



Patient Participation Group Meeting
Monday 2nd March 2015 - 5pm

Attendees :

Patients

Jean Kyle - JK
Laura Mullin - LM
Eric Fallais - EF
John Tait – JT
Neil Sutcliffe - NS

SMG Staff

Dr Mari McGeever - MMG - GP Partner
David Nicholson - DN - Practice Manager

Other Attendees

Annie Brotherton (Qualified BSL English Interpreter) – AB

Apologies :

Harry Frith
Shenene Fontenelle-Struthers
Linda Rule
Alan Rule

Meeting opened with a reminder of the ground rules for interpreting facility provided for JK which are as follows :

- We should not all talk at the same time.
- We should raise a hand to indicate that we wish to speak.
- We should look directly at JK when asking questions.
- Meeting will stop after 40 minutes for AB to have a break.

- We should not speak too quickly.

1. Previous Minutes

- Agreed for accuracy
- Request made by the group that DN feedback to CCG their disappointment of not getting latest minutes from ACORN group. DN to contact Alison Thompson to follow up request for minutes as our group is genuinely interested in work of the ACORN group.
- EF also requested that DN contacts CCG to ask them “how informative and effective have patients suggestions and deliberations been effective in shaping and implementing CCG policy and could he have examples”. Thinks CCG website is horrendous.
- LM – venue for ACORN group meetings is not convenient , City Library is better.

2. 2014-15 Action Plan - Review and Formal Sign Off

MMG summarised the 3 actions set out in the plan agreed by our group :

1. Nurse / Healthcare Assistant appointments to run concurrently with GP appointments

MMG reported that feedback from Doctors had been that patients have now been able to do this. It has more convenient for the patients and improves speed and delivery of results from tests. Patient feedback has also been very good. Service can keep improving but has been implemented as requested by our group.

2. Customer Service Training for Reception & Switchboard Staff

Practice paid for Prima Linea , training firm researched by DN , to come in and do two separate “Receptionist Masterclass” training sessions on the same day at both of our surgeries with all of our Reception and Switchboard staff. Good customer care and telephone call handling were main areas covered. Quality of training was excellent and very well received.

JT mentioned that call handling for appointments is good but time taken to answer calls is often too long.

MMG / DN – the Practice has signed up to the Primary Care project funded by the CCG to look at patient access and how we use resources to meet demand.

NS asked if the Practice provided a call back service. At present the Practice does not provide such a facility.

LM said service was very good and Reception / Switchboard staff do try and signpost patients appropriately.

MMG – had listened to message played on phone when patients are on hold, agreed it is too long , staff have made every effort to find out what patients want. We will shorten the message.

EF asked if Practice staff could ask patients who they wanted to book an appointment with and why.

JT asked about a telephone system that would offer options i.e. press 1 for Doctor appointments , press 2 for Nurses etc.

MMG highlighted that previous patient surveys carried out by the Practice showed that patients did not want such a facility. We also offer Access Doctor facility, today 14 appointment slots were booked for use by our morning and afternoon Access Doctors to bring patients into surgery to see our Doctors. By doing this we can offer a same day service. All Doctors do 14 patient sessions , some put in firewalls / breaks and some Doctors do 15 minute appointments as recommended by the RCGP

JK prefers to walk into surgery to book an appointment. MMG explained patients can always do this but to provide a greater variety of patient access we have been working very hard on improving our online services

DN - In addition to being able to book appointments online , patients can access sections of their medical records , order repeat prescriptions , register with the Practice and update change of address / contact details. We have also implemented the Electronic Prescribing Service which allows patients to nominate a pharmacy and collect their prescription from them rather than having to visit either of our surgeries to collect them. We also hope this will reduce the queues in Reception for our patients.

3. Promotion of Health Services by the wider healthcare community to our Doctors

As outlined at our December meeting DN and MMG worked closely with Dr Marie Wright , one of our GPs , to expand our in house education programme to include fixed sessions to promote health services provided by the wider healthcare community. Dr Wright is to become a GP Partner of the Practice in April.

Visits by the groups mentioned in the last set of minutes and other groups who have attended our regular Practice meetings since then have allowed us to options greatly expand and improve the signposting resource bank open to our staff via our Practice Intranet (“The Green Tree”) and the bespoke Supporting Documents module of our clinical system – EMIS Web.

*****In summary the group agreed that the 3 actions set out in our 2014-15 action plan had been implemented and changes had been made*****

3. Ideas for 2015-16 Action Plan

Much of the work of our group will not impact on work of the CCG but it can and will influence what happens at Saville Medical Group. Our 2014-15 plan shows that our group has brought about changes. Action points put forward by the group really do help even if they may not seem that significant.

The group was asked to think about future actions and either bring back to next meeting or send into the Practice.

Suggested actions so far :

- Primary Care Foundation Survey on appointment access. Once the PCF team have met with the Practice we can bring findings to next meeting.
- In House Ultrasound Service – this was seen as the sort of service that would greatly benefit our patients. Hopefully we can work to bring this to Saville Medical Group. It can be used to look at abdominal pain , soft tissue , kidney & liver problems and testicular lumps. We would look to develop service at Saville Place surgery and if possible later on at our Newbiggin Hall branch surgery.

Any Other Business

EF likes the notion of the NHS being a health service and not an illness service , thinks in 2015/16 we should wean people off the notion of sickness and guide them to that of wellness. EF presented article by Horace Miner entitled “Body Rituals of the Nacirema” and asked for DN to circulate to the group

LM asked about extended appointments for annual medication reviews , when things are going ok you tend not to query tablets being taken.

MMG pointed out that it would be the Doctors rather than the Patients who would book double appointments for these reviews (which are diarised by birthday month) and also explained qualifying criteria for one of these reviews. Most clinicians would suggest a double appointment to come back to discuss medication where appropriate. We do audits to look at areas such as elderly patients , patients on four or more medications.

EF observed that the clinical staff at Saville Medical Group have been providing more information on how to take medications.

Date and time of next meeting - 5pm Monday 1st June , 2015