

# **PATIENT PARTICIPATION GROUP**

## **HOLLAND PARK SURGERY**

**Wednesday 24 January 2017 2.00pm- 3.00pm**

### **MINUTES OF MEETING**

**Present:** IB, BJ, PF, ET, ID, AW, EA, MA, JK, ST, CW, HT, RE, IE, MM, RK, PK,

Therese Laurent (TL) (Chairperson/Strategy Manager), Raj Sharma (RS) (Practice Manager), Claudia Leacock (Medical Secretary and minute taker) Janet Ellis (Nurse Practitioner)

**Apologies:** 11 apologies received.

In total 102 invitations letters were sent to PPG members, 17 participated at the meeting.

#### **1. Welcome and introduction/purpose of meeting/rules**

Therese (TL) welcomed all the participants, did the introduction of the Holland Park Staff present and reminded the purpose of the meeting, to obtain the views of patients about the services delivered by the practice and enable the practice to obtain feedback from patients about those services. Also for patients to share ideas and suggestions and to aim for the patients to run the group with the Practice support. TL read the rules of the PPG meeting and reminded the need to sign the confidentiality statement.

#### **2. Update on actions from last meeting/practice leaflet/website**

Feedback on actions from last meeting was given: completion of the practice leaflet and copies were handed out to the PPG members; new sign about the Practice outside the building and leaflets for the neighbourhood; website updated with Doctors' photograph and information added such as extended hours and hubs.

Minutes from last meeting accepted.

#### **3. Staff update/trainees/extended hours/hubs/flu vaccine**

Since last meeting, the Practice employed a new receptionist.

At the moment we have 2 new registrars Dr TW and Dr BW in their last year of GP training, and will qualify in August; Two other trainees Dr NS and Dr MO and a GP returner Dr AP.

Drs Hooker and Bloom have reduced their time (they now do 3 sessions each per week). They are still medical trainers. The 2 Partners are Dr Bavani and Dr Al-Rufaie.

We now have extended hours for patients, which have been put in place for working patients.

Monday - 0700am-20.00pm  
Tuesday - 0700am-18.30pm  
Wednesday - 0800am-20.00pm  
Thursday - 0800am-18.30pm  
Friday - 08.00-18.30pm

We are also open one Saturday every other month.

Hubs are available in St Charles Hospital and Violet Melchett clinic to see GPs over the weekend.

RS reminded participants that the flu vaccines were still available and mobile texts were sent to patients. If anyone requires the flu jab please call reception.

#### **4. Internet/online access for repeat prescriptions and others**

TL informed that the CCG (Clinical Commissioning Group) and the practice are promoting online access. RS explained how to request the access and how to use it for repeat prescriptions online. The CCG had a meeting with the pharmacists. If a patient is over 65, pharmacies should still be able to give patients their repeat prescriptions. A patient explained that she accessed her prescriptions online and found it very useful. The CCG would like our online service to be over 30% but we are currently at 24.5%. Also to book more appointments online and to be able to see blood results. GPs are not progressing with this at the moment, in case blood results are abnormal. GPs would like to see the blood tests first. A patient said to take the pressure off incoming calls- why not email a query to the surgery? e.g. to ask if she needed a blood test. RS explained this was not feasible at the moment, as the email box would be inundated. However this will be discussed with the Partners and Dr Al-Rufaie is very keen to monitor communication through email.

A patient explained about receiving his blood test result (as he was abroad at the time). He said he was told by reception that they could not be emailed abroad. RS explained that as long as blood results have been commented on, there should be no problem. Another patient stated she would like her own blood results sent to her. RS and TL agreed to look at this and discuss it with the Partners.

#### **5. Prescribing wisely/to reduce waste associated with repeat prescriptions and to reduce prescribing medicines that can be purchased without a prescription.**

TL explained the campaign about prescribing wisely and showed patients the Prescribing Wisely leaflet which is also available in reception. The pharmacists from the CCG explained to the Practice that it is a way of saving money as local pharmacists most of the time would give patients all their medications on the list even if they might only need some. Sometimes it is cheaper to buy over the counter than to get a prescription. The Practice will invite all the pharmacies around for a meeting to clarify the process as some pharmacies have refused to do repeat prescriptions even when the patients could not do it himself and this is not the purpose of the new system as some patients can be exempted. TL explained that patients over 65 can still go directly to the pharmacy.

RS will send more text messages to patients to encourage online access.

## **6. Primary Care home project from the CCG**

The CCG in co-ordination with NHS England are trying to save money, and is looking to implement a Primary Care Homes' project. TL explained that a group of GP practices would have to work together (for about 50,000 patients) and would offer services from a multidisciplinary team with district nurses, physio, memory services and different consultants. It would be a hub with specialised professionals. It is still nebulous and unsure how this is going to work or what will be involved and how savings would be made. The CCG want to push this by April 2018 and would like all GPs' practices to be involved in it. A patient said that this model was working well in the USA.

There are hubs in the North and South of the borough. The aim would be to develop hubs with more specialities. The Partners would be keen to be part of the pilot scheme. We were the pilot for the MCMW (My Care My Way) and it has developed and is working well. Patients on tiers 0/1 are seen once a year, tiers 2/3 are seen once every 3 to 6 months.

A patient stated that it would be more convenient to come to these hubs to have an x-ray taken instead of having to go to the hospital.

There was a discussion about the current community services available in the Borough. TL handed out a map of the West London CCG Community Services (this will be attached to the minutes).

A patient said that she self-referred to the Healthshare (MSK) service. She thinks this should be added to the Patient Leaflet. We will endeavour to add it in the next edition. She also mentioned about the Physio Enablement Unit at the town hall. This is a service where they will come and visit you at home and found them very helpful.

TL explained that members of the Practice try to attend most meetings from the CCG or the CLS (Commissioning Learning Sets) to gather as much information as possible and access

news services. It was reported that some local services had to be suspended due to a shortage of staff.

A patient mentioned that his wife was seen last year by the MCMW team and asked if this team has access to all previous records. RS explained that all patient records are on System one, the clinical system used and the records are shared if the patient has given consent.

## **7. Project for HPS from the PPG's members/suggestion for improvement/practice development**

TL reminded the participants that the Practice would welcome any projects from the PPG and members could lead such projects for any improvement in the Practice. TL and RS asked for any suggestions and ideas. There were no volunteers at the last meeting to chair the meeting and TL had agreed to continue in the meantime. The following points were discussed:

-Review of the PMS contract this year for the next 3 to 4 years. TL and RS explained that currently Practices are in negotiations with the CCG about financial aspects. The CCG is cutting down on money given to practices, and we are trying to find other ways of developing other services. We have Out Of Hospital services at the surgery, e.g ECG, wound care and spirometry. We are in the process of developing other services like carers, end of life and avoidance to A&E.

-A patient mentioned that her daughter works at Guys Hospital, and a lot of patients from abroad leave without paying for their case. How can we stop this? RS stated that there are new guidelines in place. We, as a primary care surgery have to register all patients but not all patients would have access to secondary care. The registration form has changed, and now includes the patient's immigration status.

Another patient says she has friends staying with her for a few months and how can she see a GP. TL said that it is possible to register as temporary resident.

-A patient stated that she had to attend the hospital for earwax removal and they used a new suction machine that was very good. She asked if we could purchase our own machine. The nurse Practitioner JE says that this procedure is only done in specialised ENT departments and not yet in places like a GP surgery. The patient mentioned that we have a GP who is specialised in ENT. It was agreed that TL and RS would discuss this project with the Partners and look at the cost of this equipment.

-A patient explained that he has his own company, and is looking into ways of reducing waiting times for patients, e.g waiting for blood tests or to be seen by the Doctor as when you pull a number you may be sitting waiting for up to an hour. With this technology, if you have a smartphone it could be indicated how long you have to wait. He is in the process of

working with hospitals, and would like to get peoples' opinions. Most participants said it would be a good idea. It was agreed that TL and RS would discuss this with the Partners and the patient offers a trial if the Practice is interested.

A patient said that she was waiting for a call by the GP at 3pm, but she was called at 4pm. If she had known how long she would have had to wait, she would have done something else.

-All agreed that the magazines in the waiting room are much improved, but the children's books all disappear. A patient said she is happy to donate some children's books. This would be welcome by the Practice.

- A patient used the check in system, but she had the same initials as the person she was seeing. She stated that the patient's name does not come up. RS explained how the self-check in system currently works and agreed to see if it can be changed.

-A patient asked if the music on the phone could be changed as the tune is a bit sad. We agreed to look at this.

-RS stated that Wi Fi access will be available in the practice shortly.

-A patient asked if the Practice could host Saturday morning chair exercises, which was mentioned in a previous meeting. TL said that she had contacted Age UK at that time without success but agreed to call again for information. Open Age at St Charles Hospital have all exercises. The information board is open to all PPG members to put notices in for such activities.

-A patient commented that 'we are so lucky to get GPs here' and complimented the way the Practice was run and the work of the new partners. All the participants said that they would like to praise the doctors and staff. Overall the surgery is running better. We still have a few complaints. We would rather go and see/talk to the patient and deal with the problem. Most remarks were about the Reception's staff, not smiling or giving misleading information. TL explained that the receptionists are the front of the Practice and sometime patients can also difficult with them. The telephone manners of the receptionists were praised.

-A patient suggested having a walk-in service, on a specific day or half day in the week. TL and RS agreed to put this proposition to the Partners

**Date of next meeting: The group decided and agreed for the next meeting to be in May 2018 - daytime or evening time.**

**TL and RS thanked all participants for attending the meeting which ended at 3.00pm**

## **Action Plan**

<b>Actions</b>	<b>By whom</b>	<b>Time scale</b>
1. Possibility to email a query to the surgery	Partners/ RS/TL	3 months
2. Possibility to access blood results on line or by e-mail if patients request them.	Partners/ RS/TL	3 months
3. Send text messages to patients to encourage online access	RS/TL	3 months
4. Add the community services available in the practice's leaflet and the possibility to self-refer to MSK	RS/TL	3 months
5. Look into the possibility, criteria and cost of a micro suction machine for ear wax removal to be used at the Practice	RS/TL and JE	3 months
6. Discuss possibility of smartphone app to reduce or know waiting time	Partners/ RS/TL PF	3 months
7. Check self-check in system to indicate name of the patient or say it would be the name of the clinician	RS/TL	3 months
8. Look at changing tune on phone when waiting for call to be answered.	RS/TL	3 months
9. Talk to Age UK for possibility to have chair exercises at the Practice	TL/RS	3 months
10. Discuss possibility to have a day or half a day a week as walk in centre	Partners/ RS/TL	3 months