

University Medical Group

Minutes from Patient Participation Group meeting – 26th March 2018 6-7pm

Present: Dr Elizabeth Johnston, DT, SL, WE, JE, BM, NM, BM, TM, JW, HW, JM

Minutes: Fiona Mullin

1. Welcome and introductions

Dr Johnston (EJ) started by welcoming everyone and thanking them for coming to the meeting.

2. Minutes from last meeting

Minutes from the last meeting were reviewed and agreed.

Action from the last meeting – EJ to bring phone statistics to the next meeting

EJ brought the phone statistics for January and relayed these to the PPG. Main points to highlight were that most calls are being answered within 3 minutes and the most number of abandoned calls are on a Monday which is our busiest day with the highest at 12%, the majority of which were between 8 and 9 am. Overall, between 88% and 99% of calls were answered in January.

Q. How many people answer the phones?

A. We have increased our reception headcount so between 5 and 8 staff are answering calls between 8 and 9am (including the receptionist at Whitley Villa who picks up calls when not seeing to patients at the desk). The rest of the time, it is less and is dependent on demand, sometimes there may be only 1 person needed to manage the calls.

3. Feedback from PPG on opening hours and appointments in the evening and on Saturday morning.

EJ delivered a presentation (see appendix) detailing the extended hours and appointments. A discussion was held with the PPG around the success of the extended hours. GP, Nurse and Healthcare Assistant appointments are available. Nurse appointments are available on some Saturdays. EJ advised that we are currently exploring whether it is feasible for bloods to be done on a Saturday and we would like to offer this service specifically for people who are working.

Q. What is the fill factor for the extended hours appointments?

A. 100%. DNA (did not attend) appointments are less for evenings, more people DNA on a Saturday but all appointments are always filled.

Q. PPG member was taken unwell on a Sunday and had not been aware that the practice did not open on a Sunday – thought that the new extended hours was for the whole weekend?

A. Very good point made. There is a service available on a Sunday but our practice has not been given funding for Sundays, only evenings and Saturday mornings. Funding has been given to a collective and is made up of an alliance of other surgeries in the area. The issue for us is that we do not have access to the appointment system so would have to phone them on a Friday to check availability then phone the patient back to arrange to book them in. The process would be too clunky.

Q. Can you book online for a Saturday?

A. Yes, Saturday appointments can be booked online. 50% are available to pre-book in advance in line with the rest of the week and 50% are released on the Friday. If a patient cancels, these appointments can be booked by someone else on the day as long as they use the online service.

Q. Would the practice open on Sundays?

A. There is a lot of funding available which the practice would like to get but the other piece of the puzzle is that it would be Friday nights, Sunday mornings and bank holidays which would be a big cultural shift. Our patients could have access to the Friday night and Sunday morning service but it would not be at this practice.

Q. Would it be likely that opening hours could be flexed depending on demand e.g. close early on a Wednesday and use the hours to open at another time?

A. No, as our core hours are 8am-6.30pm and we need to be open for those times.

A discussion was held around whether any of the PPG has used the out of hours and Saturday appointments yet and what would the interest be in Saturday blood test appointments. Generally, most of the PPG has not used them as appointments during the core hours suit them but one member has and would potentially be interested in Saturday appointments for bloods.

Q. Are there any statistics for 111 calls for our patients?

A. We get copies of all 111 calls but it would not be an accurate reflection as patients are encouraged to use 111 for advice as well as medical attention.

EJ asked if a member of the PPG would be able to sign the minutes. DT volunteered to do this and FM will contact DT once they have been typed up.

4. Update on premises extension and practice developments.

EJ advised that we are no further forward with the plans for expansion. Meetings have been arranged with the University for talks but unfortunately, these have been cancelled by the University so have not yet taken place.

5. Briefing on the new NHS operating plan and opportunities for the practice.

Friends and Family feedback

The practice is happy with Friends and Family feedback overall and averages 95%. The criteria is would they be happy to recommend the practice to friends and family. We have excellent reviews on NHS choices and a low number of complaints in relation to the size of the practice.

Q. Are you capturing what the complaints are about?

A. Yes and we monitor them for trends.

Celebrate Success

- Diabetes care has improved from June 18 and we have been commended by the CCG
- HbA1c levels 75mmol> have fallen from 15.5% to 11.9% of diabetic register

- South Reading practices have fallen from 16.3% > 12.5% over the same period, so this practice is below the average
- This is against a 20% increase in our diabetic register over the same period (531>640)

We are the practice of choice and our patient list continues to grow. As a result, we are expanding our number of GPs. Dr Joshi who has been a locum here for some months is joining as a salaried GP as is Dr Sperry who has been a longstanding locum here for several years and sees a very large number of patients. Dr Duncan will be joining us in April for 2 days a week and Dr Leila Saaed will be starting in June as a 0.6 FTE. As part of an international GP programme, Dr Marta Czastka will also be working at the practice. She was a GP in Poland but has now moved to the local area and we are very pleased that she has chosen to join us. Her first 6 months will largely be in an observing/supervised role in order to qualify her to work in the UK as a GP.

We have created 4 other new roles to support the clinical team and a new Assistant Operations Manager has been recruited to support the management team and will be starting in April.

What's next?

- More staff!
- Recruitment of new pharmacist
- Increase the nursing team capacity
- Exploring phlebotomy appointments on Sat for working people

Primary Care Networks (PCNs)

- At least 30,000 patients
- Funding for five roles :
- Social prescriber -2019 (100%)
- Pharmacist (and technician) -2019 (70%)
- Physician associate -2020
- First contact physios -2020
- Paramedics-2021

Technology

- Patient Wi-Fi
- Schedule 2 & 3 controlled drugs can go by EPS
- NHS app
- NHS 111 booking directly into practice appointments

Digital

- All patients will have the right to on-line and video consultation by 2021
- EMIS on-line – we have funding and one of the PPG will be giving us feedback on this.

- All patients will have on-line access to their full record, including the ability to add their own info from April 2020.

Challenges

- No 1: Space
- No 2: CQC will be visiting this year

Q. For such a large practice, you have only 3 partners – is that enough?

A. As you know, 2 of the partners retired last year so since that time, it has been a case of seeing how things felt and it does feel stretched. We will potentially be looking for a new GP partner in the next year.

Q. What is first contact physio?

A. First contact physio would be a service whereby a physiotherapist sees and assesses patients first for musculoskeletal conditions rather than a GP. They would then be able to signpost/onward refer them as appropriate. They would not be responsible for their ongoing treatment, just the initial assessment and advice.

6. AOB

PPG - Continuity is important and being able to see your own GP – my experience at the practice is that it is very difficult to see the same GP twice in a row. Can we do anything about this?

EJ - It is difficult, particularly if your GP doesn't work very many days. Some of the things we have done are create GP only bookable slots when the GP needs to follow up with a patient but there are no pre-bookable appointments available. It is acknowledged that this does not help patients book in with their own GP, they still have to book by phone or via Patient Access. It is a common message and unfortunately, there is not really a way around it. Using Patient Access however does make it easier as you can see when the GP is available to pre-book. The appointment book is loaded between 4-6 weeks in advance.

PPG - A plea for when plans for the expansion are being discussed and can reasonable adjustments be made for those with learning disabilities?

EJ - A good point – it would be good to have discussions about it nearer to the time.

PPG - Is Whitley Villa still going to close in 2023?

EJ - The lease expires then however we can't manage without the space unless we have managed to expand the premises by then.

PPG - Comments on the call screens – they are quite hard to read and would like to see them upgraded.

EJ - Acknowledged that they are quite small.

PPG - If you have 40% registered online users, is it the practices responsibility to get more patients registered?

EJ - Yes but students are a lot of our churn.

- PPG - It was commented that it is easy to miss registering for online access when joining the practice so if you don't do it at the time, you have to come back another time and do it. It doesn't seem like that it is being 'pushed' at the time of initial registering by reception.
- PPG - Have you considered using 'contact your practice' on Patient Access as I have heard that it saves time in GP appointments?
- EJ - It is interesting to hear that it is being used in other areas but we don't feel that it would necessarily save time. There is no opportunity for dialogue and we could get a lot of unnecessary queries. It would mean blocking off time for a GP to go through the queries and likely then have to book the patient in for an appointment or phone call anyway. At present, we are not considering it.

Appendix: Minutes of PPG – discussion on Extended hours 26.3.19

1. Discussion about the success of the new 7/7 arrangements
2. Consider how we should arrange clinics to best serve the needs of our population going forward.

	GP	Nurse / HCA	Paramedic
Monday	3 routine appointments bookable up to 4 weeks in advance 3 routine appointments bookable on the day All available online or through the Service Team	HCA: 3 routine appointments all bookable up to 4 weeks in advance	6 minor illness appointments available for the next day or on the day
Tuesday	Up to 9 routine appointments bookable up to 4 weeks in advance Up to 9 routine appointments bookable on the day All available online or through the Service Team	Practice Nurse 6 routine appointments all bookable up to 4 weeks in advance	
Wednesday	Up to 6 routine appointments bookable up to 4 weeks in advance Up to 6 routine appointments bookable on the day All available online or through the Service Team	Practice Nurse / Minor illness Nurse 6 routine appointments all bookable up to 4 weeks in advance	
Thursday	Up to 9 routine appointments bookable up to 4 weeks in advance Up to 9 routine appointments bookable on the day All available online or through the Service Team		6 minor illness appointments available for the next day or on the day
Saturday	Up to 15 routine appointments available up to 4 weeks in advance Up to 36 appointments available to book from 7.45 the day before	20 routine appointments available to book up to 4 weeks in advance	