

Minutes from Patient Participation Group

Dated 8th February 2018

Attended by:

Mr J Mularky
Ms H Dolan
Ms C Anderson
Mr I Buchanan
Mr G Steel
Dr AJ Kelly (GP Partner)
Dr M Rahman (GP Partner)
Ryan Addison (Practice Manager) (Minutes)

Apologies

Ms K Drummond
Mr B Burton
Ms S Nelson

Introduction

Last Minutes – minutes from November 2017 were approved by the group.

Practice Update

Appointments and Systems

Feedback from recent audit on appointment availability showed the following:

	Appts Offered	Did Not Attend
GP Appts / Triage Calls	707	19
Nurse Appts	411	36
Total	1118	55

- Did Not Attend Rate is 6.29%
- BMA and Royal College of GPs recommend 72 GP appointments per 1000 of patient population. We have 8,600 patients; this means we should have 620 appointments per week. We offer higher than national recommendations.
- Appointments also include telephone and face to face appointments.
- Data taken from week beginning 8th January 2018. The first full week back in the New Year is traditionally a busy time for General Practice.
- A GP was on annual leave during the data collection. Normally figures are higher.

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Time to Learn (7th February 2018)

We had a very successful Time to Learn event on the afternoon of 7th February 2018. We welcomed guest speakers from Youth Action Project and Detecting Cancer Early. Dr Ali also gave a presentation on Minor Surgery.

As part of our safety systems and learning programme, we are committed to staying current with medical and nursing updates, and allowing free dialogue with our team to generate new ideas on how we can improve our service to patients, using the resources available.

Feedback on the subjects has been really positive. The Health Visitors spent time with Hilda Dolan from Youth Action Project and have already begun working together helping patients.

Physiotherapy in Practice

There was a discussion on the role of the Physiotherapist in the practice. The Physios don't provide the traditional treatment you would get from the self referral stage – they take on the role that you would normally see your GP about muscular or skeletal problems. The Physio can also arrange sick lines and prescriptions. Face to face and telephone appointments are available.

The Physio can also be seen within 2 weeks which is much quicker than the current self referral process which can take considerably longer.

The team fed back that advice on websites about exercise can be difficult to understand as opposed to a face to face consultation so having a Physio in practice was regarded as appositive move.

Text Messaging Reminder Service

We have experienced further delays in the installation of the service. This is run by NHS Lothian and it was found that the software was not compatible with our main computer. This is being addressed by the Health Board's IT department and Ryan will monitor and update on progress.

The team asked for a box at the front desk to hand in text message consent forms. Ryan to action.

Patent Leaflet – Services in the Local Area

The practice has been engaging with other local services as we recognise their importance to the local community and they positive impact they have on patients.

We have created a patient handout with details of local groups that can help with a wide range of health and social issues. These handouts are for the GPs and Nurses to hand out during consultation to assist patients. For example you may be visiting the GP regularly about an issue affecting your mental health – this leaflet will also have information on support groups in the local area to help you.

The leaflet is also available on the website and on request at the front desk.

- **Youth Action Project is invited to have a stall in the waiting area to speak with patients at a time / date of their choosing.**

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Date of next meeting:

Information Online

NHS Choices or NHS Inform? A question was asked about what website do the GPs signpost patients to use? NHS Choices was believed to direct patients to other services as opposed to NHS Inform.

Dr Rahman explained that whilst NHS Inform is a helpful website, NHS Choices is a much easier website to navigate. Dr Kelly also explained that he prefers to use Patient.co.uk as he feels this site explains symptoms better.

[Links to all three websites are added at the end of these minutes]

Cancer Screening

Dr Kelly asked the group if they would be able to help up 'spread the word' about cancer screening. The practice is very committed to engaging with patients and promoting cancer screening; namely Cervical, Bowel and Breast Screening, but we are still below the national average in Craigshill and there are limits to what the practice can do to support this. We are working with the 'Detecting Cancer Early' initiative set up by the Scottish Government to improve the number of screening tests done and one suggestion was that we ask the Patient Participation Group to spread the word within the community.

There have been changes to the Bowel Screening process – patients over the age of 50 are no longer invited to provide three samples and can simply submit one instead, making the process much easier.

The GPs were asked about prostate cancer screening, as it was reported in the media that prostate cancer rates are higher than before. Dr Kelly explained that there is no rolled out screening process for prostate cancer in the similar way to cervical, bowel and breast cancer screening tests. This is because the Prostate-specific antigen (PSA) test is not as sensitive as the other screening processes mentioned. PSA would also require a consultation with the GP beforehand.

Dr Kelly has a strong interest in men's health and would encourage patients to book an appointment with him (or any other GP) to discuss with patients who are worried about their prostate.

Samples at the Front Desk

The boxes at the front desk are not labelled to what samples should be handed in. Often there are no bags in the boxes either.

The bags are collected by the drivers and not replaced immediately. Ryan will arrange a routine in practice to address this and have the boxes labelled appropriately.

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Flu Season

The group asked the GPs how they handled the flu season.

Dr Rahman explained that there was a lot of pressure and it was a struggle at times. Many patients could have been helped in the community but as so many patients had flu, the community teams were overwhelmed by demand on their services.

The strain for flu is made 6 months prior to the vaccination, so it's never going to be 100% right to prevent flu, but it does help prevent the virus.

The group mentioned that patients aged over 65 are informed by the Health Board to attend the GP for a flu vaccine. However this is often after the flu clinics are held in practice. **The practice will liaise with the Health Board so that the letters and arranged clinics are co-ordinated in future.**

Telephone System / Triage

The group mentioned the difficulty in getting through to the practice in the morning for on the day appointments. Patients are trying to call through many times to get an appointment.

Ryan explained that the demands on the team first thing are high due to a wide range of calls other than appointments.

[Since meeting, the practice will now only deal with General Enquiries after 10am to allow those calling for an appointment easier access to the reception team].

The signposting process is in place as many of our patients can be seen by another healthcare provider. We have a higher than average number of appointments available to patients, and to ensure that we can manage demand, we spend longer on the phones signposting patients to a more appropriate provider such as the Podiatrist, Pharmacy (for minor ailments) and Optician.

[Since meeting, we have made adjustments to our staffing levels in the morning to address this] the cover on the front desk by the Community Team has been moved from the afternoon session, to the morning team. This allows more time to help in the mornings].

There was a suggestion of having a triage system in place where patients can attend a walk in clinic. Patients walking in to be seen can go through a triage service prior to seeing a GP if appropriate.

Different systems are in place at different practices and there is no 'one size fits all' to suit every practice. For example the unpopular system which had patients queuing at the front works well in some practices. Appointment systems are very much made according to the patients, local demographics and

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Action to be taken

Serial	Item	Action by
01	Box at the front desk for patients to hand in their text message consent forms.	Practice Manager
02	Sample boxes to be labelled and routine in place to ensure bags are in the boxes at all times.	Practice Manager
03	Reminder in the practice diary to co-ordinate flu clinics with the Health Board reminder letters sent to over 65s.	Practice Manager
04	Telephone system – review access on the phone first thing in the morning.	Practice Manager
05	PPG to spread the word about Cancer Screening	PPG
06	Newsletter to be translated into Polish	Practice Manager
07	Review of Triage and Appointment Systems (involving the multi disciplinary team)	Practice Manager

Websites Discussed

NHS Choices <https://www.nhs.uk/pages/home.aspx>

NHS Inform <https://www.nhsinform.scot/>

Patient Info: <https://patient.info/>

Suggested date of next meeting: Wednesday 2nd May 2018 1830 – 1930

Ryan Addison
Practice Manager