

Dr C. Scudder

The Chelsea Practice

30 Flood Walk
London SW3 5RR
Tel: 02073497330

PATIENT PARTICIPATION GROUP MEETING 19th March 2014

MEETING AGENDA

- **Introductions:**
 - Introductions from members present and apologies from those that were unable to attend. KS explained that a few of the members send through their comments via email and receive the minutes from the meeting. It is understood that patients may not be available during the day to attend the meetings and therefore the virtual meetings are important to include as many patients as possible.
 - Carole Walker (Primary Care Navigator) briefly gave her name and position in The Chelsea Practice

- **Feedback from last meeting :**
 - KS read through the minutes from the last meeting.

- **Introduce Navigator**
 - CW explained her role as a Primary Navigator at The Chelsea Practice - she works with our patients at the practice to offer social support to patients over the age of 55 years. She gave examples of how she can assist patients
 - Liaising with social services to identify any OT requirements in a pts home
 - Signposting pts to social groups in the Kensington and Chelsea area.
 - Helping patients with pensions, wills. Although she may not be able to provide a direct solution she will find the appropriate person to help.
 - She has even helped a patient with her shopping when she unexpectedly was unable to leave the house
 - All non-medical problems.

- **GP Survey**
 - KS explained that the group would be looking through the results from the recent survey and comparing them with the results from the previous year's survey. Initially the group analysed how the previous year's action points had had an effect on the Practice:
 - *Displaying new local telephone number so that more patients find out and utilise the cheaper number.* Last year's survey showed that 50% of patients

knew about the new telephone number and this year's survey revealed an increase to 86%.

- *Maintain the text messaging service to remind patients of their appointment and offer the option to cancel the appointment aiming to release these appointments instead of wasting them with DNA's.* The previous year's survey reported that only 50% of patients were able to see a doctor within 3 days for a non-urgent appointment. The 2013-14 survey showed an increase to 71%. This increase could be due to the fewer DNA appointments as patients can more easily cancel their appointments via the text messaging service and therefore enable these appointments to be utilised.
- *To publicise on our website, practice leaflet and posters in the waiting area suggesting patients telephone at different times to alleviate the pressure on the telephones and waiting times for patients calling the practice.* The recent survey showed that 67% of patients were finding it very easy to get through via the surgery telephone number. This was an increase from 53.6% of the previous year.
- *Continuing to offer topical, patient focused leaflets and encourage patients to continue to suggest literature they would like available. A box will be placed in the waiting area so that patients can offer suggestions.* Although the leaflets reflect the direct choices made by the patients and the PRG only 92% thought they were appropriate compared to the 2012-13 survey which showed 100% were useful and up to date.
- *Patient education to promote the use of the primary care settings and not to visit A&E for non-emergency problems.* The recent survey identified that 87% of patients would be willing to visit a local surgery on the weekend in the primary care setting.
 - The group then discussed the 2013-14 survey:
- Nearly all the respondents (86%) were aware of the local telephone number to call the surgery which was an increase from the previous year's survey that only 50% of our patients knew about this telephone number. The PRG group were pleased that the previous year's efforts to convey the local, cheaper telephone number had been successful. Although the group decided it would be beneficial to keep the signs up in the waiting room and the business cards at the reception desk reflecting the local telephone number.
- Most of the respondents found it fairly easy or very easy to get through to the Practice on the telephone. Once again it was decided that the reception team should continue to instruct patients to call at appropriate times depending on their requirements.
- The survey showed that confidentiality is being observed in the reception area. One respondent did not like having to wait in the corridor before being called forward. The group discussed how this could be improved but with the constraints of the building and the importance of maintaining patient confidentiality it was decided that the slight inconvenience would out way the benefit. Although the group decided that if the reception team thanked the patient for waiting on the other side of the door then this would go some way to helping alleviate any grievance.
- There is a significant improvement from last year's survey in relation to the number of patients that have not had to wait 3 days to see a doctor for a non-urgent appointment. Last year the survey revealed that 50% of patients were unable to see a doctor within 3 days and this year's survey reported 71%. The

group discussed how this was partly due to the use of the text messaging service that the patient could use to cancel the appointment.

- Although the survey reported that a high majority of patients thought that the Health Promotional Leaflets were useful it was slightly lower than the previous year. We will continue to replace the Leaflets with topical up to date literature.
- A large majority (87%) of respondents would be willing to visit another surgery in the area on the weekend if they needed to see a doctor. The Practice Manager explained that since the initial discussion with the PRG in November regarding how useful a weekend service could be, she had collaborated with other surgeries in the area to implement this facility. The survey showed that this will be a beneficial resource for all the patients.
- Of the respondents that had attended an outpatient appointment the vast majority were seen in the hospital setting (86%) compared to 14% in the community. Our patients had a range of experiences at the appointment with the majority either reporting it to be good or very good.
- Ideas to improve the outpatient appointments consisted of a comment isolating one hospital that had provided 'hopeless' administration support as well as reducing the waiting time, better all-round coordination and fewer follow up appointments required. The group agreed that it is important to feedback these views to the relevant NHS department. The Practice Manager explained that patient feedback forms were sent to all patients with their Choose and Book appointment information. The group decided that these forms should also be available in the Surgery waiting area.
 - From the above discussions the group were able to highlight some action points for the next year (2014-15):
- The patient feedback form will continue to be posted to patients with the Choose & Book directions for the outpatient appointment as well as be made available in the waiting area. The completed forms will then be sent on a quarterly basis to the West London Commissioning Group so that the feedback can be disseminated to the outpatient departments and hopefully enable proactive improvements to be made within the following calendar quarter.
- The Practice has employed a new nurse that we hope will greatly contribute to the care of our patients. Her performance will be reviewed after 3 months and therefore we would like to invite any feedback by July 2014.
- The Patient Participation Group will review the Health Promotion Leaflets at each quarterly meeting to attempt to improve the literature available by the following calendar quarter.
- The texting service that we continued to use due to results from our previous year's survey is making it easier for patients to cancel appointments and therefore with less DNA's we have been able to make sure the appointments are being utilised. This has been revealed with the results from this year's survey showing more patients are able to book an appointment within three days for a non-urgent problem. Therefore we will be continuing to use the text messaging service for the next year. All newly registered patients will automatically receive this service and leaflets are on the Reception Desk instructing all other patients on how to consent to using this facility. Once a patient consents to the service they will be able to receive the text messages with 48 hours.
- To publicise on our website, practice leaflet and posters in the waiting area suggesting patients telephone at different times to alleviate the pressure on the

telephones and waiting times for patients calling the practice. This will be actioned by 1st May 2014

- In December 2013 the practice began a collaborated effort to work with three other local practices and supply a weekend surgery at the Knightsbridge Medical Centre (KMC). The survey showed that this is a service that our patients would like to use and therefore we will continue this collaboration. The answer machines outgoing message will immediately signpost our patients on weekends to the KMC. The Practice leaflet and the Healthcare pathway leaflet as well as the website will be changed by 1st May 2014.
 - The group then went onto dicuss the other suggestions that they felt would not be able to be actioned:
- The group did not think that soothing music should be played in the surgery as one patients view on what is soothing may conflict with another person's view.
- The group did not think there would be room for a water fountain the surgery
- The waiting area could not be made bigger due to the limitations of the building.
 - KS explained that the above notes would be displayed in the waiting area and would be available on the website.

- **AOB**
 - A member was very eager to have her medical records available on the internet and KS explained some of the variables that have to be overcome before this can happen; maintaining the confidentiality of patient's details from internet hackers, translating the medical terminology and acronyms used in patients notes. She was unable to give the member a timescale on when patient's medical records will be available on the internet. This lead to further discussion about the recent care.data campaign - KS explained that the HSCIC has been requesting patients to opt out of having their medical details uploaded onto a central network that can use patient identifiable information to process research as well as in the future enable patients to have access to their medical records via the internet. The group discussed the media attention. Ks reassured the group that if they decided to opt out they can always opt in again later.