

PATIENT PARTICIPATION GROUP
MINUTES OF MEETING HELD 9TH June 2016

PRESENT: Barbara Gasby, Des Pattinson, John Carter, Gary Harbun,
Judy Langford (Deputy Practice Manager), Dr Richard Burling.
APOLOGIES: Keith Davies, Bryan Hadley, Dr M Jordan.

1. **Minutes of last meeting** – accepted as a true representation.
2. **Online Access** – Gary Harbun gave feedback on his experience of registering for online access to medical records. Gary kindly volunteered to attend the surgery to process the registration and access the record with the Deputy Practice Manager and Secretary. This enabled the staff to see the process from a patient's point of view and will enable us to direct patients through the process with prior knowledge of how it looks from their end. Gary found the system easy to navigate and found the access to test results particularly useful.
3. **Update for Maple View** – The group were informed that Dr Helen Ray will be leaving at the end of June and that Dr Upton will be starting in September. A discussion was held around the current crisis in Salaried GP recruitment with almost half of GP practices (46%) reporting that they have GP's in their workforce who were either intending to retire (37%) or leave the UK (9%) – figures from BMA Survey issued 2 March 2016. This is also against a background of falling numbers of Doctors choosing to go into General Practice and funding that is consistently falling and failing to match the increased pressures. Maple View have been very lucky to have received an expression of interest in the advertised vacancy as many local practices are advertising vacancies for a year or more without receiving a single application.
4. **Independence Trust** – The surgery is going to trial a series of workshops provided by the Living Well Service, for patients diagnosed as being at risk of diabetes. The workshops will aim to provide help and support to patients with topics such as healthy eating on a budget, becoming more physically active, improving diet and signposting patients to suitable community services. Patients will receive an invitation with the information currently sent out by the practice and text messages have been sent to all eligible patients with mobile phones. These workshops do not require an appointment and will be run as drop in sessions. The idea is to provide a timely intervention to help prevent the patient going on to develop diabetes (type 2).
5. **Warwick Students** – We currently have a group of 12 students who attend the surgery one day per week with Dr Thornton. These are year 3 students. Patients are giving us positive feedback regarding their interviews with these students. Judy expressed the gratitude of the Tutors, Students, and Staff for the willingness of patients to be a part of the Students journey towards their chosen career. Barbara and Des kindly offered to volunteer for this.
6. **Appointments** – John raised the issue of appointment waiting times. Dr Burling acknowledged the difficulty experienced by those patients who do not need to see the Dr urgently but would like to make a non-urgent routine appointment.

Currently the waiting time is about three weeks. Unfortunately this is part of a National problem of demand outstripping resources. Maple View has made considerable changes to the appointments by introducing an on-call doctor triage system. This is powered by the need for patient safety and ensures that no-one who urgently needs to see a Doctor is refused an appointment. The Doctors can deal with 60+ urgent triage requests per day. For routine appointments Maple View has a mix of telephone and face-to-face appointments which do get booked up in advance. As a practice we are constantly looking at ways to improve our access and are currently undertaking a year-long audit of appointments. Currently Practice Nurse Michelle is undergoing intensive University training to become a Nurse Practitioner. She is just coming to the end of her first year. This will eventually mean that she is able to see patients with routine problems such as urine infections, chest infections, sore throats etc which will certainly help to provide more access for patients and ease the pressure on the Doctors.

7. **Letters** - John raised the question regarding a patient who has recently received a letter asking her to make a telephone appointment. When she spoke with the Doctor, he simply needed to know if she was taking Aspirin. John asked if this question could have been asked by the reception staff. There are problems with reception staff being asked to raise these questions because inevitably it leads to more questions from the patient which they are not qualified to answer. Dr Burling also pointed out that the Doctors usually feel the need to speak with the patient themselves so that they can oversee and fully document the process.
8. **Telephone Appointments** – The group wanted to know why patients are sometimes asked to make a telephone appointment that is not urgent. Doctors will often ask reception staff to ask the patient to arrange a non urgent telephone consultation usually as a follow up to a test result or letter from a Consultant. When the Doctor puts non-urgent on this request they genuinely mean that this can wait the 3-4 weeks for the next routine appointment availability. If the communication was more urgent the Doctor would contact the patient themselves. Dr Burling explained why it is sometimes difficult for the Doctor to know why the patient is calling when they were not the GP who ordered the tests. Under these circumstances it may take the GP some time to read the consultations to get to the purpose of the call. Doctors are supposed to write the reason for the call request on the patient's record to assist the GP receiving the call. Judy will send an email to the Doctors to remind them to do this.
9. **Newsletter** – the following ideas have been generated from the meeting for the next newsletter:
 - An article to explain the Living Well Service workshops
 - An article about the departure of Dr Ray and appointment of Dr Upton.
 - EHIC cards and the need to ensure that they are in date prior to travel.
 - Non-urgent routine appointments – what the Doctor means.
 - What does “at risk of diabetes mean”

- 10. Feedback from Family and Friends Test cards** – There was one card in the F&F box and nothing in the suggestion box:
- *“always been treated for problems well. Staff have always been friendly and polite. Recommend my sister to change to here, and she is getting much better treatment”. “Extremely likely2 to recommend our GP Practice*
- 11. Prostate Cancer Support** – Gary offered his services to provide patients with information and support following a prostate cancer diagnosis. Dr Burling said that he would be willing to take the idea to the Partners for consideration.
- 12. Communication** – Barbara expressed how upset her Husband had been recently when he was investigated for Cancer and the Doctor had told him that we couldn't rule out cancer. Dr Burling explained how the 2 week wait system works and that due to the very long waiting lists for general referrals Doctors are using the 2 week wait system for any suspicion of possible cancer to ensure that patients are seen quickly. It is very difficult in a consultation to assess which patients want to know what this investigation is for and those who don't. We have an obligation to involve patients in all aspects of the decisions around their care and to ensure that they give informed consent to this. However it was acknowledged that there are better ways to impart this information and Judy offered to feed back the concerns to the Doctor who made the comment as a learning outcome. Judy spoke privately with Barbara to facilitate this.

NEXT MEETING: Wednesday 14th September at the earlier time of 12.30pm, Maple View