

Patient Participation Group March 2013

Dr Howcutt welcomed the group

Presentation by Dr Howcutt:

- What's been happening since last meeting?
- Results of patient survey
- Further ideas for improvement – ours and yours
- The future of this group

Led to a wide-ranging discussion – topics included:

- Survey – numbers limited, advertising could have been better, some results questionable as a consequence but themes resonate with other meetings/discussions. Agree to repeat the patient survey once some of proposed changes have been made, group keen to assist again in the design of future questionnaires, discussion about whether should be distributed to all patients or those patients who have recently used the service; suggestion that reception/clinicians hand out questionnaires, prominent advertising, website/newsletter publicity, in the summer, possibly a job for any new PM to organise.
>>Action: repeat survey in the summer
- Communication – surgery's plans for improved communication with patients welcomed.
>>Action: patient group supports the surgery's plans for improved communication
- MJog (mobile phone texting service) – will be useful for some patients but like on-line appt booking keen to ensure patients are not disadvantaged by not being able to access this system. Confirmed plan is an add-on not a replacement for current systems.
>>Action: MJog to be installed and trialled
- Telephone queuing – the group would like a change in the music and the return of the queuing announcement (eg "You are third in the queue"). Dr Howcutt explained our old 0844 telephone system could do this easily, our current non-0844 system can't do queuing but we are looking into this with BT.
>>Action: practice will explore options for re-introducing this with BT
- Telephone back results – ensuring if a doctor is asking for a patient to speak with a doctor about a test result or a letter, this should be with GP requesting test or who referred
>>Action: practice will try to ensure that the GP involved speaks with the patient unless the result is urgent or the GP on leave
- Appointments – remain issues about the mix of appointments, on the day booking frustrating, patients sometime told there are no appointments to forward book, long delays answering phones in the morning, discussed possibility of having more staff answering the phones in the morning, discussed difficulties of resources and shifting staff from one area to another could cause difficulties for admin workload (like prescriptions, scanning letters, dealing with medical notes); will continue to explore options available
>>Action: practice will continue to explore options for improving access
- Discussed issues of resources and that Government recently decided again to ignore the independent advice of the Doctors and Dentists Remuneration Board (DDRB) and provide an uplift in practice funding below that required to maintain current levels of funding.
- Out-of-hours (OOH) discussed – Dr Howcutt still works OOH at Stoke Mandeville Hospital, discussed new 111 service, how OOH organised, practice has no say over how organised but encourage patients to comment/complain if experiencing issues as only way to improve the service.
- Discussed move of public health from PCT to Local Authority – unsure how LA will manage this as new to them, expect continuing PH doctors and nurses will guide this.

- Explained a little of changes as PCT closes and distribution of their functions to a number of bodies including: CCGs (Clinical Commissioning Groups), LA (local authority), CSU (Commissioning Support Unit), LAT (Local Area Teams of the NHS Commissioning Board), LETB (Local Education and Training Board) –it is all very confusing and there remains a lot of uncertainty at the moment about who is going to be doing what! Dr Howcutt will provide group with some information on Aylesbury Vale Clinical Commissioning Group (AVCCG)
>>Action: Could have presentation to the group on the changes once settled if requested in future meeting
- Hand gel – group member keen we encourage use, consider moving to between the doors and advertising it's availability; but also discussed limited use/need in primary care, population visiting primary care different from population in hospital care, does not kill norovirus
>>Action: practice will consider moving the handgel dispenser and improving advertising
- PM appointment – discussed progress and difficulties so far, explained our process, how we are challenging candidates, that better not to appoint than appoint someone unsuited to the role, group member suggested someone from the forces could be well skilled
>>Action: hope practice will be able to introduce new PM to group next time
- Calling in patients personally – highly commended, group member explained difficulties for relatives in other practices that rely on audio or visual call in systems.
>>Action: continue current practice
- Specsavers – can refer patients for hearing tests on the NHS, a new service, we need more information and to ensure forms for GPs to refer available
>>Action: practice will obtain information and ensure GPs aware
- PPG – group agreed regular meetings, two to three monthly, in addition to on-line discussions; agree to widen group (move from “virtual” to “real” group); alternate evening and lunchtimes to enable the widest number of people to attend; agreed important to represent Haddenham and the surrounding villages, suggested at least one representative from each village; www.haddenham.net available to promote health education information and act as a pointer to information. Practice has been in contact with local parish councils, practice keen to find ways to ensure wider communication with patients.
>>Action: agreed next meeting in the evening in the summer, open to wider range of patients.

Dr Mark Howcutt, March 2013