

PPG Meeting minutes – 11 Feb 15 at 18.00

Attendees: Alison Watson (AS)
Robert Gurd (RG)
Owen Grainger (OG)
Jill Morris (JM)
Ann Smith (AS)
Brian Anderton (BA)

Sangeeta Kathuria (Manager and Chair of meeting) (SK)
Lorraine Dunne (Reception)

The meeting started by SK thanking everyone for attending and we also had a quick round of introductions so everyone became familiar with one another. SK also announced that Ellen Houghton who was one of our PPG members has now left the group owing to her family moving away from London.

Before we discussed the actual survey, we talked about a few other areas of interest and any complaints or issues that are currently active in the surgery.

One area of unfortunate complaints is the waiting room seating area. This has been fed back by other patients too who are not part of the PPG as well as some of the PPG members. The window seating area is quite deep and therefore it makes it difficult and uncomfortable for patients when having to sit and wait for a while to see their clinician. We discussed some options to try and resolve this problem. One was to remove the cushions completely which raise the height of the seating area however that would mean having to sit on wood. SK did mention that according to CQC infection control standards, there should really not be any cloth or material seating area in the waiting room in any case as it is not considered clean and infection free. There was a suggestion to use a wipe down material to use for the covering and this is something the surgery can look into.

CQC – with regard to CQC SK explained to the members that we have not had a visit as yet or a date for a visit. However the CQC is trying to get through about 20% of Ealing practices by the end of March and the rest of Ealing thereafter. We will be given two weeks' notice and SK discussed how PPG members would be needed for the inspection on the day. However this will be discussed in detail once the inspection date is fixed.

There had been talk previously in the last meeting about the problems associated with health and safety around the heavy wooden blinds in the waiting room. The PPG members have commented on this as well as some other patients and SK has mentioned that she too nearly caught her fingers in the heavy blinds. It's not suitable for children who may play with them. Therefore the blinds were removed last month completely from the windows.

However RG mentioned that even though this is a good thing, we need to look into what we will do in the summer or warmer months when the waiting room will have the sun streaming in. That may cause the room to get too warm and also in the evenings, when dark, people can see into the waiting room. SK mentioned that she has spoken to LD about this situation and we are going to get a thin film placed on the windows to give them a good aesthetic look as well as stop the sun from being disruptive. This will also shield the surgery from passers-by in the evening who could look in.

SK talked about the fact having a meeting in the evening is a better choice as the previous meeting had been held on an afternoon and only three patient members could attend. Whereas this evening the turnout has been very good. SK took comments from the PPG members on board after the previous meeting and from this point on the meetings will be held in the evenings to ensure that we have maximum input and attendance.

PATIENT FEEDBACK

SK then proceeded to discuss the comments and results of the patient survey and the three actions for the year that the surgery will decide to take forward.

The majority of the PPG members were concerned that the survey was not really representative of the whole surgery in its entirety. We printed out 75 surveys using the theory of 25 surveys per GP and we got 53 surveys back (70%). The members were also concerned that this time there was no survey monkey or online feedback. SK discussed the fact that she had received many complaints from patients last year in that they found the survey too clunky on survey monkey and they couldn't always get onto it, ending up in filling the survey in the surgery instead. SK did agree however that there are a lot of patients that we did not get their reviews or opinions from which has been a hindrance. It has therefore been agreed that for the follow up year if and when we have a survey, we will ensure that we use survey monkey and online options.

With regard to the survey itself please we had a return of 70% of the surveys and have identified three actions plans / areas that we have to focus on. Please see below:

ACTION PLAN 1

IT System

We have talked about the IT clinical system on the patient survey and taken feedback from patients on this area. This was a focal point of discussion at our previous PPG meeting too. We have had a high response of patients answering the survey wanting to have emails being used and having access to online records or sharing IT records with other surgeries. We also have patients showing interest in the electronic prescribing.

We therefore in response to the survey as well as a response to staff in house and discussions in house have changed our clinical IT system to a more robust one called System One. This new clinical system has a self-check in

screen at reception to avoid patients waiting in queues. It has access to online appointments, prescriptions and online Summary care records. There is also the possibility of sharing information with other GP practices if a patient is seen in another Ealing practice which uses the same clinical system.

At this point there were discussions on sharing information and consent in sharing information between other bodies. SK talked about how there are different sharing options in place at present within the surgery. There is the IT clinical sharing information which shares all the information with other clinics with the GP or clinician who will be seeing the patient. Then there is the Summary Care Records Sharing which is where three basic pieces of information are shared only – Allergies, Adverse reactions and medication. Lastly there is the Care.com sharing option where only anonymous information is shared for research and statistics purposes. SK discussed how she is going to set up a consent sheet for the patients in the upcoming week to ask them to sign their consent in sharing various bits of information. The members were quite clear that this fact sheet would have to be correct and clear as to exactly what was going to be shared, how it was going to be shared etc. OG was concerned about the fact that sharing clinical information via the IT system in other GP clinics in the area would mean it would leave the options open for administrative staff to be snoop and look into records. SK did advise that there are strict Information Governance rules set in place to stop this from happening and that only the clinician seeing the patient should have access to the records as only then will the patient consent to agreeing for their records to be opened. However again this point needs to be made to the patients clearly so that they know what they are signing their consent to. SK informed the members that she will do the form and will email this to everyone asking for advice on how to make any changes etc.

ACTION PLAN 2

Waiting times to be seen and Appointments / triage system.

We asked patients to tell us how they felt with regard to how long they had to wait in the waiting room from the time they booked in as arrived to the time they were called in to see their clinician. 57% of patients said that Yes, they had to wait longer than 10 minutes before their GP called them in and the longest time was around 30 to 40 minutes. 45% patients did however say it was a one off. As a result of this we are going to ask our reception staff to start probing patients for how long they would like their appointment to be or whether they have more than one issues to discuss so perhaps the patient can be offered a double appointment. This will reduce the waiting time if the patients are actually taking the allocated time and using it better.

With regard to appointments we asked patients if they did not mind being asked what the problem is when booking for emergency appointments and 92% of patients have stated that they do not mind being asked this question. We also asked patients if they would be interested in telephone triaging where a GP would take telephone calls / consultations with patients to see if their medical issues could be resolved on the phone rather than having to come in to surgery. 71% of patients have said that they would like to have this as an

option. We therefore are going to look into seeing if we can have a GP or nurse with allocated time set aside in the morning for a while to just take phone calls to triage appointments for patients. We may start this as a pilot and see if this works before putting it in practice.

ACTION PLAN 3

Community services

We asked the patients if they were aware of some of the community services that we had in our primary care and listed these. Some of these included Physiotherapy, speech and language therapy, paediatric audiology, community dieticians, emergency awareness scheme etc. A lot of the patients answering the survey did not know that there are these community services available.

We also asked if patients were happy with what to do after they had been referred by the GP and 69% of patients agreed that they felt they knew what the next step would be in the process of their referral.

As a suggestion from the PPG members and to action this plan SK is going to devise a patient information leaflet similar to the out of hours leaflet, outlining the various community services available, where they located and how to access them. This will help the patients understand more about how they could be referred but also give them options to discuss with the GP when they are seen in consultation. This will be emailed to patients, printed in reception and will be uploaded onto our website.

In closing the meeting we also had a discussion about the Saturday clinic that we held once a month and why it has disappeared. This was due to Dr Eldred leaving and not having a GP to take over her work as she used to hold the Saturday clinics. However we now have a new GP who has taken over the evening clinics, Dr Mendes da Costa, and we will be asking her to see if she would be interested in doing one Saturday a month.

There was also a suggestion that SK should look into advertising / promoting our work or services via Chiswick W4 on the website. SK is going to look into doing this and get back to the group.

Lastly it was suggested that we decide on 3 dates for our next 3 meetings so we have the year planned.

SK has emailed the patients with the dates below for the follow up meetings:

Wed 17 June 2015

Wed 14 Oct 2015

Wed 17 Feb 2016