



Saville Medical Group
Patient Participation Group Meeting
Thursday 14th February - 5.15pm

Attendees :

Patients

Sunil Bhopal - SB
Alan Tate - AT
Tara Stone - TS
Neil Sutcliffe - NS
Jean Kyle - JK
Linda Rule - LR
Alan Rule - AR
Marie Curran - MC

SMG Staff

Dr Mari McGeever - MMG - GP Partner
David Nicholson- DN - Practice Manager
Jane Walwyn-James - JWJ - Nurse Practitioner
Kath Barker - KB - Reception Manager

- Meeting opened with Dr McGeever explaining the aims for the Patient Participation Group (PPG) from the perspective of the Practice and outlined options for the group to be organised by the patient members themselves if this was their preference. An overview of the Patient Participation Direct Enhanced Service introduced by the Government was given i.e. the need to set up a group , have meetings , agree and carry out surveys , to review results and put forward suggestions and ideas.
- MMG & DN explained the difference between the remit of our PPG and that of the Newcastle , North & East Clinical Commissioning Group (NNECCG) with the latter being more focussed on the wider issues of change within the National Health Service (NHS).
- SMG would welcome ideas generated by our PPG.
- Our recent survey , that was approved by the PPG , was deliberately designed to be more concise than the last survey. In response to a question about the distribution of surveys DN explained that these were given out at both the Saville Place and Newbiggin Hall Reception Desks and also completed online following text messages being sent out by SMG. The aim

was to match minimum requirement of last year of 440 , our total of completed surveys was 649.

- The focus of the survey was appointment provision and front of house management of patient needs.

- The discussion then moved on to the findings of the survey , in summary the main items were as follows :

Question 1 - a good response received , last year we received feedback that patients did not favour an automated options system and wanted a shorter message on the phone system.

Question 2 - again response is good but we may well be missing a chance to adapt to need of patients calling the Practice.

Questions 3 & 4 - Percentage in perception of not being able to interact with a Doctor on the same day is too low and clearly 53% awareness of the Access Doctor is not enough and this lends itself to an action point for us.

Question 5 - The Practice was very pleased at such a high awareness of the work of our Nurse Practitioner Team.

Question 6 - 74% fairly to very easy to book ahead , discussion at meeting centred on how we might improve this.

Question 7 - as with last year the majority of patients prefer to book appointments by phone. As a practice we have tried to promote booking non urgent appointments after 10am every day to ease pressure on the switchboard and make it easier for patients to get through. MMG informed meeting of training she and Dr Salkeld had carried out with switchboard staff to improve triaging of appointments and also explained the various types of appointments offered by SMG i.e. telephone , online , access , switchboard , review etc. Appointments system is evolved over time to best address needs of patients but not always possible for Practices to provide perfect mix of immediate and long term appointments.

SMG staff explained how the Access Doctor system works whereby some patients issues are dealt with over the phone and others brought in to see a Doctor or Nurse Practitioner after telephone triage.

The aim of the Access system is to offer all patients a chance to speak to a Doctor every morning and afternoon during the week and not to refer patients to Walk In Centres. SMG will advertise the service more and plan to train switchboard staff further. If demand dictates we will have to consider extending the Access service to best meet patient demand.

MC would like to see same Doctor at each appointment to save going through everything again with a different Doctor.

JWJ - if someone is very poorly they are more likely to see any available clinical member of staff.

SB - when the appointments system gets busy your chosen Doctor also gets busy , would be better if things could be better pieced together and make system work in same way as outpatients. A question was asked if there is more demand for some Doctors than others ,

SMG staff confirmed this as the case. Also some Doctors use up their own review appointments more than others to bring patients back.

MMG - proposed looking into a system whereby a telephone appointment could be offered in advance in an attempt to facilitate such requests.

DN - throughout the year extra appointments have been provided to meet exceptional demand.

In summary it was agreed by MMG and DN that the Practice would :

- Promote Access Doctor service
- Carry out further in-house training to improve triaging of calls into urgent today appointments or book on another day. The latter option would involve exploring the idea of a forward dated telephone appointment with a chosen Doctor. It is not always possible to provide enough on the day appointments.
- Review current level of Access Doctor provision.

LR asked if everything discussed involved both the Saville Place and Newbiggin Hall Practices - DN and MMG confirmed that it did.

AT very complimentary of system operated at both surgeries.

Question 8 - DN confirmed that the Practice would continue to develop a range of online services to free up capacity on switchboard by reducing number of inbound and outbound calls. Dealing with telephone calls will always remain a high priority for SMG as reflected in the figure of 51% preferring to book appointments this way.

Question 11 - It is unlikely that we will be introducing Saturday or Sunday appointments in the near future however we will look into possibility of patients being able to call the Practice from 7am although it was agreed this could mean less appointments released at 8am

In closing the meeting MMG asked the group if there was anything else they wanted to raise , we are open to suggestions , have fed back the results of the survey to the group and agreed the above action points. Minutes will be written up and circulated to the group in due course.

DN and MMG also explained the pressures on funding for Practices and how we had maintained our extended hours provision over and above the minimum requirement despite cut in payment for doing so as patient feedback for current opening hours was positive.

We are committed to being a good Practice with good access to appointments which is something we do need to improve on.

It was agreed to hold meetings on a quarterly basis (dates to be confirmed) .

Representation of the PPG was discussed and how it could be more representative of the Practice population, as was the group who had completed the surveys this time and the future inclusion of additional gender markers on future surveys.

LR asked if SMG staff could continue to lead the group , this was supported by other members present at the meeting.

Meeting closed - minutes to be written up by DN upon return from holiday on 25th February and circulated to group for approval and publication on website.