



## Patient Participation Group (WMC-PPG)

### Minutes of meeting held 13<sup>th</sup> October 2016 at WMC Stanmore surgery

**Attendance:** HO, ST, AS, YS, MS, LB, UC, MG, BH, SL, TR, SS, DW

**Apologies for absence:** PM, BA, BD, SG, LG, LG

In the absence of LG, AS agreed to take minutes.

1. **Welcome and Introductions:** HO welcomed everybody to the meeting, invited everybody to introduce themselves and welcomed our new PPG member BH.
2. **Apologies** as above.
3. **Hugh's opening remarks:** Hugh explained that our PPG member BA chairs the Barnet Carers Association. YS said that we are prioritising increasing our carers list and are looking for someone to 'champion' this. ST to get in contact with him by phone or post to ask if he is interested.
4. **Minutes of Meeting 7.7.16:** YS said she was not at the last meeting so did not make a comment, but it was explained that she had asked UC to make the comment on her behalf. Also it was noted that the minutes should not have been put on the website and this should not happen until after they have been approved at this meeting.
5. Matters arising from the minutes not covered in this agenda.  
**Report Update from the Practice:** MS talked about doctor triage and that 70-80% of contact with patients is dealt with on the phone by doctors and some of this could possibly be also done by our Nurse Practitioner, PM. The practice is planning an 'away day' regarding demand management and is still a potential / proposed idea and nothing been confirmed as yet
- 6.

BH commented that waiting for a call back if you are a busy person may be a pain. MS explained that the doctor calling patients back is not seeing patients, just phoning, so they should not be kept waiting too long.

MG asked are calls for patients that don't need to go to surgery? YS explained there is an open phone-in policy and patients call for relatively trivial calls or unnecessary or complex issues and receptionists are good at directing the patient in the right direction to nurse, pharmacy etc.

MG said maybe not enough patients call pharmacies? YS said we were in a pilot that worked very well, but the pilot was pulled and our receptionists have very good training. MG said he would love to do it, but there is no national money for it.

MS said we are doctor led and need to work on our nurses also giving advice in the future.

YS spoke about collaborative learning meetings, but MG said he was not invited by Barnet as he is a Harrow pharmacy. YS said she will arrange to get him invited to Oaklodge.



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YS asked if the patient group can help come up with a new name for receptionists who are affectively health care navigators. Consider what staff are? And come up with a new more appropriate title other than receptionists?

HO asked what private hospitals do that the patient accepts that the receptionist is trained and proficient. He suggested that a smart cotton jacket for receptionists may help; with the WMC logo on the pocket, it is not quite a uniform but sufficient to imply a professional role.

TR suggested surgery advisor?

UC suggested receptionists and maybe something else added?

- (i) **CQC Inspection 28.7.16:** ST said we have received a draft report and are very pleased with it 95% or more is good and 1 part not good which we need to improve. We had 42 replies from patients and thanked Usha, Hugh, Stephen and Tony for their help in talking to the inspector. 1 part of the report was outstanding for our work with vulnerable people and good for everything else. We had 1 error which was an administration error for documenting the fridge temperature and they were entered in the wrong place. Also a nurse took the temperature after she stocked the fridge when the fridge door had been open which made the temperature high. Public Health gave the all clear on this and we now have an electronic fridge temperature recorder which does the recording automatically. We have taken this seriously. The full report will go onto the website when it comes back from CQC.

YS also explained the other issues on the report were legionella checks, which we are in the processing of arranging, getting the smear non-responder numbers down and we have an action plan for this. We also told the inspectors at the time of the inspection that we are working on getting our carers list numbers up. Also picked up that 2 admin staff members had not had their CPR training as they had started after the training had been done – all staff do CPR training.

TR asked who are the CQC? – are they doctors? It was explained that there was a doctor and administrator/inspector.

YS explained that we were very honest and told them everything and we are above the national average and locally.

MS explained that the whole process took 8-9 hours and we had 2 weeks warning. Dr Patel was interviewed for 2 ½ hours. YS did a 30 minute presentation. YS said that she can send a copy of her PowerPoint presentation with the case presentations for PPG members to see.

HO asked if doctor's surgery relationships with PPG count with CQC and ST said yes definitely. CQC asked to see more PPG members.

- (ii) **Clinic and other sharing with network surgeries.** MS asked if patients knew about this? We have a network of surgeries that can see each other's patients on Friday evening, Saturday morning and Sunday morning. The computers are linked and data sharing is given with patient's consent. This is for acute patients. Our appointments are mostly used up by phone only. We are not sure how many Stanmore



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patients use this. You can book by calling 111 at the weekend or can be pre-booked by us. Sometimes you will see a local GP at our surgery or maybe a locum if no-one is available to work.

YS asked how does the patient group think they can help patients understand there is another surgery – on the screens, answerphone message or website?

If a patient has no contact with the surgery for 18 months NHS England query this by writing to the patient and if there is no reply they are removed from the list.

TG asked what our DNA (do not attend) numbers were?

ST said it was 1965 missed appointments last year, equating to 390 hours or 4% of doctors' and nurses' time.

YS said doctors still have plenty of work to do in the event of a DNA, but travel appointments are longer appointments, so this DNA is important. We don't take any action currently against DNAs. You can cancel appointments online or by phoning in.

MS explained that all GP's in Barnet – Pan Barnet are increasing activities and providing services as a way of resistance to the move of more services being provided by secondary care / hospital trusts, when a more cost-effective and patient-preferred service closer to home could be provided. YS explained the Primary Care Sustainability and Transformation Plan is chaired by someone from the RFH. This is working together in communities to provide more out of hospital care i.e with GP's, psychiatry etc. to try to keep people out of hospital.

ST said she would love the PPG involved in helping the surgery to try to organise a day clinic for elderly, along with Age UK, Alzheimer's society, Falls Clinic, Good Neighbours Scheme, physiotherapists, pharmacists and Health Champions to help housebound or patients with partial mobility with social interaction, and health issues. These patients will be brought to the surgery by bus. HO said maybe Dial a Ride could help? And he also knows the Stanmore Synagogue Community Care who might cooperate with transport in Stanmore.

Patients can also access help for wellbeing from our Health Champions on Wednesdays between 10-12 at the Burnt Oak surgery.

ST and HO to get together to discuss this and to contact Barnet Advocacy on 020 8201 3415 who has a grant from Barnet Council for Barnet patients?

- (iii) **Draft letter about resources:** The letter was shown around. YS said how can we work with patients? HO said it may need re-drafting. YS said the aims – what we are trying to say is to give patients understanding about phone calls? And be prepared to speak to another doctor and get to know 2 doctors and community pharmacies to deliver a high quality service and understand how to use the service.



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HO to work on a revised draft with ST and suggested maybe having a leaflet not a letter and maybe Healthwatch Barnet could help with this and fund it. A draft will be circulated.

- (iv) **On line access for test results:** YS explained that the surgery would like the PPG to pilot this and let us know what you think about it. The GP will see the result first and will add a comment e.g. no action, make an appointment, speak to doctor, but not for urgent results. BH said maybe more comment from the doctor or change the doctor comment to 'OK'?

ST to coordinate the pilot.

MS said this will hopefully free up more of receptionists' time.

- (v) **Promoting on line appointments, prescriptions and website advisory sections:** ST explained that we are trying to increase the online usage and NHS England want us to achieve 10% of our patients using it. We have a low uptake at the moment and of those registered around 20% are using it. You cannot order controlled drugs online and some repeat medications if it is not generic or if you can buy them over the counter or if a GP can do the prescription as a generic one. We need to arrange for a pharmacist to come into the practice to change all of these on our computer system.

MG said a lot of patient's prescriptions have 2 or 3 script due dates and need to get all in sync. MS said this is a training point for receptionists. YS said synchronizing needs doing when medication is stable.

- (vi) **Other activities or matters where PPG can assist:** YS said the practice have QIP's (quality improvement projects) which streamline processes which one of them is review appointments where we send a letter and blood test form before the review with the prescription. This is done by receptionists. Please can you give your feedback if you receive one. If it is over EPS we ask the patient to come to the surgery to collect the letter/form.

7. **Health Champion update:** PM sent apologies, but said there is another recruitment session next Thursday 20<sup>th</sup> at Burnt Oak.
8. **Update on progress with Barnet PPG networks:** HO said a the survey of the West network 15 surgeries looking at possibly having a patient group network to interact, showed that out of the 15 surgeries only 3 operated patient led PPG's and the problem is that patients were interested in taking part but would not run their groups. He and Healthwatch think the pattern may be replicated across Barnet and an enquiry letter has been circulated through the practice managers' network.
9. **Newsletter:** Please can PPG email HO with any feedback.
10. **Any other business:** none
11. **Dates of next meetings:** Proposed: Thursday 2 March 2017 (with AGM)

Thursday 8 June 2017

Thursday 19 October 2017