

Minutes of the Patient Participation Group Meeting 10th September 2012
Haddenham Medical Centre

Introduction and first presentation: Dr Mark Howcutt

Dr Howcutt Opened the meeting with a slide presentation Entitled "The Past"

Dr Howcutt explained the reasons for the difficult times over the last few years and how this affected the practices ability to provide care to our patients.

Dr Munir gave the second presentation entitled "The Present and the Future"

Dr Munir addressed the difficulties outlined in the first presentation and demonstrated the practices plans for improvement. Dr Munir showed how the practice had increased the number of clinical sessions to combat the shortage of appointments and offer greater stability. Dr Munir addressed the concerns over telephone calls and explained the steps the practice has put in place to improve the time it takes to answer in coming calls. Dr Munir concluded by highlighting the vision of the practice.

Dr West gave the third presentation regarding the development and purpose of the Aylesbury Vale Clinical Commissioning Group.

Finally Dr Nicola Wells chaired the question and answer session.

The majority of questions and concerns were pertaining to the lack of appointments and telephone access. Dr Munir's presentation covered both of these subjects. It was however reiterated that with the increased number of doctors and a period of stability it is hoped that once the backlog of demand for appointments has cleared that patients hopefully find it easier to obtain an appointment in advance. Although we expect things to improve quickly over the next few weeks, we anticipate a backlog of patients wanting appointments so patients may not see an immediate improvement.

Some members were not aware of the "online appointment system" and it was suggested the practice publicised this service to raise the level of awareness by possibly advertising this on the telephone and to a greater extent in the waiting room. As this has been advertised on the website and in the Haddenham Health News the challenge was raised of thinking of other ways to advertise these issues so that patients receive the information regarding changes quickly.

One group member asked if when accessing the online appointments the username could be personalised as well as the password: The Practice Manager will look into this.

Another question was directed at the timed release of online appointments. The answer was from midnight each day. It was also discussed that one third of appointments are released weeks in advance, one third days in advance and one third on the day.

It was suggested the practice might consider a "drop in" clinic. Dr Howcutt explained that although this works for some practices, other practices have recently ceased offering these clinics because of the excessive wait patients have to endure and they often spill over into the afternoon clinics. Dr Wells explained that the practice would not rule out "drop in" clinics but it would need careful consideration.

Several members expressed their concerns over the telephones, especially the time it can take to answer the phone. When asked "what would be an acceptable time" the general feeling was a few minutes. It was explained that the telephone should be answered within four rings and if reception is busy with another patient, the caller should be asked if they would mind waiting. One member

suggested the caller should be asked if it was an emergency or urgent allowing the receptionist to put the call through to a doctor immediately if necessary. The Practice Manager will discuss this suggestion with the reception team.

Another question was directed at the telephone message system, explaining that patients are no longer advised about their position in the queue. The Practice Manager explained that there were many complaints about this message on the old system as some patient's would rather make up their own mind whether to wait on the line or try again later.

It was generally agreed that it was not a useful message to be informed that "your call is important to us". The Practice Manager will amend the message system accordingly.

It was reiterated that the telephone waiting and appointment demand are closely linked and that our hope is that as appointments are more readily available and patients do not have to call back on more than one occasion, then demand on the telephones will hopefully reduce, but also that call times will be lowered also easing the problem. This will be looked at in 4-6 weeks time as we can actually analyse real data regarding call waiting times and actual call times as well as demand.

The availability of telephone appointments with the GPs was highly valued and praised by several members of the group.

A number of members asked about the recent change in the INR system and why they had to now give a blood sample for analysis by the laboratory prior to gaining their Warfarin dose instructions. Dr Howcutt explained that Haddenham along with just one other practice in Buckinghamshire offered the previous service. Unfortunately under instruction from the PCT the test strips for the device had to be purchased separately by the practice and so this level of service had to be ceased as it had become financially non viable. The test strips alone were costing the practice more than the PCT reimbursement for offering this high level service.

One member asked about the availability of the new oral anticoagulant. Dr Howcutt explained that although approved by NICE the medication was expensive, there was as yet no clear evidence of long-term safety and it would probably not be generally available for some time.

Another question referred to the practices protocol for clearing snow and ice as it was felt that in the past some areas were left untreated. The Practice Manager explained the difficulty of clearing such a large area quickly as it would take several people with clearing equipment some time to complete. It was suggested that the practice sought volunteers to help with the task. The Practice Manager will investigate.

Dr Howcutt addressed a question regarding the practices stance on the introduction of Personal Health Records and patient access to electronic records.

Dr Howcutt explained that there would be a National Summary Care Record (specifically for prescriptions and drug allergies) whereby data would be stored remotely. Patients would be contacted by the DoH by post and given an option to opt out. This scheme would be supported by the practice. There was a further proposal for a greater degree of access to much more of the medical record via a local scheme. Dr Howcutt expressed concerns about the IT security and would not recommend this because of concerns over risk to confidentiality. The question of patient's accessing their own records was discussed. Patients can access their own notes currently and although keen on the principle, Dr Howcutt explained there were no local plans for web access to

medical notes this and expressed concern about possible misinterpretation of medical notes and concerns over breach of confidentiality.

Dr Wells addressed a question regarding the notification of blood results. The process of receiving results electronically was explained and how the GP actioned the results. It was explained that a GP would only contact the patient if they needed to speak to them about their results and book the appropriate telephone call or appointment as required. It was agreed a good idea if it were communicated to patients that they would not be contacted if the results were normal, and it was suggested that this continued to be the case during a consultation.

Dr Munir addressed a question over extra patients registering with the surgery as a consequence of the new housing development at Spicers Yard. Dr Munir explained that the practice is confident that it can absorb the potential 190 + new patients.

There was positive feedback regarding the usefulness of the meeting and one member praised the practice for its clinical expertise by comparing it in his experience to general practice both in Switzerland and North America.

Stephen Long (Practice Manager) closed the meeting thanking members for their participation and after consultation with the group confirmed further meetings would be held as all agreed the meeting proved to be beneficial and informative.

Stephen Long, September 2012