**Shaftesbury Medical Centre**

**Minutes from Patient Group meeting Wednesday 18th March 2015**

Practice staff: Alpna Chavda (Practice Manager) Dr Almona Musa (GP Partner), & Sue Sullivan (Practice Manager of Roxbourne Medical Centre)

Dr Musa opened the meeting by thanking everyone for attending and she invited those present to introduce themselves.

Dr Musa explained that the purpose for the meeting was to get together to discuss the merger plans with Roxbourne Medical Centre and to discuss last year’s action plan. This was followed by a discussion on the steps taken to make improvements.

**Key findings from the National GP Survey January 2015**

What does the practice do best at: Three results for the practice that have the highest compared score to CCG average were:

1. 65% of respondents with a preferred GP usually get to see or speak to that GP.

51% was the Local CCG average.

1. 59% respondents usually wait 15 minutes or less after their appointment time to be seen

51% was the Local CCG average

1. 73% of respondents describe their experience of making an appointment as good

66% was the Local CCG average

What the practice could improve: Three results for the practice that are lowest compared to CCG average

1. 69% of respondents are satisfied with surgery’s opening hours

74% was the Local CCG average

1. 63% of respondents find it easy to get through to the surgery by phone

72% was the Local CCG average

25% completion rate as 448 Surveys were sent out and 114 surveys were completed and returned.

The key findings from the National GP Survey were circulated with the aim to discuss the results. Overall the survey showed that our strengths were above that of CCG and National average. Patients were able to see their preferred GP, patients did not have to wait too long to be seen and had a good patient experience.

**Friend and Family test**

Dr AM: Discussed Friends and Family test. It’s a national programme which started in December 2014. Patients are asked to complete a Friends & Family questionnaire when they have seen a doctor/ nurse or when they have visited the practice to drop/pick a prescription. There are standard questions.

“Would you recommend the surgery to either friends or friends to join the surgery”

Patients have the option to tick Very likely, Unlikely, Not likely, neither likely or likely.

Patients complete the questionnaire and post it in the Friends and Family box located in reception. Questionnaires are collated monthly and data submitted to NHS England.

Figures for January indicated:

* 91% were likely to recommend
* 7% said likely or neither likely

Figures for February went up a little higher:

* 98% said that they were likely to recommend
* 1% said unlikely

Those patients present expressed that they were overall happy with the service provided and the results reflect this. They agreed with findings that the practice is providing good patient care.

Dr AM: We had two PPG meetings last year, one in September followed by another meeting in November. In September’s meeting, we discussed the results of the patient survey carried out in August. We also discussed the changes that we would like to make followed by action points from that meeting.

**Booking on-line GP appointments**

We had questions relating to access to online booking for GP appointments. There was a request to make the on-line appointments available earlier than 9.30am.

What we did: Bearing in mind that we only have one doctor who starts his session at 8.30am, we tried to incorporate a few early appointments so that the patients can book early appointments. We have tried to accommodate the different needs of our patients. We also discussed how to raise awareness to patients for registered for online access. We have increased different ways of informing patients including the use of practice leaflet, giving information leaflet to new patient registrations, poster in waiting room, through the practice website and staff constantly encouraging patients to register verbally. The on-line appointments are proportionate to the number of people who have registered to this service of the total appointments. The more patient awareness, the more patients will start to use on-line appointment bookings. We can then increase the number of on-line appointments we offer.

Reduce waiting time: how to notify patients of the waiting times if the Dr is running late. How do we reduce waiting times?

**What we did:**

The practice has a patient self-check in screen where patients use this to check in on arrival for their appointment. The check-in screen should notify patients of the current waiting time. Unfortunately sometimes this information is inaccurate. For example, if the doctor is running late and when the patients check in the check-in screen displays 0 minutes waiting time. Patients wait for 15 minutes or so and then ask the receptionist about the delay.

Receptionists are trained to communicate and inform the patients if there is a delay in the waiting time for a particular doctor. Reception staff is encouraged to keep the patients updated. Most of the time, patients are happy to wait as long as they are informed. Reception also offers patients the option of rebooking appointment if they do not want to wait.

The feedback from the patient group was that patients are happy to wait as long as they have kept informed about the delay.

Patients suggested if a message on the LED Jayex board could display the delay time for a clinician and a poster should be put up in the waiting area displaying the following message “If the patient is waiting for more than 10 minutes then they must report to reception to check if they have been booked in/checked in as they have not been called yet”.

**Practice Staff Update**

The practice has employed two more salaried GP’s one male and one female therefore the clinical team consists of 2 female doctors and two male doctors thus offering patients more choices of doctor. Dr Millad is a GP registrar trainee for 6 months. The new team has reduced the waiting time to see a doctor and waiting time to book an appointment with the doctor. In addition this is giving patient more choices of female & male doctors

Patients present were happy to hear of this news.

**Repeat Prescription On-Line Access**

There are two methods of requesting repeat prescriptions via access on-line. One is through the practice website and the other is through EMIS. The EMIS on-line was causing some confusion so the practice had to temporarily switch it off. The second option and present is through the practice website.

Once the EMIS access to on-line repeat prescription is working the practice will stop the access to repeat prescription from the practice website. We were hoping to get this done soon but we had other important changes internally for example electronic prescribing service, where prescriptions are sent directly to nominated Chemist with the help of Shaftesbury Pharmacy helping us the transition. We have not been able to achieve our target. There has been another software change, DOCMAN which is helping with the back office function. DOCMAN provides efficient scanning and coding of all clinical letters.

In addition all A&E letters and hospital discharge summaries are automatically sent via DOCMAN and practices get hospital discharge summaries down loaded into EMIS within 24 hours. At the moment Northwick Park, Central Middlesex, Hillingdon and St Mary’s Hospital are able to do this. The future is paperless and all hospital clinic letters and discharge summaries will be sent via DOCMAN.

Dr Musa explained that the key point from above results is that patient experience is very positive and the practice continues to improve where it can to provide better care for the patients.

Dr Musa opened the questions to the floor for comments and feedback from the patients.

**Patients feedback:**

Practice has really improved a lot and the reception staffs are great.

Patient commented that she was unable to get a same day appointment and had to attend A&E.

Dr Musa explained with the recent winter weather, this has added extra pressure on the surgery, the practice have increased the number of appointments but the practice cannot offer further appointments due to limitation of clinical rooms.

With the merger with Roxbourne Medical Centre we are looking at employing and sharing a nurse practitioner from 1st April working jointly at both sites.

She will be able to manage the day to day emergency appointments and treat patients with minor illness which would include infections, cough and colds, etc. Part of her remit is to have slots have slots from 4-6pm for children that are sent home from school and told to go and see their GP. Historically we did not have provision for the working people. There would be a GP on site who would support nurse practitioner.

**Next year’s action points 2015-2016**

* Shared Nurse Practitioner working from both sites
* To communicate better to patients by updating the practice website and maintain it with the latest news
* Access to on line prescription via EMIS (rolling over from previous year)

**Merger plans:**

Shaftesbury Medical Centre is merging with Roxbourne Medical Centre. Discussion with the two practices merging is still on going with NHS England. The partners have decided to keep both sites open so that patients have access to both sites. Shortly patient will receive a letter from the practice. All merger updates will be advertised on the practice website and poster in reception.

The next PPG meeting will be held at Roxbourne Medical Centre date to be confirmed.