



PATIENT PARTICIPATION GROUP MEETING 11th February 2015 at 12.30pm

Present:

Practice staff: Dr Siva, Dr Athee, Patsy, Abhi, Tahmina, Aaron.

PPG members: Mr & Mr HB, Mr AN, Mr ES, Mrs M, Mr AC, Ms JC, Mr CF, Ms SF, Ms SF

Apologies:

Mrs AC, Mrs JI, Mrs YS

Patsy Welcomed everyone and asked them to introduce themselves.

1. We explained that electronic prescribing is now available in the surgery. Patients choose a Pharmacy convenient for them, then ask reception to search the system to see if that pharmacy participates in this system. Once this has been attained their future prescriptions can go straight there when the patient requests a repeat medication.

2. Online appointments are now available for patients to book themselves; at present there are only a few available per week until this system is fully functional – there are still a few teething issues!! How the system works is if a patient wants to access this facility they need to ask reception to enable them, they will then get Patsy or Abhi to set them up with a password they then go online within 10 days to complete the registration. This will also enable the patient to access their records i.e: medications, allergies, summary of their records held by the surgery.

Mr & Mrs B showed us all their new medical cards that have a Barcode on, so if you go to a Gp or hospital elsewhere they can see you are entitled to nhs care. Nhs England are gradually sending this to all patients in England

3. Dementia Care & Over 75's Care and the process that is involved – It's not like the press have led people to believe Gp get money for just diagnosing a patient. Dr Siva explained the process what is involved: many consultations, referral to appropriate clinics, follow ups etc., ongoing care.

4. Avoiding Unplanned Admissions Dr Siva explained that Haringey has a very large A&E attendance compared to other parts of London so Haringey CCG have asked GP's to monitor and prevent patients from going to A&E unnecessary. The surgery should be notified of each A&E attendance within 48 hrs but unfortunately this doesn't always happen once we are notified and if we feel this could of been prevented Patsy will call the patient to enquire why they went and could this of been avoided ie: urgent appt, speaking to a Gp. We have a Hotline Surgery mobile available for the Vulnerable /Cancer patients

5. Impending Surgery Merger explained from 1/4/15 our practice list size will increase to 6600 as a neighbouring surgery wants to join us. Our current list size is 4300. We will all be in this building – 4 GP's working together at various times during the day plus extra reception/admin staff. It is possible that because of patient demand we may have to increase our opening hours 8am to 8pm certain days of the week.

6. AN mentioned said he wants quality not quantity; he values the relationship he has with his GP and hopes this will remain. Dr Siva assured him that this is important to Dr /patient

trust and this will not change – patients at Alexandra Surgery are individuals not numbers!!!!

7. AC re prescription and chemist issues: after requesting script on Thurs in the surgery he went to the chemist on Saturday, only to find that they had not received it; fortunately the pharmacist gave him some medication to tide him over till Monday. Patsy said that it is important for her to be informed of this and wherever possible to get the name of the receptionist that dealt with the request, as she has monthly meetings with reception staff where things like this will be discussed. We have told our receptionist they should give their name on answering the telephone. It may have come about due to electronic signing from the GP. We have had a few teething problems with this but it has now been rectified.

8. Mr AN mentioned communication that re-training the reception staff on compassion and confidentiality with patients is important, and although he does feel some of this may be a cultural issue. Patsy has taken on board and will be discussed at the next reception meeting. We will address this immediately with Practice meeting with reception staff and arrange in-house training on customer services with role play. Patsy will also explain to them that they should talk to people the way they wished to be spoken to.

It will be made quite clear that any sensitive information to be discussed by patient that they should suggest to the patient to go into the side room provided. The outcome of the training will be to address their culture of speaking to people. All agreed that if a patient starts to discuss sensitive issues to tell them this needs to be discussed privately. The poster on our main notice board will be updated.

9. Mrs HB mentioned that if calling from surgery the person leaving a message should be clear rather than leave an unintelligible message. Also Mr B received numerous calls from an UNKNOWN number so if anyone is calling from the surgery the number should be shown – Dr Athee's mobile phone doesn't leave the number. Dr Siva also suggested we may get another couple of mobile phones for the surgery use, then we will make sure the number is shown, or text a message to say please call ...?.. At Surgery.

10. Mr ES remarked on Telephone consultations – can staff give a specific time that Dr will call back? He realises this may be difficult but if it's for example about a result, it would be helpful – It was then suggested that we introduce a certain time for calling regarding results. It was explained that we tried this but with little success as when Dr called back patient was not there!!! We are always trying to improve this service so we will revisit this. Dr Athee said we try and call back same day before 2pm. Dr Siva mentioned about a Duty Dr daily who only deals with calls this may be the way forward.

11. Patients can sign a form to agree to consent for texting this is very important for Information governance and patient confidentiality there is a hefty fine if a surgery doesn't comply with this.

12. PPG members thought that Ethnicity and access via their language was a problem as some felt it was difficult to understand paperwork that is not in their native tongue. We will arrange for many of our leaflets to be translated into various languages in keeping with our current population of patients; these will be made available on request from patient.

13. Mr AN commented on behalf of the PPG that they appreciate all the hard work Dr's and staff did at the surgery – Dr Siva & Patsy thanked them

14. A member of the PPG said that after seeing Gp they didn't quite remember what had been said to them this proved to be a big issue was there a way of easing this problem? GP's and Administration staff put their heads together and decided that to put leaflets on our system that GP could print out and give to patients to read at home, also we shall provide a

link on our website. We shall organise Patient Meetings on clinical subjects e.g.: Diabetes, Asthma, Men's health periodically. It was felt this may prevent them from returning to the GP for the same problem

We shall advertise the link to leaflets on our website we also have copies in the consultation rooms and at Reception.

15. Key Performance indicators (KPI's) – this was explained to the PPG members what this involves and the indicators that we have decided was based on previous meetings. The indicators picked are as follows:

Agreed to work towards these Key Performance Indicators in 2014-15:

1	Infant feeding	% of infant feeding status (ie breastfed or artificial feeding) recorded as % of total CHS 6-8 week checks. Checks must be included on template.
2	Smoking in pregnancy	% pregnant women recorded as smoker, smoking discussed, referred to stop smoking services
3	Smoking and mental health	% patients with newly diagnosed mental health problems including depression recorded as a smoker, smoking discussed, referred to stop smoking services, and followed up on next visit (using emis template to be developed)
5	Alcohol	% of adult population screened for alcohol use using AUDIT-C, and where over 15 referred to specialist service if appropriate
10	Over 65s medication review	Percentage of over 65s on 4 or more meds receiving 6 monthly medication review
12	Clinical availability	Clinical appointments available total at least 16.5 hours per 1000 patients per week.
13	Patient Participation Group	Patients have influenced service redesign through the practice PPG, been involved in discussions with the practice about the development and selection of KPIs for 2014. Practice to publish its KPIs in surgery waiting room and on practice website and to engage the PPG in monitoring its KPI achievement
14	Learning disabilities	Percentage of patients on the learning disabilities register who are given a consultation with a clinician for an annual health needs assessment (template to be developed)

21	Special patient notes	Special patient notes for 111/out of hours as percentage of palliative care register
22	15 minute appointment times	Practice offers 15 minute appointment times for routine booked appointments (NOTE: KPI 22 and 27 cannot both be selected)
28	Diabetes care 1 - Year of Care	Practice to offer "Gold Standard" Diabetic Year of Care treatment to all patients with Type 2 Diabetes. With this method of management, all type 2 diabetics should expect to receive the 15 Diabetes UK expectations of care (as appropriate)
29	Diabetes care 2 - pregnancy	All diabetics of child bearing age to be offered annual education about pregnancy if appropriate (similar to epilepsy and QoF)
30	Diabetes care 3 - diabetes control in primary care	Type 2 diabetics on insulin to be seen inhouse for their diabetic control unless other complications (such as CKD3b or above) mean hospital management is indicated
33	Diabetes care 6 - GLP initiation	Initiate GLP1 for appropriate patients as per NICE guidance
35	Annual health checks for patients aged 75 years and over	Practice should undertake: <ul style="list-style-type: none"> - Search to identify patients 75 years and over - invite patients in for check Check to consist of: <ul style="list-style-type: none"> - Medication review by pharmacist - Testing for major long term conditions - hearing - vision - mobility - Flu and pneumococcal - Carers To be recorded on clinical template and audited
36	Identification of mental health patients requiring psychotropic depot injections	Identify patients on mental health register who require psychotropic depot injections. Keep track of compliance. Use a risk analysis by the psychiatrist to define the list. This will also take account of patient's choice. Includes carrying

		out an audit of how many patients on the register with details of treatment. Keep up to date phone numbers and key workers' details to follow up non attendance
37	Child protection identification and monitoring in primary care	Identify patients on the child protection register at every opportunity when interact with primary care and to discuss with attached HV on a regular basis. Includes carrying out an audit of how many patients have warning when electronic notes are accessed for a child or a member of the family that has a child on a child protection register.

16. Dr Siva mentioned CQC have been visiting other practices in Haringey and we will have a visit sometime within the next few months?? and they will ask to speak to members of this PPG if anyone doesn't want to take part to let us know. Patsy said that when we have a date she will let everybody know this.

Patsy thanked everyone for taking time to come and all comments are of great value to us to continue providing quality service.