



The Groves  
Medical Group

**The Groves Medical Centre**

**Patient Participation Group**

**Meeting Date:** Wednesday 22<sup>nd</sup> March 2017

**Time:** 3.00 pm

**Venue:** The Kent Room - The Groves

**Attendees:** CC, PH, DA, NP, JH

**Main Points/Discussion:**

**Introduction/Welcome**

**KO** – Hi Everyone. Thank you all for coming to today's meeting. I am the Assistant Practice Manager here at The Groves and I have been here now since last April so nearly a year. I don't think I have met any of you before; I am not sure if you have met each other and so I wonder if you wouldn't mind introducing yourselves.

**(Introductions completed and agenda's distributed)**

**BS** – Hi Everyone, I am Beverly Snell the Practice Manager here at The Groves. Thank you all for coming. You have all been given a copy of the agenda and there are also copies of the minutes from the last meeting in 2015 for you.

**CC** – Something I would like to highlight and suggest which I have heard from other patients from different practices is that the agenda for these meetings are put together by us the patients. This would make the meetings more patient driven and lead by us.

**BS** – I would be more than happy for a patient who is attending this meeting to create the agenda and lead the meeting. Please do let us know if that is the way you would like the meeting to run in the future. The main reason for me creating and leading the agenda in this meeting is because we have not had one for a long time and there is a lot to go through and update you on.

**CC** – Ok. It was just a suggestion really as historically we ran our own meetings just the patients.

**BS** – We also have one of our partners here today –

**AF** – Hello Everyone, I am Dr Fensom. Some of you may know me already and I am one of the partners here. I have come in to advise and listen for this meeting but of course going forward it is up to yourselves if you would like me to be here and find it beneficial or not.

**BS** – I know there has been a huge gap since our last meeting in 2015 and this would not usually happen. We would like to regulate the meetings again and make them more often. I don't feel I need to talk through the minutes of the last meeting but if you would like me too I would be happy too.

(Patients happy to take a copy and review at home)

As we have not met since we had the CQC visit in 2015 I would like to say a big thank you for your contributions during the inspection. We had one or two patients come in and speak with the inspectors which was nice. It is very important to us that we have these meetings and that you are as involved as possible in what is happening in the practice.

**Background of PPG for new members:**

**Please refer to agenda for further information on this point.**

**BS** – We want to hear views of the service we are providing from all patient population groups and give our patients an opportunity to share these.

Through sharing comments and suggestions you can influence the surgery to change the way it does things and find out more about the way we work.

**CC** – One matter which has come up in the networking meeting's I attend is the Out of Hours service – NHS 11. If people are not happy with the service provided through 111. How do we as patients make a complaint? Naturally we would come in the next possible day and complain to you as our GP practice. The information of how to do this is not readily available and reception staffs are not aware either.

**BS** – That is a very valid point and something which we will look into. We can find this information out and add this to our patient complaints leaflet's which are in the waiting room and also add this to our practice complaints policy.

**CC** – At the moment you are the first point of call after use of the out of hour's service.

**BS** – I agree. We will make sure that we update the relevant information in our documents. We also have monthly Reception team meetings and quarterly whole team meetings where we can update the staff with this information.

**AF** – Any new staff that start at the surgery are taken through the complaints procedure and policy as well so new staff will be updated with this.

**BS** – We can ensure this is in our induction packs.

**DA** – In regard to complaints how do we complain?

**BS** – This is actually something which I have added to the agenda. We need to as a practice learn more from complaints.

**DA** – How can we complain?

**BS** – You can make a complaint in any way which is best for you. We are happy to meet patients to discuss complaints, accept them in writing, by email and verbally. We want to ensure that all patients are able to complain should they feel they need to and that complaining is accessible for everyone.

**Please see agenda item 6 for further information on Complaints.**

### **The Groves Medical Group – Update**

**BS** – I would like to give you an update on where we are at as a practice and group.

We now have four sites and we are collectively, The Groves Medical Group. We have The Groves in New Malden, The Vineyard Surgery in Richmond, Vineyard Hill Road Surgery in Wimbledon and Lantern Surgery in Hinchley Wood (Esher).

I previously worked at Vineyard Hill Road Surgery in Wimbledon and the practice was in the process of closing until the partners here took over and merged the practice with The Groves.

Since this we have merged with Lantern Surgery as well.

Across the group we have 29,000 patients (approx.)

**CC** – Do staff who work here go and work at the other practices?

**BS** – Our clinicians do yes. Our aim is to create more continuity of care and cover sessions which need too by using the clinical staff we have already. There have been some occasions where Reception and Administration staff have been asked to go to another site and work. The same has happened with our nursing and HCA staff.

**CC** – That's good.

**BS** – We have a Group Management Team which I am part of. Diane Lewis is our NHS Services Manager, Alix Polley is Group Performance Manager and Tauseef Ahmed is our Finance Manager.

We are there to support the Site Managers.

We will be launching a new website in the first week of May this year which will help our management of information become standardised for each site meaning that we will become even more so a group and that there is consistent service. For me this is a very exciting time because it brings together each site.

**CC** – If a patient is unwell here and a patient is unwell at one of your site practices do they go to a different hospital?

**AF** – They are under different CCG's yes but there is not a lot of variation in hospitals because we have Kingston and St Georges which are our main referred to hospitals.

**BS** – For the business a Group works very well for us for example in times of disaster recovery. If the phone lines go down at Lantern Surgery for example we will with the new

telephone system be able to transfer their calls here too so that patients are still able to contact the surgery. 3 of our practices use the same clinical system EMIS and we are able to log in to the different sites from here, which allows us to book appointments if needed. The telephone system upgrade will mean that we can call internally to each site through an extension number rather than using the practice line. This and the new website will support us when we face challenging situations.

**DA** – Will there ever be a chance of the phone calls to the surgery being free? Sometimes you call and are placed in the que and can be in the queue for some time which of course costs.

**AF** – I don't think so. Unless the NHS decides to make changes to the charges we cannot facilitate. With our new telephone system we will be able to audit how many calls we are receiving and what times are the busiest etc. allowing us to look at how we can and hopefully help reduce the queue waiting times.

**BS** – We are looking at our staffing too and Keighly has worked in a Group practice before and so is inputting her experience on how things worked and different ways of reducing such things.

### **Online Access**

**BS** – We now have to provide online access to our patients to make sure we are catering for all patient population groups. We have 80-90% of our NHS appointments available on there but this does not include Nursing or Health Care Assistant appointments.

We have 3996 patients registered for the online service and have registered a further 800 in the last 6 weeks.

Our reception team are using an I Pad to show patients how things work get them signed up and help them in using.

**KO** – The reception team have done very well actually. I am not sure if anyone here does use it but if so how are you finding it?

**DA** – The first time I used it I had put in a prescription request and went to the pharmacy but they had not received it. I then realised there was another page I had to go through before it was finalised which isn't obvious when you first use it. Of course now I know and have been using this since.

Will the new website include online access services?

**BS** – Yes it will. There will be certain buttons which will launch into booking appointments for example.

**CC** – Is there any chance of appointments getting double booked?

**KO** – No. EMIS our clinical system won't allow that to happen. Its real time so when a receptionist is booking an appointment it shows the slot as being 'Provisionally Booked' and so another time has to be given. It will never let two patients be booked into the same time.

**PH** – I and my husband signed up for online access and when I log in I actually see his information?

**BS** – This is really concerning and something we will look into straight away for you. It may have been set-up incorrectly. When he logs in does he see his information?

**PH** – Yes.

**KO** – I am not sure it would allow the information to be set-up twice so this is definitely something we would need to look into.

**CC** – Do you think these two systems will be help for the mornings?

**BS** – Yes definitely.

**AF** – These are also alternative ways for patients who are not very sick and are coming in for sick certificates, repeat prescription requests and similar to otherwise request these which will free up both the lines and some of the appointments. The patients requesting these items do not need GP time unless it has been requested in some way.

This will be good for patient education as well. The platform will allow direct translation for patients whose first language is not English.

I do believe something which would surprise you is the volume of extra admin each clinician gets. Some things can be filtered through and dealt with by our reception team and this is something we are working on.

**CC** – You do raise an issue there which I have come across previously. I have heard patients say one of the main problems for them understanding when they come into the doctors is not necessarily the language spoken but the jargon used. They fill some explanations can and should be simplified.

**AF** – We can try to simplify when explaining things. I think sometimes it becomes natural to use jargon especially for the clinicians and we don't always think about that. In regard to language if you come to reception and English is not your first language or you do not understand it as well there are interpreter lines we can call.

**CC** – I have just heard how surprised people are at the jargon used.

**BS** – Through the new website which is like a dashboard the information will be very easy for all to follow. It will take you to the appropriate department within the practice and allows you to view the website in lots of different languages. If you then request something or are getting information back it will automatically translate this for you into the chosen language which is brilliant.

**CC** – That's good. It's just the intermediate group who

**AF** – Reception staff do not have the same training as Clinicians and I think that is something to consider.

We did last year run an exercise where we had a 'secret shopper' come in and then a training session with feedback for the reception staff as to where we were may be going wrong and what they could improve on. It was a very good exercise to highlight the patients view and how you understand or are feeling.

**DA** – I would like to say that the reception staff you have now are lovely.

**BS** – Thank you that is nice to hear. Keighly is very much involved with everything in reception and we do have a compliments board now. We want to share the positive feedback we get.

We have had a huge reduction in written complaints and that is because we now speak to patients more.

**Please refer to agenda item 6 for further complaints information.**

**CC** – I think that is good. People are very keen to tell you when something doesn't go well but not so much when something positive happen. I also think the gap at the reception to ensure confidentiality is good.

**JH** – I have found when speaking to friends and others that they do spend a long time waiting in the phone queue and they may not want to use online services. Will these waits reduce?

**BS** – Yes that is our aim. We hope that a lot of patients will use this dashboard. We have spoken with other practices that are currently using it and there has been good feedback from both staff and patients.

We will be able to see the times which are most popular for the use of the system, which previously has been found to be between 7 pm and 10 pm, after work.

**JH** – I think it will be great for younger people.

**AF** – I understand what you are saying but the use by any patients will have a knock on affect in terms of there being more appointments. It will help free up the phone lines. I always suggest as well that as long as you have consented if you have grandchildren or any young people at home they can log in and help you use the online systems.

If a patient has a carer they may wish for them to log in and act on their behalf.

We are hoping for more availability.

**CC** – Just something I wanted to ask and this isn't a complaint because I would have complained at the time if I was going too. I came in about a year ago to see a GP and was told that I would hear from the hospital with an appointment within two weeks. A month later I hadn't heard anything and so I was told I had to come in and start from the beginning.

In this type of situation would the GP have contacted the hospital?

**AF** – You shouldn't have needed to come back and start again. For all two week rule referrals we have a set form which we complete and this is sent to a set email address. The medical secretary's send these off. This is the same for all two week referrals. It's very quick and easy so that it can go off straight away.

We do use a dictation system for most our referrals and these are typed then sent off by our Medical Secretary's.

With every referral the GP indicates whether it is a routine urgent or two week rule referral and will say where exactly it needs to be sent too.

We do have telephone calls which can be used for such situations. If needed we have emergency and Paediatric appointments available if the clinician feels it is appropriate to bring a patient in.

**CC** – Ok. How long should I have had wait?

**AF** – The referral should be written within 72 hours (working days) and then sent through to Kingston Hospital. They will then book you in within a two week block of them receiving the referral. They do usually book the appointments towards the end of the two weeks.

If you have not heard anything you can call the surgery and someone will be able to help you.

**CC** – I am also on a number of medications and when I go away sometimes need extra. How do I do this?

**AF** – You can call or leave a note asking for extra to be given on this occasion. The only time there would be a problem is if a review or GP contact is needed before issuing the prescription. It's very easy to arrange.

**DA** – You say that repeat medication takes two days but can we get it quicker?

**AF** – Yes. Two days is the standard time for the processing to happen but through the Electronic Prescribing System your prescription request is received processed and then goes to your named GP for signing.

All prescription are actioned by a specific time each day and once seen by us gets sent to the pharmacy.

If your named GP is not in on this day it will go to another GP to action.

If you are signed up for electronic prescribing you will have a nominated pharmacy and it will be sent straight through and they will prepare it for you.

A paper prescription would still take two days. The request has to be sent up to the prescription team issues printed and sent back down to a clinician for signing. It then has to be collected by the pharmacy and processed so a much longer process.

NHS England introduced the electronic prescription system last year and 80-90% of our patients are using.

Another good thing with EPS is we can track it for you. There may be a delay on occasion but not always.

It is a very flexible system that allows us to send a prescription to exactly where you need it to go.

**CC** – One area I find unsatisfactory in the pharmacy next door is the lack of chairs. It can get very busy and if you are elderly you often have to stand for quite a while if the chairs are not free.

**AF** – Ok. That message is something we can pass on. From our point we do have some clinicians mE being one example that starts surgeries at different times. This means that not all patients are finishing appointments at the same time and then heading straight to the pharmacy. Hopefully this will help reduce the traffic in there.

**NP** – I have a company which analyses health and it has been noted that there needs to be more education for patients to use community services. People are preoccupied by the GP but there are health services available within the community. I really feel there needs to be more education on these.

**BS** – We absolutely agree and that is why we want to share as much information with you as possible. We want to educate patients in all areas and so that they can access information in as many ways as possible.

Beverly explained the NHS Health Check process and how this is completed by our Health Care Assistant staff. It allows any concerns with health to be highlighted.

**Please see agenda item 9 for further details about Free NHS Health checks.**

**CC** – Another point which has been discussed at the Health Networking Meetings which I have attended is in regard to a consultation exercise Kingston CCG is going to carry out. They are going to stop the prescribing of over the counter medications.

**AF** – Yes we are very aware they are doing this. It will stop medication such as paracetamol being prescribed. It is not needed and is very cheap to buy in the supermarkets or pharmacies.

There are different requirements in different parts of the country because they have different policies and safety regulations.

I will say Kingston CCG is one of the most influential CCG's in the country. They are driving for unity and standardisation and using money which can be reduced in one area to drive other services. Kingston Chambers does a great deal of behind the scenes work to try and provide dynamic services.

### **Family and Friends – Practice Feedback**

**KO** – The Family and Friends tests are a measure of the service we provide. It is something we have been and continue to try and promote to patients. We really encourage the feedback and want to share and learn from it. It allows us to look at ways to improve the service and make things better for you.

**JH** – I would say you are the best GP practice for miles.

**KO** – Thank you – that's great to hear. This is something we can use on the compliments board in the waiting room.

**BS** – Thank you. Good feedback is extremely good for us as a practice and our teams. We love it! It is good for team morale.

**JH** – I think one of the only problems is not getting to see the same GP every time you come into the surgery which just isn't possible.

**BS** – Yes. We have recruited three new GP's. They are all lady GP's and one has already started. The others will start at the end of April and beginning of May.

**JH** – That sounds really good.

**Please see agenda item 10 for the names of the three new doctors recruited for 2017**

**CC** – One aspect which I am uncomfortable with is when the GP calls me in and says I hope you don't mind there is a student in the room with me today. I feel we should be told in advance of the appointment. It can be uncomfortable for everyone for the patient to say no in front of the student.

**BS** – I think this is another good point and something which we will look at and change.

**AF** – Do not feel uncomfortable about saying no. Please do say if you would not like them to be in the room. They are completely respectful of it and it is constructive not negative.

**BS** – We can feed the information to the staff through the weekly Clinical Meetings we have the reception team meetings.

**JH** – So we should come to you about delayed referrals?

**AF** – Yes we can chase it for you. It all depends on how to use the systems.

**NP** – We need to look at different subjects like Cancer prevention for example and the risk factors around it.

**AF** – We are also trying as a practice to look into respiratory treatment. There will be going forward education and focus on specific topics.

**JH** – We used to have topic meetings way back which went very well and we had a lot of people attend. We did at one point run a stall which had leaflets for specific issues but this wasn't as successful.

**BS** – I think having newsletters would be a good idea. We can make them here in the surgery and patients can pick them up from the waiting room and reception. We have lots of IT literate members of staff now. It's something we can look at again.



I think patients would appreciate it and it would keep everyone up to date.

### **Waiting Room – Suggestions on Improvement?**

**KO** – We have been looking at our patient waiting room and there is not much going on in there. We would like to make it better for you. Do you have any suggestions or anything you would like us to change?

**CC** – It's very off putting when the noticeboards are cluttered especially with out of date information.

**KO** – Yes it can be. We try to make it is uncluttered as possible. The reception team do take pride in the noticeboards and make them as nice as possible. We walked round yesterday actually and reviewed everything which was on there.

There was a suggestion that the LED Display board could be used to display GP's running late messages.

**AF** – I wonder whether there is a way we can get the check-in screens to display how many patients are in front of you. Sometimes how many minutes someone is running is are hard to tell. (To be looked into)

**KO** – We also feel the waiting room is very isolated. It would be nice if the reception area was open. We do feel you are shut away once you go into the room.

**BS** – This is another reason we have implemented the I Pad and the staff are going to come in and circulate the waiting room. I don't know if it would be something you would like if the receptionists came into the waiting room if they have seen you sitting there for a little while and check how many patients are in front of you or timings as to when you will be seen.

If you do have any further ideas do let us know.

**AF** – One thing which I don't personally like is the use of mobile phones. I have had patients answer them during consultations before too and I find it extremely rude.

(All agree)

**Action:** Posters to be put up in the waiting room with regard to the use of mobiles in the surgery.

### **AOB**

### **Out of Hours**

**KO** – There are new out of hour's clinics which have been set up. One is at Kingston Health Centre, Chessington, Merritt Medical Centre and Surbiton Health Centre. Address and map details are available in reception.

There are Saturday and Sunday appointments available and evenings Monday – Friday.

We are able to book appointments for these clinics here in the surgery.

These are not walk-in clinics.

The feedback we have had so far has been good.

It's a Kingston CCG Initiative for more capacity.

The clinics have access to your electronic records too so they can look at your past history and refer to anything needed. There is no delay with in a discharge summary coming through. Your record will be updated there and then.

### **The Groves Group – Roadshow**

**BS** – I just want to keep you updated and let you know that we are running a Roadshow for all Group staff on Tuesday 28<sup>th</sup> March 2017 from 7 pm. It's a chance for the partners to let the staff know of their visions and update on what has changed/is changing within the group.

We value our staff and this is an annual event we run for them.

If there is any feedback which you would like us to pass on at this evening please let myself or Keighly know and we can do so.

### **Virtual PPG**

**BS** – We are looking at running a virtual PPG as some patients are not always able to make it. There will be a link on the website for this and we will be sensitive of sharing information.

**BS** – We will ensure you get a copy of today's minutes and agenda and these can also be uploaded to the website. If there is anything more you would like us to add, please send this through to Keighly as you all have her email address.

### **Regularity of Meetings**

It was decided that these meetings will take place 6 monthly going forward.

The next meeting will take place in September and confirmation of a date will be sent to all.

### **Feedback from meeting**

The patients who attended the meeting felt positive about what had been discussed and the surgery. Feedback was good and any comments/suggestions will be taking on board. There will be action on these where possible.

Thank you to all for attending.