

REACH HEALTHCARE
Patients Participation Group

Notes of meeting held at 3 pm on Thursday 7th June 2018
at Lordswood Community Healthy Living Centre, Sultan Road ME5 8TJ

Present:

Amanda M	Patient
Jeanette	Patient
Deodath	Patient
Gill	Patient
Neil	Patient
Ann E	Practice Manager (Lordswood site)
Dr. Shum	Doctor
Asad	Pharmacist
Martin	Patient
Carol	Patient
Kathryn	Patient
Miriam	Patient
Sue S	Patient/Co-Chair

1. Welcome and Introductions.

Members of the Group introduced themselves. There are now 28 people on the Group list. 25 patients and 3 from the practice. The new members present were welcomed to their first Meeting. The Group was told that Don had left the Group due to ill-health; Sue had sent the best wishes of the Group to Don.

2. Apologies for absence

Alison, Sue M, Ken, Christine, George D, Ann H, George P, Helen, Jacqueline, Tracy and Belinda.

3. Notes of the meeting held on 22nd March 2018 (already circulated).

The notes of the previous meeting were agreed as accurate by those who had attended.

It was noted that not all members had a copy of the PPG Terms of Reference. Sue or Ann E will ensure that a copy is sent by email to those. The document sets out the role of the PPG, its limits and boundaries, purpose etc.

4. Update on Reach Healthcare since merger (including Appointments System)

Ann E. gave an update since the previous meeting. Since the Appointments system had been changed, there had been a noticed, positive difference (by patients and staff). Patients can now either book on the day on Monday and Friday and the other days were for pre-booked appointments. There is a duty doctor on each site for emergency patients and a triage nurse. Appointments can now be booked up to 4 weeks in advance for doctors and 6 weeks for nurses. There are limited extended hours, 6.30 pm to 8pm on Mondays at Lordswood, and Wednesdays at Walderslade. There is one GP on a Saturday morning. These are for patients who cannot get to their surgery in the day time. There is less stress on receptionists now that they are better equipped to find appointments for patients.

Since the receptions now all close over the middle of the day to allow staff to catch up with their work, there had been no complaints or negative feedback. Regarding the check in system at Lordswood, the machine on the right (as you walk into the waiting room) is to be used and works. The one at Walderslade is fully up and running. There are now signs on the doors (Lordswood) indicating where the health professionals are located and both electronic notice boards are exactly the same now to avoid confusion. There will soon be a queue barrier in place in Lordswood so that patients can stand in one line and go to the next free receptionist which will be easier. Whichever telephone number patients use, all calls go through to the same number. The telephone hub is still not yet in place, but when it is, it will be much easier for the receptionists at the front desk who can concentrate on walk in patients.

There was information about the new hub, but it cannot be properly discussed yet until it is in place. There have been issues also around the new data regulations about recording conversations.

Things are gradually taking shape since the merger and there is still much work to be done but already the practice can see that some of the systems are making improvements. This will remain an agenda item for the time being.

5. Minor Illness Service

This service is only just starting up so there was not much to report. It will take pressure off the GPs when a patient is referred to this service for minor illnesses. The Lordswood site is a Hub for the Chatham area, and Reach Healthcare has a certain number of "patient slots" per session. The check-in is at the reception desk only but on a different computer system and waiting will be in a different area with a Hub doctor. Receptionists

are trained on appropriate use of the service and are able to triage patients who require urgent same day treatment.

6. Appointment of Officers for the PPG and recruitment to the Group

Sue informed the Group that there soon will be co-chair/someone to work with her on the administration of the group. This will happen prior to the next meeting. It was also noted that since the previous meeting she had recruited 8 new members, although not all could attend today.

7. GP Five Year Forward View – 10 High Impact Actions. (*documents already circulated*)

Two separate documents had been sent round to members, copies of which were available at the meeting. The first document was to explain the 10 High Impact Actions that were the backbone of the GP Five Year Forward View and as part of that, how PPGs could assist practices in their planning. The second document was a follow-up and contained discussion notes from a recent PPG Chairs Forum on practical help from Medway PPGs. It was accepted that not all the Actions were appropriate for PPGs to be involved, however in particular Number 1 Active Signposting, and Number 3 Did Not Attend, were both relevant to this PPG currently.

High Impact Action Number 1. Active Signposting.

This PPG had already discussed assisting patients in the waiting rooms to give them information and to promote patients becoming registered online (Patients Online), where they can connect and receive services including appointments and repeat prescriptions and into the future, accessing their own records. There had been 6 PPG volunteers who had previously offered to help in this way and were waiting for a “training date” to learn how to promote this service. Two members said their own attempts online were not working and Ann said she would look into that. Sue will email again to ask if anyone else is able to help, then Ann will communicate with those people. There was a discussion about the success of getting an appointment on line, or not, being “random” in that sometimes there was a good choice, and other times not. It was explained that although it is electronic and online, the available appointments have to be ‘loaded on’ each new week because of holidays, sickness etc and there may be a bearing on which part of the week patients were looking.

It was acknowledged that not all patients have the equipment, or the knowledge, or the inclination to use online services and so the practice needs to keep services offline as well.

There was a general discussion about the website. It needs updating and this is a work in progress. There is a PPG section on the website and a suggestion was, rather than a newsletter which someone would need to spend regular additional time on, that “bullet points” of the notes of meetings could be uploaded. Asad asked if his role as Pharmacist was widely known. It was suggested by the staff that as he had quite a workload anyway and the receptionists referred patients to him, that it did not require promotion at present. The group was glad to know that the practice does have a resident pharmacist and a couple of members present had used his services.

The Group was told that in reception is a large colourful Poster sent by the Clinical Commissioning Group (CCG) actively signposting patients to organisations and clinics across Medway where people can self-refer. Each service shown on the poster displays a phone number and email, and they include Pregnancy, Sexual health, Young Person issues, Falls Clinic, Psychological therapy, Incontinence, Drug and Alcohol, Wound clinic and Common eye problems. The CCG was hopeful that self-referrals will take pressure off the GPs who may well have referred to them anyway. In August, these posters will be rolled out in other places across Medway, including all the major supermarkets. A PPG member from another practice will be delivering the latter.

A member asked about indemnity to volunteers (mentioned on the documents) and it was explained, but unlike elsewhere, members of this Group agreed that because of the demographics and size of the practice, the PPG members would not be involved in “specific condition” coffee mornings as a PPG member where the role could be compromised (breaching confidentiality). That the PPG would restrict activities to promoting services, giving information to patients, asking specific survey questions, passing on patient concerns and not giving any personal advice.

High Impact Action Number 3. DNAs (Did Not Attends)

There were observations made from both patient members and the practice. From the perspective of the practice, many DNAs occur each quarter and this adds up to a lot of Doctor/nurse-hours, which could have been freed up for urgent patients and financially it is wasteful. From another perspective, patients have reported that they tried to cancel their appointment and could not get through on the telephone, or there was no confirmation of receipt of message online. It was raised that patients should not be blamed for the high numbers of DNAs as there were different reasons notice of cancellation had not been received, or their type of condition (e.g. mental health) might preclude them from contacting.

Dr. Shum said that there were things that the practice could do itself to try and lessen the issue. At the moment, until the technology is available (forthcoming telephone hub,

updated website, patients online etc) there may not be much of a change. The practice would look at individuals who constantly DNA to see if there are specific ways to tackle the problem.

The Group discussed how it could help and perhaps a survey asking patients why DNA is an issue could be created and what do they think. It was suggested that members carry out a “round robin email discussion” to jointly think up questions, before the next meeting.

Two other practical suggestions were favourable to the Group. Firstly, a large poster easily seen by everyone in the waiting rooms displaying how many DNAs there were for the previous quarter, and the consequences to Doctors, staff, patients, the practice; and asking that patients please cancel if they cannot attend. There was a reluctance to do this yet until the “getting through on the phone” situation was improved although a good idea for later. Another suggestion was the same information as on the poster could be shown on the website.

Some people are not signed up for the text messaging service which reminds patients of appointments a day or two in advance. Receptionists are asking patients to verify their mobile phone number to add to the numbers using the service. It is hoped that this service will be rolled out in the future to include reminders for blood tests etc.

Sue asked the Group to look at the two documents again in more detail than time had allowed today and suggest ways in which this PPG can further assist the practice within the 10 High Impact Actions. She asked that members email suggestions to her, for inclusion on the next Agenda.

8. Meetings/events attended on behalf of the PPG since the previous meeting.

Carol and Ann E had attended a Workshop regarding Patients Online.

Sue S had attended the Medway PPG Chairs Forum which discussed, amongst other things, the 10 High Impact Actions.

9. Date and time of next meeting

The next meeting will be held at 6 pm at Lordswood during the first week of September, the exact day/date to be confirmed.

10. Any other business.

There was none.