

## Belmont Hill Surgery

### PRG Meeting Minutes 12 March 2015

**Present:** Dr Gail Holloway, Khaled Chowdhury, Oscar Millar, Barbara Lawton, Christopher Towers, Claire Edmunds, Geoffrey Carr, Hazel Smyth, Hilary Ball, Madeleine Sams, Martin Edmunds, Penelope Caudell, Sophie Dean, Charlotte Bex

**Apologies:** Laurene Brooks, Ann Lewis, David Hopkins, Lesley Dean, Marilyn Hopkins

Agenda:

- 1) Welcome and Apologies
- 2) Electing a Chair
- 3) Agreed Action Plan and Review
- 4) Friends and Family Test
- 5) GP Patients Survey Results
- 6) NHS Choices
- 7) CCG/PPG Workshop on 3 March 2015
- 8) CQC Report Updates
- 9) Complaints and Significant Events
- 10) Update from the Practice
- 11) Next Years's Action Plan

Dr Gail Holloway thanked everyone for attending and everyone was given a copy of the agenda and the recent GP patient survey results. It was explained that this would be the final meeting for the current financial year, 2014-15.

The first item on the agenda was to elect a Chair for the group from one of the patient representatives. This was discussed at previous meetings but no final decision had been made. The group was asked for any nominations for the position; Christopher Towers raised his hand to nominate himself for the position. No other nominations were made and there were no objections so it was agreed that he would fulfil the position for this year.

Dr Holloway then outlined the action plan that had arisen out of previous meetings which included three main points:

1. Appointment system –
  - a. There was discussion at previous meetings regarding the number of appointments available – patients felt that there were not enough on offer. In response to this the practice audited the appointment system and determined that we offer 3000 appointments per year more than the number recommended by the NHS guidelines for a practice with a similar list size.
  - b. The practice nurse, Julie Morton, has qualified as a nurse practitioner and is now able to see patients for a wider variety of appointments. She now runs a daily minor illness clinic and is able

to prescribe a variety of medications for minor ailments as well as refer patients to a selection of services.

- c. Phlebotomy clinic – the practice has provided training for one of our receptionists to become a phlebotomist, following discussion at previous PRG meetings where patients expressed a desire for blood test appointments at the surgery. We now provide a clinic every Tuesday morning which is regularly booked up two weeks in advance and are currently seeking funding to expand this service. The PRG expressed the opinion that they were very pleased with this new service. Some patients, having used it regularly, found it a vast improvement to having to attend other local clinics.
  - d. HCA, Charlotte has joined the practice this year as a health care assistant during a year out from medical school and provides 3 clinics per week where she is able to offer a number of services including BP checks, asthma and COPD reviews and diabetic checks. This has relieved much of the pressure on the nurse's clinics.
2. Improvements to the premises –
- a. At the first PRG meeting the sign out the front of the practice was discussed as being insufficient to attract new patients and not providing enough information. This has since been replaced with a fixed metal notice board with all of the practice information clearly visible.
  - b. After discussion over the deteriorating state of the patient toilets at previous meetings it was decided that they needed upgrading. This has since been actioned and the downstairs patient and staff toilets have had a full refurbishment.
  - c. Car park – it had been suggested that we delineated individual car parking spaces by painting white lines on the concrete. This was discussed but was deemed impractical as it would potentially limit the number of cars able to park at one time. There was discussion raised regarding the disabled parking – one of the members of the group had noticed that the website says we have a disabled parking space marked. This is not the case and the website will be updated appropriately. It was discussed how we may introduce one without limiting the number of cars that can park at one time but no clear solution was reached. It was pointed out that the road next to the surgery is marked with a single yellow line and so blue badge holders are able to park there if necessary.
3. Website / Online services –
- a. Following on from discussion regarding out-of-date information on the website it was explained that the new reception manager was in the process of systematically updating the information provided online. Christopher Towers had noticed a few items that needed updating and will discuss with the reception manager.
  - b. Repeat prescriptions online – since the first meeting a number of issues with the online repeat prescription service have been resolved. A couple of patients made suggestions as to how to further improve this service – the introduction of an option for the

prescription to go to the patient's regular pharmacy when requesting was suggested. We will look into this and see if it can be actioned.

- c. Self-check-in screen has caused some confusion – we are looking into possible solutions but at present does not seem that there is a way to change the system.
- d. Online appointments – there was discussion that there are not enough available, only 15% of our appointments are currently bookable online, this was originally due to our large elderly population but it was agreed that more and more people are becoming computer/internet literate and so we will look into increasing the number of available appointments. This led onto further discussion of our appointment system in general, several patients expressed the opinion that they did not know until this meeting quite how it worked and it was discussed that maybe pre-bookable appointments should come available at a later time in the day than the on-the-day appointments. This was agreed to be a good idea and will be looked into and discussed further by the practice partners and management.

The new NHS initiative known as the Friends and Family Test was discussed – Dr Holloway explained how it worked; patients are texted after each appointment (a maximum of once per month) and forms are available at reception as well as at the front door – it was suggested that these could also be on display at the self-check-in machine and in the upstairs waiting room – this was agreed to and the reception manager will action. Dr Holloway then outlined our results since January which were generally very positive, with less than 10% of those asked giving negative responses. It was noted that many patients thought the amount of information presented to patients at reception was overwhelming and made the area seem cluttered. This will be looked into to see it can be rearranged to make the important information more accessible and any out-of-date information removed.

Next on the agenda was the GP patient survey, another NHS initiative, which was sent out to 342 of our patients at random. 114 responses were received. Again the majority of the results were very positive and no particular issues were raised where further action was required. The results regarding reception staff were slightly less positive than those for the clinical staff but still only had 15% negative responses. 66% of people surveyed were satisfied with the practice's opening hours, this was discussed briefly but it was agreed that at present the practice is unable to offer any further extended hours.

NHS Choices was discussed next. In the past year we have only received 7 reviews on this website, each of these was reviewed and the main points described to the group. Patients are encouraged to bring any complaints directly to the practice so that they can be dealt with in more depth as often NHS Choices comments are left anonymously and so cannot be examined in much detail. There were two reviews which contained negative comments and these both

concerned the reception staff, they were described as rude and unhelpful. This was discussed amongst the group acknowledged the often stressful job of the receptionists but accepted that some further training in customer service would be a good idea. . The reception staff have already undergone further customer service training since these complaints were made and the surgery is currently awaiting licences for online training courses funded by the CCG

It was explained that Oscar would be taking on the responsibility of dealing with complaints and would also be responsible for responding to NHS Choices comments.

Hazel Smyth then provided us with an overview of the recent CCG PPG workshop held on 3 March 2015. This was attended by representatives from PPG groups from every GP practice in Lewisham. They were all then divided into four large groups, our practice belonging to the group representing the largest portion of patient population. A report is due to be sent out to the Belmont Hill Surgery but as yet we have not received anything.

One of the main topics discussed at the workshop was how to reduce DNAs to GP appointments. This is one area that we have already vastly improved over the past couple of years and we currently have a less than 1% DNA rate since introducing the text service allowing people to cancel their appointments via text message.

Another major topic was access to GP services. There is an increased push to provide new methods of access such as online consultations and centralised booking. These ideas are currently being piloted by various practices but no definitive guidelines have been set yet by the CCG.

Collaboration between practices is something that has been increasing within Lewisham, with some surgeries providing shared services such as 24hour BP monitors, phlebotomy clinics and counselling services. Lewisham CCG is leading the way in this field and clinicians and patients are both in favour of more combined services allowing patients access to specialists at other local practices.

Hazel was impressed by the overall gist of the workshop and stated that she would be willing to attend future events. It was agreed that when the report comes from the CCG she would meet with Oscar and Khaled again to discuss.

The CQC report which was carried out in 2014 had one point marked for improvement. This was relating to our employment process and stated that we needed to ensure that all staff provided a ten year employment history as well as informing the practice of any occupational health issues once employed. Since the report all staff have fulfilled these requirements and the report has been updated.

Dr Holloway then provided a brief outline of our complaints and significant events policy, explaining how these were processed and discussed at meetings with all staff present before being submitted annually to the PPG and included in all of the doctor's annual appraisals. It was explained how we could not go into any individual cases in depth at the PPG meeting as this would potentially

threaten the confidentiality of patients involved but that all issues were investigated in full by the practice and resolved suitably.

Finally an update of the latest developments at Belmont Hill Surgery was given. The practice nurse, Julie, had recently declared that she would be leaving and our action plan for replacing her was explained. The plan is to advertise for two new positions, one experienced nurse, and one less experienced to account for Julie's clinics and replace Charlotte, the HCA, when she leaves in September. In the meantime we are planning on employing a locum nurse for at least two days a week.

Thanks to all who attended.

The next meeting will be arranged for June. All members of the PPG will be informed at least on month in advance.