

The Practice Broughton Gate

Date 06.09.2012

ACTION

Patient Reference Group Meeting – Minutes and action plan

In attendance:

- AB
- Dr JL
- CH
- PE
- LY
- MH

Apologies:

- Dr K

Minutes

1. Welcome (Introductions and Apologies)

- Apologised for the absence of Dr Sunil Kurakula and stated that at the next meeting he hopes to attend
- Members of the PRG introduced

N/A

2. Election of PRG Chairman and Secretary – Enough members to vote, however agreed that the vote should occur after one or two more meetings so people can make an informed choice.

3. Election of PRG Chairman and Secretary

Same decision made

N/A

4. Recap on action points from last meeting and any news from The Practice

1. More information regarding online booking

Group Informed that once the practice changes to the new clinical system There will be the potential for online booking – more information will be given out Around the time.

N/A

PM

2. Electronic self-book in – cost is high – funded by PCT potentially

- Cost is very high, and looking at around 3000 to 4000 pounds
- Also not relevant until we change our clinical system
- Once the system is changed the CCG will be questioned on the potential for funding for the new hardware and software.
- Also funding will be sort from head office, though this was stated to be less

PM

likely.

3. Long term plan for pressures put on reception

- We now have a third phone on Mondays and Fridays out in admin area
- MH stated she felt reception not able to deal with queue and phone
- JL Concerned about the pressure put on reception by walk-ins
- **Not stated at PPG Meeting** – A new receptionist is to be employed in the future

ACTION

PM

Head Office

PM and Head Office

N/A

N/A

PM

PM

5. Surgery leaflet and new Patient Survey – Identify new areas of priority

- All suggestions have been sent to head office – survey has taken a step forward
- Still waiting on response to leaflet suggestions, JL stated he wanted to see draft of new leaflet before it went out
- CH suggested idea of repeats being focused around chemists, so patients do not have to come into the surgery to collect the script. AB suggested putting something similar to this in the leaflet.

6. Other Points raised

MK patient congress report

- Main focus of last congress meeting was support groups, CH brought up coeliacs.
- Was agreed by the group that a single surgery would be less likely to be able to hold meetings themselves for coeliacs disease, due to its rarity in comparison to asthma or diabetes.
- JL and AB agreed to look into starting a diabetics group

Improving interest in the PRG

- AB stated 50 letters would be sent out by the end of the week to a representative demographic of patients
- CH asked to meet with AB to discuss other means of increasing interest. Agreed after AB returns from leave
- Also agreed that for PE's sake no meetings will be held on Wednesdays

Difficulty in obtaining appointments

- All members of the PRG felt that it is too difficult to get appointments and get through on the phone.
- AB informed them that this is the case at every surgery and the surgery had the correct number of GP appointments available for the list size
- However, also discussed measures that have been put in place to remedy this problem
- First that on Mondays the number of same day registered appointments is to be increased from around 20 to around 40.
- Furthermore on top of the minor illness clinic now run by the nurse Monday to Friday, there will be an additional nurse led same-day clinic running on Mondays and Fridays to take pressure of the GPs
- To make it easier to get through on the phone lines AB will look into electronic booking (less pressure on desk), and online booking (less need to call the surgery)
- All members of the PRG and PE in particular wanted to make it clear that the care given by the receptionists was exceptional.

Use of Choose and Book system

- The quality of C+B questioned by CH and whether choice given by the practice to the patient
- In a meeting he had attended C+B had stated that often the issues with Choose and Book were in staff training – though there were improvements they wanted to make
- PE stated that she had never had any issues with C+B and that choice was always given.
- CH told that it is dealt with entirely by admin and 2 or 3 different options (if available) are provided on the letter to the patient, and they need to book their appointment with the hospital

Patient complaints

- CH questioned how complaints are handled and why in the past they have not always been dealt with
- AB stated that he could not speak for before the end of April, but every complaint to come through since then (verbal or written) has been dealt with by him.
- CH asked if the complaint from January could be dealt with by AB. agreed.
- Positive feedback discussed by SB and whether this was replied to
- AB said that it was, other than feedback postcards on reception which are anonymous.
- Discussed a poster suggesting that any positive comments should be fed back as well as negative comments.

7. Any other business

Creating groups for chronic sufferers raised by PE

- PE asked whether any groups for chronic sufferers
- AB stated that he was not aware of any patient led groups, and perhaps it was a matter for patient congress
- CH said that it had been discussed and more specifically groups for MS sufferers and domestic violence
- Agreed at next meeting he would bring up potential of group for Coeliacs
- From this PE said that she would email across to AB information regarding coeliac points system and details of consultants involved.

8. Surgery Action Plan

Agreed action plan for next meeting and beyond:

1. More information regarding online booking
2. Electronic self-book in – cost is high – funded by PCT potentially
3. Long term plan for pressures put on reception
4. Survey + leaflet to be reviewed and feedback sent to AB by 24th August
5. Letters to be sent out to kick-start interest in PRG

Patient Reference Group Meeting – Minutes and action plan

In attendance:

NY Dr JL, CH, PE, LY, SB

Apologies:

MH, UD, GC and GD

Minutes

1. Welcome (Introductions and Apologies)

NY introduced herself to the group as the new Practice Manager. NY advised that she did not put together an official Agenda but was in receipt of the agenda items that CH had emailed in. NY advised that she was new to the Surgery and only in post a few days therefore we would cover the agenda items CH mentioned and NY & JL would update the group on surgery matters.

2. Election of PRG Chairman and Secretary – It was decided by the group that a Chair and Secretary would be appointed at the next meeting, in the meantime CH would like to try and recruit extra members as it is felt that not all demographics of the patient population are represented in the group. LY advised that she knew of a young mother who may be interested in joining the group. PE asked what exactly would be the responsibility of the role and what it would entail. CH advised that the Chair would need to represent PPG at Congress and feedback any information back to the group. CH also advised that the Secretary would be responsible for any admin duties including taking the minutes and this would approximately take up an hour to do. **(NY) Appointment of the Chair and Secretary will be an Agenda item at the next meeting.**

3. Concern at AB leaving

CH mentioned that the group were concerned about AB's departure as he seemed very keen. JL advised that AB's departure was purely a personal decision to take up another opportunity. CH advised that as NY was in post quite promptly that the concern perhaps is not so great.

4. Choose Well Campaign

CH asked if the Surgery encouraged /promoted the campaign. JL advised that as far as he was aware the promotional materials were short. JL asked **CH if he could pass on any details from whoever runs the campaign so that the Surgery can request extra promotional materials directly.**

On another note, JL advised of a Minor Ailment Clinic at the pharmacy which is a scheme that he found out about on the MKPCT website. **NY to look into gathering more information on this scheme and raising awareness to patients to encourage them to use this scheme** – this will help with freeing up GP's appointments for prescriptions treatment that can be bought over the counter.

5. Winter Briefing

CH asked if the Surgery were aware of this briefing. JL & NY are not aware of this and questioned whether this was regarding the flu clinics? **CH to get more information on this and feedback to the group at another meeting.**

6. Mental Health

CH shared with the group that following a congress meeting it was found that Mental Health care services were deteriorating within Milton Keynes, in particular, Urgent Mental Health and some patients have to travel as far as Luton for care! It was recognised by the group that the reason for this is the overall cuts in the NHS.

7. Input from Practice Nurses

The group feel that Nursing input would be beneficial to the meetings. JL advised that a Nurse has attended a meeting in the past. At present it is difficult to confirm frequent attendance of Nurses due to child care. **NY will mention this to the nursing staff and encourage them to attend where possible.**

8. Vacancy on MK programme board for representative with long term position

CH advised the group about the above and asked PE if she would be interested in this role. PE advised that she would need more details about this role. **CH will put PE's name forward and PE will be contacted directly regarding this role.**

9. Changes to A&E

CH advised the group about some of the changes being made in A&E i.e that patients are being triaged via a Nurse who will then refer to UCC or own GP as a lot of attendances are found to be inappropriate. Following some research it was found that 38% of patients who attend A&E should not be seen there and majority of the patients are found to live in the area or cannot get an appointment with their own GP. JL advised the group that the CCG are looking into this issue.

The Surgery are to make a concerted effort to avoid patients attending inappropriately; this again would mean promoting the Choose Well campaign. NY advised that she would like to encourage this on the NHS Choices website.

10. Change in Clinical System

NY advised that group that the Surgery would be changing over it's clinical system in Mid-December. The system/software is a lot more user friendly and is system wide so the Surgery are able to communicate with other providers more easily. When the clinical system changes over we will be introducing a self check-in system at the same time. This will help with the queues at reception when booking in.

11. Difficulty getting through on the phones

The group advised that is very difficult getting through to the Surgery and when they do get through they are unable to make appointments. NY advised the group that the delay in phones is due to a shortage of staff at present and also that more telephone lines need to be opened up to allow more calls to be answered.

NY advised the group that approval to recruitment more staff has been granted and that recruitment will start soon.

NY will also look at the current telephone lines setup to make some changes in order for more calls to be answered.

JL advised the group that we are also currently in progress of recruiting more resident GP's.

Next Meeting 20.12.12

CLOSE OF MEETING

Flyer handed out in the waiting area

Please help us create our new patient questionnaire by giving us a few comments on the attached survey. (is it: too long, not long enough, are there questions that you would like added?)

Comments: *Easy Straightforward Questionnaire*

Also attached are the minutes from the last Patient Representation Group Meeting held on Tuesday 7th August for your interest.

If you would like to get involved with this please write your email and most recent contact number below.

Remember if you are not interested in coming to the meetings you can also become a virtual member and will receive updates and minutes from the latest meetings.

Name Email Phone Full or virtual

If not, any comments on the new patient survey would be welcome
THANK YOU FOR ALL YOUR FEEDBACK

From: AB
Sent: 24 August 2012 10:54
To: PK
Subject: RE: PP DES: Agreeing survey content

Hi PK,

Sorry for the extremely delayed response, but I have got a fair amount of feedback on the survey. Mostly it is positive, with almost all agreeing that it is the right length as there are no irrelevant questions in there.
Suggestions for added question is only: Would you like to see a named GP each visit? - This comes from four different sources.

From the PRG group I have had a couple of detailed responses:

"I think that there should space after each section for 'any other comments relating to this topic' as well as a general blank area for 'anything else that may help improve the service offered'

The survey being 3 pages long may put some people off from filling it in. Is there another way of collecting the information from the third page so that patients are just handed one double sided A4 - which has the appearance less work -
or can it be done on-line once the patient gets home."

"At the very top I would suggest to write something about what you are planning to do with the results of that survey

And then make it public, like with a poster in the surgery"

"Generally very good.

Question 18, remove the words FOR EXAMPLE."

I hope it is not too late, and this helps. I have also attached a sheet we are handing to patients to try and raise awareness of the PRG, I hope it is okay. If you need anything else please let me know, and I will send it all over.

Warm regards,

AB
t. 01908 874444
Assistant Practice Manager
Broughton Gate Health Centre

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Patient Reference Group Meeting – Minutes and action plan

In attendance: MH, CL, CH, SB, AY, TE, Dr JL, NY

Apologies: LY

Minutes

1. Welcome (Introductions and Apologies)

The group all introduced themselves and welcomed CL and AY to the group.

2. Election of PRG Chairman and Secretary

It was decided in the previous meeting that a PRG Chair and Secretary would need to be elected as the group was large enough to vote and the election was felt to be well overdue.

CH volunteered to be Chairman and was voted into post by the members

TE volunteered to be Secretary and was voted into post by the members

The group discussed and agreed that a Chair person and Secretary would be in post for a year with a view to re-elect

3. News from the Practice

1. Dr GF

NY advised the group that we have a new permanent GP starting with us on the 05.03.13, Dr GF. Dr GF will be working 4 days a week looking after registered patients and follow-up appointment to offer continuity. Locums will cover weekend surgery and annual leave.

Various members commented on bad experiences that they or friends & family have encountered due to poor quality of locums.

The group advised that they would like to draft a letter to The Practice Plc Head Office/Support Centre regarding the poor quality of GP's that are being booked at the Surgery.

2. PN – PH

NY advised the group that PH would be joining the Practice as of 01.02.13. NY explained the new setup being that SS, Practice Nurse would be able to concentrate on Walk-In patients and therefore allow the new Nurse together with the other clinicians to focus on the registered population.

3. Phone Lines – Voice message while patients are on hold

The group raised the issue of why are the surgery not getting support from Head Office to provide voice mail and lines. There also was a suggestion of getting more staff covering the phone lines and extra lines during the busy period, which is currently 8-10am Monday and Tuesday.

Action - NY to set this up with helpdesk/facilities

4. Self-Check in system due to take place by end of the month

NY advised the group that the PCT advised that the new self check-in system would be in place by end of the month.

Action - NY to keep chasing PCT

4. Any other business – Services being run from the Surgery /Site

Van scan

NY advised the group that the Surgery would be hiring out 4 car park spaces to a mobile imaging company VanScan who will attend every Friday and carry out scans in their mobile van. A License to Occupy/Lease is still in progress and to be confirmed shortly. NY and JL were still unclear as to the referral process but would look to get clarification from Support Centre who arranged the service.

Vasectomy clinic

NY advised the group of this clinic which runs every Saturday and was implemented by Michelle Danks. The surgery will receive revenue from the hire of the treatment room.

CH - Report from MK Patient Congress

- CH advised the group that there are 4 x Neighbourhood Groups in Milton Keynes. JL & NY advised that they are aware of these groups and that Broughton Gate falls under the East Neighbourhood Group. The point of the group is to disseminate clinical information to the members who in turn cascade this information in their surgeries and eventually into the community. CH thinks that a patient should be represented at the group.

Action - JL to bring this up at the next meeting East Neighbourhood meeting and advise the group further.

- CH advised that Mental Health is being run from North London? The group haven't heard anything to this effect. CH to inform us further once he finds out more information on this.
- SystemOne – Sharing information. CH advised the group that he became aware that patient information is shared between various health providers. CH wondered how this is requested and what the current setup is regarding consent. CL commented that he was asked about giving permission to share information; meanwhile the other members do not recall giving permission.

Action - NY to look into this with the PCT and look into sending out consent to previously registered patients.

Any other comments

- CH asked how patients are informed about test results / investigations. JL confirmed that if a result is normal, the patient will not be contacted. If a result is abnormal then a patient would be contacted to notify them of result and what further action to take.
- AY commented on non-blue badge holders who use the Disabled parking bays at the front of the Surgery.

Action - NY to put up a sign in front of the disabled bays and to get reception to be more vigilant and keep an eye on the bays being incorrectly.

- Various members of group advised that the state of the car par, entrance area and pathways was dangerous due to the thick ice that formed in the freezing conditions. NY advised that she spoke with support centre regarding someone coming out to clear it. The group aired their concerns as it was dangerous for both staff and patients to walk on the ice and asked for who is responsible for making sure it is clear.

Action - CL advised that he would pass NY details of a provider that could help and possibly send out someone the next day.

Date and time of next meeting

Thursday 07th March 2013 at 6pm

Patient Reference Group Meeting – Minutes and action plan

In attendance: MH, CL, CH, LY TE, MF, Dr JL, NY.

Apologies: AH, SB.

Minutes**1. Welcome (Introductions, Apologies and acceptance and last meeting minutes.)**

The group all introduced themselves and welcomed MF to the group. The minutes from the meeting on January 24th 2013 were agreed.

2. News from the Practice

a) **Phone Lines** – Voice message while patients are on hold

A comfort message has replaced the existing message that callers only hear if their call cannot be answered by reception. There was a suggestion that the message should refer people to 999 in an emergency or the new NHS number 111.

NY and JL to discuss the merits of this and report back for next meeting.

b) **Self-Check in system** due to take place by end of the month

This has now been implemented and full training as been given. Patients just need to get used to using the system when they arrive.

c) **Blue Badge** holders only are being encouraged to park in the disabled spaces. NY has erected a couple of signs and this has had a positive result.

d) As a result of the discussion held on the ice in the car park during January there is to be a Risk Assessment carried out at BGHC on Wednesday 13th March. MH enquired what is the current procedure if the car park is covered in ice again and as yet there is no formal policy. NY has no real contact at Head Office but now goes direct to the Operations Director rather than the Area Manager.

NY to report on Risk Assessment and procedures for ice in the car park.

e) **Minor Surgery Clinic.** Dr L will be attending a course in mid-March and believes it the clinic will take around 4hrs a month of his time.

f) **NHS Health Check.** This is a proactive approach for disease prevention and premature death and is aimed at 40-75 year olds who are not currently on a disease register. This will start in mid-April and will run regular 5 year checks on patients. The initial appointments will be done on a rolling basis but nothing can happen until the PCT have conducted training with the Practise Nurse and additional equipment installed.

NY to check who many of the existing 4800 patients will require the check

g) **Locums.** NY to try and sift out unacceptable locums, but she has a list of agencies The Practice is encouraged to use from Head Office. CL has suggest the PPG take action in the form of a letter to say we need to be able to use other agencies and that if her action has a negative effect with Head Office then the PPG are informed so NY does not take the blame.

CH to write letter to Head Office over the next few weeks.

3. Patience comments on the Practice.

- a) **New Patients.** MF has raised a concern that is has taken 6 visits upon registering the BGHC to get a repeat prescription. MF has suggested that BGHC needs to address the medical side of registering new patients as well as the documents that need to be completed.

JL and NY to talk with MF to find out whole story and come up with procedure to prevent this

- b) **Practice expansion and Building.** BGHC is currently at capacity for the building and with the expansion of Oakgrove and Brooklands the practice is set to increase registered patient numbers to 10,000. BGHC is not currently equipped to take this number. There is a PCT meeting w/c 11th March in which this needs to be raised as the original plan was to be in the current building for 3 years and that a plot of land had been earmarked in Brooklands for a permanent and bigger building.

CH to raise with Patients Congress. NY and JL to report on PCT meeting result

- c) **PPG members.** CL would like to see if he can recruit some younger members to the PPG by attending some of the mother / child clinics. NY suggested she search the database and send an email invitation. CL commented it is not always clear which the role of the PPG is. Do we need terms of reference? Is there a payment made to the practice by NHS for having an active PPG.

NY & TE to investigate PPG NHS document

All to email suggestions for Terms of Reference to TE for collation for next meeting

4. CH - Report from MK Patient Congress

- a) **Overview.** There have been 2 meeting of MKPC in the last month but they have been very political with procedures as the Clinical Commissioning Group has tried to merge all the groups together. MKPC has said not to this and patients should have a direct route. Currently under discussion is

Minor injuries unit

New Referral Management Systems - RMS

Changes to adult Hearing Services

Mental Health being supplied from North London.

- b) **Improve Waiting Time to see a doctor.** CH asked if it were possible to schedule more appointments in for each doctor each day to account for no shows. JL said that there are only about 15 no shows per week and this would not work for this practice. NY informed us of the procedure for no shows and that after the third appointment they are sent a final letter to say they need to register with another GP.
- c) **Minor Ailment Clinic.** A big problem within the NHS A&E is people coming in with minor ailments instead of going to see a GP or pharmacist. Reception sporadically remember to advise patients which one to use. If a patient abuses A&E a letter is sent to the GP's. GP's also will sometimes flag up to patients if they should have gone to pharmacist rather than a doctor's appointment.
- d) CH advised the group that there are 4 x Neighbourhood Groups in Milton Keynes yet there is no patient representation. JL has said that higher up has deemed that as the Neighbourhood Groups is not a decision-making group there is no requirement for a patient representative.

6. Any other business

- a) **Leaflets.** CL has raised the issue of the number of leaflets and that it would be better to have targeted leaflets and how much money is wasted with the current system.
- b) **Automatic Entry Doors** For those with disabilities or buggies it is hard to get through the double entry doors, and although there is a bell does anyone use it?

NY to look into Automatic Doors as part of the Risk Assessment

- c) **Head Office** it has been suggested that a member of Head Office come and attend the PPG meetings during the year.
- d) **Asthma Specialist** CH raised a concern that the asthma specialist is promoting his own company drug rather than that which has been approved by the surgery. JL explained the ethical procedures currently in place and how they monitored so they are adhered to.

JL to confirm for next meeting that specialist are not promoting own products

Suggested date and time of next meetings on a Thursday at 6pm:

April 18th, May 30th, July 11th, September 5th, October 17th, November 28th and January 9th 2014.

Please all check the dates and confirm attendance where possible