To look at the methods of advertising the early morning and evening clinics (currently on the electronic notice board, practice leaflet, website and call waiting telephone message)
- To look at methods of advertising the telephone consultations with the doctors and nurses (currently on the electronic notice board, practice leaflet and website)
- To emphasise to patients that anyone can pre-book an appointment with the doctor up to two weeks in advance (currently on the electronic notice board, practice leaflet, website and call waiting telephone message).
- To consider whether releasing appointments that can be booked up to two weeks in advance at lunchtime would deter patients from ringing at 8.15am when the number of incoming calls was already high.
- To make appointments available to book on-line, using The Waiting Room system (already in use for requesting prescriptions on-line). This would start as a small number of appointments on a trial basis.
- A small percentage of patients were not aware of the need to give at least two working days notice for repeat prescription requests; dispensers would advertise this further (currently on electronic notice board, dispensary leaflet and on the bottom of patient's individual repeat prescription counterfoil).

4. Expressions of Interest - Chairman:

It had been proposed at the previous meeting that anyone who wished, may express an interest in the positions of Chairman or Deputy Chairman. It was reiterated that Mrs Brown was happy to continue as Interim Chairman until the group were happy to elect someone.

As stated at that the first meeting, it would be difficult to elect someone as Chair until everyone got to know each other better. Although everyone had briefly introduced themselves at the first meeting, it was quite difficult to remember. Mr Lipert's suggestion that each person could provide brief details of their relevant background, experience and skills, which could be circulated to the group to help everyone get to know each other, was unanimously agreed. Mrs Benstead would provide a form which each person could complete and bring back to the next meeting, or Email back to her.

Mrs Benstead was happy to continue to provide administrative support for the group.

5. Terms of Reference:

Mrs Benstead had found examples of other PPG Terms of Reference. Following brief discussion it was agreed that these would be circulated with the Minutes, with a view to being discussed and adapted at the next meeting.

On enquiry Mrs Brown confirmed that one of the next steps would be to gather patient's Email addresses, with a view to having a virtual group whose opinion could be sought on future changes or suggestions. Email addresses were being gathered for 'The Waiting Room' (the on-line system currently used for ordering prescriptions and would include the facility for booking appointments on-line in the future). Due to confidentiality it was important to have patient's permission to use Email and mobile numbers, and for the details to be specific to one patient only (not one Email address for a whole family).

6. Date of Next Meeting:

Other PPG had put in their terms of reference that their meetings would be held four times a year. However it was agreed that another meeting of Marazion Surgery PPG should be held in April as the group was still in its infancy. A date of Tuesday 24<sup>th</sup> April at 6pm was agreed. It was also agreed that as the meeting that night had overrun an hour, it would be proposed to close the meeting by 7.30pm, rather than 7.00pm.

7. Patient Participation in the Wider Healthcare Community:

Whilst it was noted that the initial steps would be to set up and run the Marazion Surgery Patient Participation Group, there was a lot of interest in the role the group could have in the future in the wider healthcare community.

Dr Walden spoke at length to the group about the meeting he had attended regarding West Cornwall Hospital and the pilot project due to commence there in May this year. A press release would be made shortly.

Dr Walden's offer to summarise the ongoing work of the Commissioning Group and PPG involvement in the Social & Health Care Bill was gratefully accepted. This would be circulated in due course, separate from the Minutes.