**Penny’s Hill Practice**

**Patient Participation Group Meeting Minutes**

**11th June 2014 – 6pm**

**In Attendance:**

Dr Geoff Hamp – GP Partner

Sister Susan Morse – Senior Sister & Treatment Room Manager

Mrs Maria Kay – Practice Manager

Mrs Lynette Bouchex – Reception Manager

Kathryn Owen - IT Administrator

Emily Dewey – Data Administrator & GP Receptionist

**PPG Members:**

Wendy Bartram

Angela Evans

Graham Hustings

Jennifer Jenkins

Michael Martin

Gerald Needham

Pauline Needham

David Parkinson

Muriel Portugal

David Rogers

Edouard Sefton

Geoff Voisey

Alan Wakeford

John Wilcox

**Apologies:**

Ronald McConkie

**Agenda**

1. Minutes of Previous Meeting – Actions Arising
2. NHS Health checks
3. Patient Education
4. Feedback re Blood Changes
5. Chronic Disease Appointments
6. Urine Samples
7. Pathway
8. Any Other Business
9. Date of Next Meeting

MK opened the meeting by welcoming the members and expressing her appreciation to the floor for their attendance.

The staff of Penny’s Hill Practice in attendance were introduced to the attendees.

1. *Minutes of Previous Meeting – Actions Arising*
* Door to the waiting room – it was explained that Maria Kay (MK) had obtained another quote from a company who designed the swing mechanism doors for establishments such as nursing and residential homes. This remained roughly around the price of £2000.
* Advertisement of Online Services – including on prescriptions – it was explained that this action point had to be postponed for the months since the last meeting as the surgery received new guidance that patients ‘Usual Doctor’ should be published on the prescriptions. It was also explained that text messages had not been sent with the same intention because the practice was currently in discussions about switching providers of our text messaging services.
* Practice to be open at lunchtime – It was explained that the senior partner, Dr Ottley had been absent for a number of months and therefore this was still outstanding to be discussed. It was explained that there was to be a partners meeting next week where this topic will be approached.
* Review of Phlebotomy Service – MK explained that she was due to attend a locality meeting on the 17th June where the issues surrounding the new phlebotomy services were due to be discussed. It was explained that the PPG meeting unfortunately fell before locality meeting and hence the topics for discussion were out of synchronisation somewhat.
1. *NHS Health Checks*

GH explained that the system for NHS health checks had been updated for 2014. It was explained that the practice would be offering NHS Health checks again. Invites were being sent to patients aged between 40 and 74 years, who did not already have an existing chronic disease.

It was explained that as part of the new NHS health check set up, patients would have a finger prick blood test at their appointment testing for things such as cholesterol. Any further blood tests may be arranged dependent on the results of this first initial assessment.

 It was outlined that our healthcare assistants here at the surgery were currently receiving training for this procedure.

Attendees were advised that should they require any more information, there was a comprehensive leaflet available at their request.

1. *Patient Education*

GH explained that one of the feedback points from the patient survey was that patients felt the surgery could do more in terms of educating patients about their health and lifestyle. It was explained that a similar service existed for patients with diabetes that was run from the hospital.

It was decided by the partners at the practice that patients own individual doctors would conduct lifestyle advice and that patients should make an appointment with their own GP to discuss this if they needed to.

1. *Feedback re Blood Changes*

GH informed the group that the blood system was due to be reviewed in September, six months after the changes took place.

The changes were summarised as follows:

* Able bodied individuals were asked to go to the hospital to have their blood tests taken
* The capacity of blood test slots was increased in the practice via appointment time slots being reduced to 7 mins from 10.
* Patients will now no longer need to fast for any bloods unless the GP has explicitly said so.

It was explained that the system was still a work in progress.

The attendees were invited to give their interim feedback regarding this matter.

*One attendee expressed concerns with Bournemouth Hospital phlebotomy service. It was explained that the GP had requested urgent bloods and a chest x-ray and the patient was advised to have them both done at Bournemouth. The patient passed through x-ray very quickly, but had to wait a very long time to have his blood taken. It was felt that this was inappropriate given that the patient was feeling very unwell at the time. It was questioned if the bloods were needed urgently if patients could have them done here.*

***GH and MK agreed that it was certainly something that could be approached when the review of the system takes place. The attendees were informed that this suggestion would be fed back to the partners.***

*Another attendee also expressed their negative experience with Bournemouth Hospital and explained that there was very long waits, with no ventilation, in a substandard room.*

***MK reassured the attendees that the opinions expressed within this meeting will be fed back to the hospital.***

*One patient expressed that their experience at Christchurch hospital had been a very positive one.*

GH ensured the attendees were aware that Christchurch offered an appointment only system for x-ray services now.

GH highlighted a situation whereby a patient had been refused for phlebotomy at Wimborne hospital because they hadn’t fasted. This was found however, to be a misunderstanding and the patient was not at fault.

*One attendee mentioned that Wimborne hospital offered a very good system, however found getting through on the telephone to be very challenging. The attendee had to continuously redial the telephone.*

*An attendee questioned if cholesterol was a fasting blood test any longer.*

GH explained that there was no evidence to suggest that fasting for a cholesterol test was any more diagnostically useful than not fasting. It was also highlighted that many patients incorrectly thought they were not allowed any water throughout their fast, thus arrived for their blood test quite dehydrated. This in turn makes it increasingly difficult to bleed patients and also affects their renal function test results.

Attendees were reassured that if necessary and appropriate, bloods could be repeated as a fast.

1. *Chronic Disease Appointments*

GH explained that the system for patients with chronic diseases such as Heart Disease, Diabetes and Stroke had been simplified.

Previously the system had been very ‘tick box’ based. It was explained that now the focus was on clinical care and therefore patients were not going to be asked unnecessary questions which took up time within their appointment.

For patients with one chronic disease, the appointment time will be 20 minutes. If patients have two or more chronic diseases, the appointment time will be 25 minutes, and all areas will be covered in one appointment.

Please note, this does not include respiratory chronic diseases such as asthma or COPD.

It was also highlighted that where diabetic patients previously had two reviews a year, this was now being reduced to one. It was noted that if patients needed diabetic advice outside of this one review, they were still able to book in with the diabetic nurse for an interim check-up.

MK explained this was to allow patients greater access who wish to be seen sooner for their chronic disease queries.

1. *Urine Samples*

GH provided the attendees with some background around this subject, as follows:

* The surgery and the laboratories were receiving a lot of samples overall.
* The practice had started to receive a lot of samples without knowledge of why the patient had bought the sample in

A flowchart was therefore devised to allow ease of use for surgery staff when dealing with a patient who has a sample.

It was outlined that if a patient felt they had a urine infection, they are now advised to make contact with their doctor’s secretary, so that they can get a message to the GP or make an appointment with their doctor.

It was also pointed out that some patients will still be required to bring in routine urine samples as part of their disease monitoring, such as those patients who have kidney disease or diabetes.

Diabetic patients however will be advised to bring the sample with them to their diabetic review appointment.

Attendees were all reminded that all urine samples are to be bought in my 12pm as we do not have the facilities to store the samples overnight.

*One attendee raised concern that many patients find the testing kit difficult to work with.*

SM explained that when the patients are given the kit, which does have pictured instructions inside, they are usually asked if they have used the kit before, and if not, physically shown how to do so.

MK pointed out that if the patients will obviously struggle with the kit, we are able to provide them with a simple yellow screw top pot, however this will be at the receptionist’s discretion as we cannot provide them to everyone.

1. *Pathway*

The current situation was summarised to the group. Patients currently find getting into the practice if you are in a wheelchair or have a pushchair very difficult, due to the two steps at the bottom of the ramp.

One possible resolution discussed at previous PPG meetings and within the practice involved blocking off two parking spaces and creating another ramp without steps. This, after research, has proved to be difficult to execute as the gradient of the path would make a ramp unstable and potentially unsafe.

An idea originated from Dr Ottley was outlined to the attendees. This still involved the loss of two disabled parking spaces. Instead of building a ramp parallel to the stepped ramp, a painted line along the natural ramp which is already used by wheelchair and pushchair users, much like those used in supermarket car parks. It was explained that in doing this, the car park would not have to be closed for building work.

*Some of the attendees expressed their support for this idea as it would cause the least disruption to the surgery as well as being the most cost effective option. It was also felt by some attendees that this was the most logical answer as it would save money which could be used in other areas within the practice.*

The group was told that the neighbouring surgery, Orchid House, we not currently supportive of the idea but that positive feedback given in tonight’s meeting, would be relayed to them.

1. *Any Other Business*
* Online appointments & Prescription Ordering – Kathryn Owen (KO) explained that at present there were roughly 740 patients signed up for online appointment and prescription ordering. Approximately 100 people per month were enrolling.

*Some attendees expressed that they thought this was a really good service and were very pleased that they could book their appointments at any time.*

*It was questioned if the practice felt there were enough appointments to meet demand.*

The attendees were told that the original plan was to release two appointments per surgery for online booking but increasing the volume would be looked at in the future.

*One attendee mentioned that they had difficulty booking an appointment with Dr Popova online within two weeks.*

Lynette Bouchex (LB) explained that Dr Popova’s surgery usually worked two weeks ahead and that the waiting time to see her would be the same if the patients were to book their appointments over the telephone or by attending the surgery.

*It was questioned if there was anyway the practice could make all slots within a surgery accessible to online booking.*

MK explained that this was never the intention of online booking as many of the surgery population do not use the internet and prefer to book their appointments in person or by telephone. It was also explained that the software the practice uses for online booking was not programmed to deal with entire surgeries.

*It was questioned why, when ordering prescriptions online, one has to put a message in the ‘Comments’ box before the request is processed.*

LB explained that you do not have to put a physical message in the box, but should ensure that the cursor is within the box and simply press the return key on the keyboard.

*The difference between a Routine and a General appointment on the online booking screen was questioned.*

LB explained that these were in fact the same thing and the segregation was simply a fault in the system. Attendees were reassured that this would be fed back to Emis.

* Practice Survey – MK explained that the practice intended to conduct a survey this year that was shorter than the previous years. The attendees were asked to think of questions before the next PPG meeting in September that they would like to be included in the survey. It was also explained that the survey would be only available in paper form and that these would also be distributed to a set percentage of people who had had a domiciliary visit within the last year, in an attempt to target this population.

GH explained that the previous surveys the surgery had conducted came as part of the surgery’s website set up, and included in this package was a calculation and analysis of the results electronically. This meant that practice staff time was spent manually entering the paper results onto the website. By solely using a paper survey, the practice will be able to analyse the results themselves.

It was explained that patients will be able to access the survey online, print it off and return it to the surgery.

* *It was questioned if the practice found the PPG meetings advantageous – it was highlighted that many of the same patients attended the PPG meetings each time.*

The matter was discussed by the attendees. It was concluded that other age groups within the population of the practice had other engagements in the evenings.

The attendees were reassured that the practice found the range of views expressed in the meetings very useful.

GH explained that from a GP’s perspective, they found the views and opinions expressed very helpful. GH outlined that when patients attended consultations with the doctors, there was not time or the correct environment to discuss whole surgery issues. It was explained that only through this forum could these types of issues be raised.

KO explained that approximately 340 patients are always invited by email to attend the PPG meetings. MK explained that when patients write into the practice to make complaints, in the practices response letters, patients are always invited to attend the meetings.

*It was pointed out that the PPG meetings were a unique environment, and it was questioned if the practice could bring some anonymised complaints, compliments and suggestions written by patients to the meetings as topics for discussion.*

MK explained that some of the complaints were of a personal nature and therefore would not be included but that the idea would be considered. It was also highlighted that where complaints were found to be of a serious nature, they were always discussed within Primary Healthcare Team meetings as significant events, for a learning exercise for all staff.

* *It was questioned when the next shingles vaccinations were going to be carried out*

SM explained that this was hoped to be around September time. It was explained that this will be well advertised at the time.

* *One attendee expressed that recently they had found the waiting times in the Treatment Room to be longer than usual.*

It was agreed that where the nurses or healthcare assistants were running late that it would be advantageous to inform the patients.

*It was questioned if a screen could be installed in the practice to automatically tell the patients how late the GP’s and treatment room staff were running.*

GH put to the group that the surgery would consider a white board or laminated sheet that receptionists could update when the staff are running late. It was agreed that this would be a good compromise.

* *One attendee asked if there were health checks available for patients aged over 74 that would not be invited for the NHS health checks.*

GH explained that regardless of any patient’s age, if patients wished to have a full check of their health they should book an appointment with their GP and they would be happy to offer them the appropriate tests. It was explained that the process would be slightly different however.

* *One patient shared an experience they had when ordering a reduced quantity of a prescribed cream, to take with them when they went on holiday. When the prescription arrived, the quantity was the larger size they usually had.*

Attendees were reassured that this was simply human error and would not usually happen. It was explained that this would be fed back to our prescriptions clerk so that particular attention would be paid to potential requests for alterations to patients prescriptions in the future.

* *One patient offered some positive feedback and expressed how pleased they were with the practices excellent flow of patient care*
* *It was questioned if the practice had had their CQC inspection to date.*

It was explained that Penny’s Hill was still waiting to receive notification of their inspection but that many practices in the local area had already had their inspections. Attendees were informed that the feedback was very varied from the other practices and that much of the negative feedback correlated with one particular inspector.

The group was thanked for their input and attendance at tonight’s meeting.

The next meeting was set for **24th September 2014 at 6pm.**