



Patient Participation Group Meeting
Thursday 6th June , 2013 - 5pm

Attendees :

Patients

John Tait - JT
Tara Stone - TS
Neil Sutcliffe - NS
Linda Rule - LR
Marie Curran - MC

SMG Staff

Dr Mari McGeever - MMG - GP Partner
Dr Rebcca Howe - RH - Salaried GP
David Nicholson- DN - Practice Manager
Jane Walwyn - James - JWJ - Nurse Practitioner
Teresa Kenny - Medical Secretary Manager

Apologies :

Alan Rule
Angela Banks
Jean Kyle

- Meeting opened with MMG explaining that an appointments working party of clinical and non clinical staff had been set up in response to the 2012 / 2013 Saville Medical Group patient survey results and other valuable feedback we have received from patients. Dr Howe is one of the leads and attended the meeting to report back to the Patient Participation Group on what the appointments working party have done so far and to discuss various proposals that are under consideration.

- RH explained that the appointments group had been formed from staff across both surgeries and included GP Partners , Salaried GPs , switchboard & Administration staff and Managers.

They audited survey responses , held internal meetings with key staff and reviewed a series of papers on the subject of improving appointment provision written by senior staff.

- The 2 main areas for improvement this group looked at were :

1) Provision of acute / on the day appointments and 2) Ability to see a particular Doctor.

- In addition to the survey results / patient feedback the appointments working group also looked at "Did not attend"(DNA) rates , how Doctor . Nurse and Nurse Practitioner surgeries are used at present and how our Access Doctor surgeries , set up to deal with acute patient issues following a telephone conversation with the Access Doctor , have become overwhelmed by demand.

- It was clear that patients had difficulty seeing the Doctor of their choice and that often the appointments for a week had been fully booked up by mid afternoon on Monday , clearly this is not a satisfactory situation.

- Other findings from the appointments group were as follows :

- Appointments are being booked up by the first callers each day.
- There is a perceived lack of appointments.
- The DNA rate amounted to 5 full surgeries each week , of which 60% were by patients under the age of 25. We need to improve our service to this age group who book their appointments in advance.
- Routine GP appointments have been lost to the Access Doctor Service on Monday and Friday where the provision was increased from one to two Doctors last year.
- Appointment slots designated for use by the Access Doctor to bring patients in to see another Doctor working that day had often already been used up by Doctors ad Switchboard / Reception staff to meet demand.
- Patients had often struggled to get through to the surgery using the telephone.
- Appointment provision by Saville Medical Group is sufficiently high for our list size however we need to improve our targeting of the services to the various groups by increasing both chronic condition and urgent access appointments.

- Prioritising the various proposed changes to improve appointment provision has proved difficult. After a number of staff meetings the following proposed changes have been put forward as priority :

1) Unburden the Access Doctor from carrying out routine general administration items to allow more acute / on the day provision for patients who could call in to discuss their health issues with the Access Doctor who could either provide treatment by telephone if appropriate or bring in to the surgery to see a Doctor that same day if the issue was more acute.

2) To look at how patients access our Nurse Practitioner appointments and use these more for acute issues and increase capacity amongst GPs to consult with those patients with chronic conditions.

3) Target young patients to signpost them to go to acute appointments service thereby releasing routine appointments and hopefully reduce the DNA rate equivalent to 5 surgeries per week.

4) We need to increase our contraceptive services provision , we need to take this service out of our Nurse Practitioner clinics to free up clinical need / skills.

5) Change structures of surgeries where appointments are currently released 3 weeks in advance with a proportion of appointments embargoed for various reasons. We are proposing to divide all GP Surgeries , other than the Access Doctor surgeries , into half of the appointments released as current in "advance" and the other half released 48 hours in advance. Appointments will be released both in the morning and the afternoon / evening to reduce the effect of the telephone surge in the morning. The aims for this change are as follows :

- Avoid whole surgeries being taken up by the minority of patients who book an inappropriate number of appointments.
- Increase access to specific GPs of choice by patients.
- A patient telephoning at 2pm should be just as likely to get an appointment as someone calling the surgery at 9am.
- Relieve pressure on telephone system at peak times.
- Reduce the impact of short notice GP absence due to sickness.

6) Contingency plans for weeks with reduced GP numbers i.e. no advance appointments on a Monday and routine appointments for the rest of the week. The Tuesday in a week where the Monday was a bank holiday would be treated as a Monday.

7) To consider an additional appointment slot for each GP surgery for review appointments for those patients who may find it difficult to get into the surgeries or where a telephone call is more appropriate than an appointment.

- MC raised issue of current Nurse appointment provision. Saville Medical Group are aware of this and DN informed the meeting that we have just recruited a second Healthcare Assistant to take away more routine tasks from our Nurses.

- A question was asked about the releasing of appointments under the new system as to whether there would be a difference between online and other appointments. RH confirmed they would be released at the same time.

- MMG informed the meeting that Saville Medical Group are ready to implement in house training for Administration staff to improve the signposting of patient requests with the aim of removing requests for some medication changes , sick notes etc from taking up routine appointments. This will also involve looking at systems to identify those patients who do not mind being asked for additional information pertaining to their call requesting an appointment..

- RH said we are also looking at increasing the resource available at the start of each working day to answer the telephones and making the staff feel less time pressured when answering the telephone.

- JT asked if there had been any increase in the figures of booking appointments by both telephone and via the online facility. MMG responded that Saville Medical Group have not reviewed these figures however the online services are something we can always promote further to relieve pressure on the telephone system which we will take on as an action point.

DN mentioned that the practice website www.savillemed.co.uk had undergone a major revamp and it now has an online services link on it. Improvements to our website are ongoing and suggestions for further enhancements are always welcome.

- TS suggested that the website could be more specific in informing patients as to what services each group of clinical staff can provide. Again it was agreed by staff present at meeting this could be taken forward as an action point to promote this information.

- MMG asked the meeting if they felt we should revisit the idea of having a telephone system whereby patients can press a number on their telephone keypads to access a particular service. Previous survey feedback had suggested that 60% of patients did not want this sort of system. Agreed that we should include this in a future survey to get feedback about implementing a system with no more than three options to prevent having an overly long telephone message.

- MC raised issue of what is regarded as urgent i.e. a call from an elderly patient. LR said staff should get patient on screen when talking to them to get key details about age, health issues etc. to improve the triaging of calls. RH and MMG confirmed that urgent is defined as anything that needs to be seen the same day by a Doctor and the patient would ultimately make that decision.

- RH - we will face a time lag to promote any changes made by the Practice to the way appointments are booked and the way Doctors surgeries are constructed. We will also have to change our telephone message on the Practice telephone system. We will also have regular reviews of how we are meeting demand and this is not just a one off project.

In summary we will :

- Promote to patients the use of internet services, improve information on staff roles and our website in general.
- Better triage of patient telephone calls by staff to direct them to the most appropriate service.
- Ensure patients are aware of what appointments are available to them such as Access GP, telephone appointments, Nurse Practitioner / Practice Nurse / Healthcare Assistant appointments etc.
- Promote new service whereby patients wanting to cancel patients can do so by text message to the Practice to reduce the DNA rate.
- Restructuring of GP surgeries to optimize their capacity.
- Improve telephone answering by spreading appointment availability throughout the day and increasing the number of telephonists at times of high demand.

- MMG / RH closed the meeting by asking if the group had any questions or whether we had missed anything in our review of the appointments system.

- TS asked if Saville Medical Group ever routinely looked at how appropriately patients received treatment via Walk In Centres, Accident & Emergency Departments and Saville Medical Group. MMG informed the meeting that we don't in such a format, however we have done a lot of work on the sort of issues dealt with by our Nurses in their surgeries and also the work done by Dr Kent who looked at inappropriate use of A&E by our patients.

- MMG summarised the setting up of the Patient Participation Group in year and the work in year 2 which has led to a more interactive approach in the second and third years of the project.

- The next meeting of the Patient Participation Group will be in November , DN will write to members to inform them of the date and time and will also send copies of these minutes. Any feedback by letter or telephone call to the Practice Private & Personal Secretary Moira McCrindle would be most welcome or via email to Savillemed@nhs.net

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