

LIQUORPOND SURGERY PATIENT PARTICIPATION GROUP MEETING

Thursday 1 December 2016

Present:	Mr. GA Mr. RC Mr. PD Mrs. DH Mr. IM Mr. AP Mrs. JR	PPG Members
	Dr. M. Nolan (MN) Dr. I. Fernandes (IF) Dr. K. Gamalath (KG) Mr. Robert Bailey (RB)	GPs Nursing Staff
	Mrs. Sarah Hardie (SH) Mrs. Annette Jakeman (AJ) Mr. Keith Foster (KF) Mrs. Judith Jain (JJ)	Practice Manager Deputy Practice Manager IT Lead Secretary.
Apologies:	Mrs. HA Mrs. DJ Mrs. HJ Mrs. SL Mrs. JN	PPG Members
	Dr. H. Matiti Dr. M. Ramana Mrs. K. Motley	Reception Supervisor

Mr. GA welcomed everyone to the meeting

Minutes of last meeting & matters arising: The minutes were agreed as a true record and were accepted. Mr. GA requested that members' initials should be put next to their names at the top of the minutes.

Calling of Patients for Dr Appointment: It was asked whether patients' names could be displayed on the call screen, especially for hard of hearing patients. It was agreed that all clinical staff would use this. If the call screen was not working, these patients could ask at Reception to be informed when they are called.

Mr. PD suggested that, if a patient's appointment has been moved to another doctor, they be informed of this when they attend.

Update on trying to contact Polish Newspaper Editor in Boston: Mr. GA had been unable to contact the Editor. Mrs. SH said that she had met with a Polish lady who worked with the Editor and it was agreed that Liquorpond Surgery can have a page within the paper to promote the services we offer and encourage the Polish community to attend.

Patient Council LECCG Group Meeting: Mr. GA and Mr. AP had attended this meeting, which was good in parts. If there was anything an individual or the PPG would like to raise with the CCG, let Mr. AP know and he will forward this.

Disability Listening Event 8.12.16: Mr. GA explained that if anyone wanted to attend, there was a contact number on the poster displayed in the waiting room.

Telephone System: Mr. PD had looked at a questionnaire from March 2016 and had subsequently done web research from other surgeries, one of which ran a triage system. Mrs. SH explained that we are looking at triaging in the New Year with our new Nurse Practitioner (Zoe Taylor). This would triage on the day requests and home visits.

Mr. AP asked how many sit and waits were urgent and Dr. IF said about 40%. Dr. MN explained that the increase in sit and waits was possibly due to the non-availability of appointments for a few weeks.

Mrs. JR asked what the situation was like with answering the phones. Mrs. SH explained that the Reception Supervisor had done an audit the previous week; at one point, no phones were ringing but, when they did start ringing, the time shown on the phone indicated that patients had been waiting for 25 minutes. Mr. RC asked whether this got reported back to the telephone provider. Mrs. SH explained that we have explored routes to remedy the problem/negate the contract. Unfortunately, the Practice was not covered by the Consumer Credit Act. Mr. GA asked when the contract would end and Mrs. SH said we were only halfway through. The Practice recognises that the phone system we were sold is tailored for a call centre. In the New Year it was hoped to merge 3 lines into 1 so that whatever the call was for, everyone was in the same queue and it would be 'first come, first served'. However, we have been reassured that, if this does not work, we can go back to the old system. Mr. IM suggested the Practice write a specification for what we want. Mr. PD asked whether other Practices in the CCG had problems. Mrs. SH said the telephone provider was the Lincolnshire CCG preferred provider. Mr. IM expressed the opinion that, with all the problems we are encountering, we are doing extremely well. Mr. AP asked if the Nurse Practitioner appointments were pre-bookable – no, these can only be booked on the day.

Process for Repeat Prescriptions: Mr. GA pointed out that patients had to go through various pages to order repeat prescriptions. Mr. KF explained that this was a SystmOne nationwide set up and not our system.

DNA: Mr. KF gave a presentation on DNAs since 2011 with the general trend down since February 2015; this may be due to the text messaging service. Mrs. SH explained that it had been agreed that Drs would ring patients to see why they had not attended, but patients had used these calls as a consultation. The Practice were now proposing that Receptionists would ring patients who DNA and if they could not get hold of them, a letter would be sent. If a patient DNA x 3, a warning letter would be sent that they may be removed from the list if DNA again. This would need to be

managed carefully to ensure that patients were not in a vulnerable group. Mrs. SH asked the PPG if they were happy with this course of action and everyone was in agreement. Mrs. AJ explained that diabetic appointments were 30 minutes with the nurse and 10 minutes with the doctor. Between April-September 2016 there had been 39 diabetic DNAs. Since October 2016, Receptionists had rung diabetics the day before to remind them and the DNAs had dropped to an average of 3.5 a month (previously 6.5). This will be reviewed in 6 months.

Dr. Moore's replacement/new Nurse Practitioner: Mrs. SH explained that we are planning on using the new Nurse Practitioner's skills and are looking at triage. It was proposed that with the triage system, the first part of the on-call GPs rota will have pre-bookable appointments (3-5 apps), which would free up about 10 appointments a day. This should help alleviate the pressure on appointments. The Practice was not looking for a replacement doctor at the present time.

CQC Update: Mrs. SH explained that we are expecting a CQC inspection before the end of the year and would receive 2 weeks' notice. She asked if any of the PPG were interested in attending as the Inspectors like to speak to members between 9.30 – 11 am. Also, would one member come in at 8.30 am to meet with the CQC team and staff for the presentation?

Patient Survey: Mr. KF gave a presentation on the latest patient survey, which had additional questions and a 'comments' box. A higher percentage of females had completed with >70 years the highest responders. The highest percentage of responders were British with 3.4% non-British. The results were positive.

Discussion of Action Plan: As a result of the survey an action plan had been put together and Mrs. SH would email this out.

Uneven Floor in Waiting Room: This had been repaired.

Review of Procedure to charge those not approved for NHS Treatment: Defer.

Election of new Deputy Chairman: Mr. PD was elected as Deputy Chairman.

ANY OTHER BUSINESS:

- Mr. GA requested that the PPG meetings be kept to every 3 months. These will be 2.3.17, 1.6.17, 7.9.17 and 7.12.17.
- Mr. AP thanked Mr. GA for his time as Chairman and setting the group up.

The meeting ended at 9.00 pm.