

PATIENT PARTICIPATION GROUP
Review Meeting
Caen Medical Centre
on Tuesday 12th September 2017

Attendees

Sue Bennett, Practice Manager	Heather Cawthorne
Dr Brian Bennett, GP	Patricia Costin
Julie Tanton, Administrator	Anne Crome
Kim Singletary, Practice Nurse	Jean Dwight
Jill Adams	Andrew Gill
Mark Barrow	Scott Maynard
Paul Brash	Richard Neale
Lisa Bridger	Nicola Palmer
Mitra Broad	Jon Wensley
Roger Byrom	Christine Westlake
David Cawthorne	

Welcome/ Introduction

Sue Bennett started the meeting by thanking everyone for taking the time to attend. She explained that the purpose of this meeting was to discuss ways we can improve the services we already offer and to discuss and consult with representatives of our patient list on changes within the medical centre and services offered.

She explained that we also wanted to discuss the findings of a CFEP survey of patients which has been running in the practice earlier this year. She explained that CFEP is a national company which writes the questions and collates the replies on behalf of the practice they then write a report for the practice to review, she explained that GP's have to run these surveys as part of their revalidation for continuing to practise

PATIENT SURVEY RESULTS (CFEP)

We started by reviewing our CFEP Survey results and Sue Bennett explained that 183 patients took part in this anonymous survey and that our current registered patient list is 12,250, so the results only reflect a small proportion of our patient list. The patients present had received a summary of our CFEP results ahead of today's meeting for them to read and review. On the whole the practice had been very pleased with the results scoring 90% of all ratings about the practice being good, very good or excellent, this was an overall increase from 88% in our 2015 survey (we did not run the survey in 2016). She explained that the MORI National standard for practices is 84.8%.

However the two main areas of criticism were telephone access and seeing the clinician of your choice, we also received several comments about 'the scrum' at the front door at 8.30am. Sue Bennett explained that these areas are sometimes raised by patients completing our Friends and Family survey which is always running in the practice. She wanted to take this opportunity to explain to the group that we were trying to address these issues for our patients and went on to inform them of the changes we have already implemented.

TELEPHONE ACCESS AND THE 8.30AM 'SCRUM'

Sue Bennett explained that the team has thought long and hard and discussed at team meetings how we might improve telephone access and the 8.30am 'scrum' and the following changes have already been implemented.

She explained that we have 10 lines to the practice which we increased from 6 lines 18 months ago and that the pressure time appears to be between 8.30am to 9am and sometimes around the lunch period. All reception staff are now required to man the telephones from 8.30am to 9am or when the volume drops off before they move onto their other jobs. This seems to be working and the reception team have noticed the rush of calls to the practice has been dealt with much quicker. We are continuing to monitor the calls coming through over the lunch periods but we don't have much room for manoeuvre here as staff must have a lunch break and we feel we cannot ask staff to have lunch before 12noon or indeed after 2.30pm. We are also being more firm in asking patients to call back if they call in this busy period for blood test results, we do publicise on our telephone recorded message and in our practice information booklet that blood results should only be requested after 11am.

We have also started calling all patients in from the lobby with a blood test number or pre-booked appointment at 8.15am and again at 8.25am these patients will already have collected a blood test number from the lobby or be able to check directly in for their pre-booked appointment. The aim of this is to ensure that when we open the practice doors to reception at 8.30am there will be far fewer patients waiting to go to reception. The initial impression is that we definitely have fewer patients waiting and the situation appears much calmer. The reception staff feel able to get through the remainder of the patients much more quickly and the queue soon disappears.

One patient present commented that the changes implemented by the practice were great but that sometimes the 'scrum' may still be caused by a select few patients who are just impatient and not prepared to wait.

Many of the patients present said that they use on-line access to book their appointments and find this system invaluable and very user friendly. Sue Bennett explained that we continue to promote on-line access to patients, and many do use it, and that we are planning a further promotion at the end of the year.

One patient asked if we could run our blood test clinics at a different time of the day to try and help us reduce the morning rush. Dr Bennett explained that we do hold other bookable clinics for blood tests but these are held later in the day and would not be suitable for those patients who need to be fasted and the early morning clinic is also favoured by patients who need to get off to work. We are also restricted by the times the samples are collected from the practice.

ALWAYS SEEING THE CLINICIAN OF YOUR CHOICE

Sue Bennett explained that it just isn't possible to always see the doctor you choose, none of them work every day and they do need holidays. Their days are already long and intense and in a typical day they will be seeing 34 patients in booked appointments, talk to other patients on the telephone, deal with correspondence from the hospitals and other organisations

involved in their patients care, write referral letters, check test results for their patients and action, do home visits, check and sign the prescriptions for all those repeat medications and so on and so on.

She explained that we do not restrict the number of contacts made by the GP's in a day and that no patient is turned away if they need to be seen, but on these occasions it might not be the GP of their choice. Each of the Partners at the practice has a buddy who will pick up and monitor their patients list when they are out of the practice or on annual leave.

She said that patients need to be patient and accept this fact otherwise GP's will be broken or leave General Practice. It is already well published that there is a national shortage of GP's and this will only get worse if we do not look after them.

COPING WITH DEMAND

One patient asked how the practice was going to cope with the amount of building developments happening in the local area now and in the future and with the closure of a local practice, he asked if our GP allocation would be increased.

Sue Bennett explained that the Partners at the practice had been trying to plan and future proof the practice to help us cope with the increased patient list size and demands this might have on resources. She went over recent personnel changes and those planned for the future and explained our aim is always to ensure the smooth running of the practice now and into the future. Caen feels very lucky to have recruited new GP's into the practice in these difficult times.

- Dr Fletcher retired at the end of June for health reasons and was replaced by Dr Richard Coates who joined the team 3 days per week as a Partner on 1st July he was formerly a salaried GP at Boutport Medical Centre and is looking after Dr Fletcher's patients
- Dr Hazel Marquiss joined the team as a salaried GP on 1st July for one day per week initially. Dr Marquiss trained at the Practice and has done locum sessions at the practice since qualifying.
- Dr Mark Sanford-Wood joined the team as a salaried GP on 1st April for one day per week he is a very experienced GP and former Partner at Litchdon Medical Centre. His other roles include being Deputy Chair of the General Practitioners Committee for England which represents all the GP's
- Dr Lucy Rosenbaum joins us as a GP Partner from 1st October 2017 to work 2 days per week initially working alongside Dr Richard Francis and then Dr Francis will be dropping back to 2 days per week from January 2018
- Dr Marquiss and Dr Rosenbaum are both willing to do more sessions as and when the need arises and will help out at pressure times

One patient asked if our very experienced nursing team would be able to perform more procedures thus relieving the pressures on the GP's. Sue Bennett explained that our nursing team and health care assistants are already extensively trained but are not prescribing trained so would not be able to see a patient and issue a prescription. The Partners at the practice already feel these members of the team pick up additional workload which in the past might have been performed by GP's.

Sue Bennett explained that over the last 2 years we have moved away from emergency clinics in the evening at 5.30pm and that the daily Duty Doctor now sees patients in booked appointments for the first 2 hours from 8.30am then when all appointments for the day are filled patients are offered a telephone call-back from the Duty Doctor and that a Practice Nurse is also allocated each day to help manage these calls. All the patients on the list are telephoned and the problem can either be sorted out over the phone with reassurance, prescription to collect or the patient may be booked an appointment to come in in the next couple of days or the patient may be asked to come down straight away or at a mutually convenient time. The patients present who have experienced this service said that it had worked well and that for the working patient a call back if appropriate is very helpful.

One patient asked why we do not send more patients to the local pharmacies as they now offer a number of services to treat minor ailments. Dr Bennett explained that we do encourage the use of these services and promote them in the practice but sometimes this has a slightly double edge sword effect as if the pharmacist consulting with the patient is not confident or the patient does not tick the correct boxes they in fact advise the patient to see their GP and often the patient can then feel their condition is more urgent and want to be seen ASAP.

Sue Bennett informed the group that we still have a high number of patients who do not attend (DNA) for booked appointments and that in the month of August we lost 83 nurse appointments and 104 GP appointments. The patients present were surprised by this high number and agreed that it was not acceptable. Dr Bennett explained that it is really important for patients to call and cancel their appointment or cancel it on-line, even if this is at short notice we can often re-fill the slot with a patient who needs to be seen.

It was suggested by a number of the group that the practice should publish the number of DNA's on Braunton Community Facebook page, they explained that this is widely used in the local community with a large following and felt many would be very surprised at the number of patients who fail to attend or cancel their appointments and it might prick the conscience of those who have done it! Publication in the local EX33 magazine was also suggested.

Some of the group asked if sending text or email reminders to patients with booked appointments might reduce the number of DNA's. Sue Bennett explained that the practice has looked at this option but currently this can only be provided by third party suppliers and not our clinical system provider, however they do have this in development and the practice is awaiting its release before possibly adopting text/emailing reminders, but of course this only works if patients provide us with up to date contact details.

Some of the patients present felt those patients who regularly DNA should be fined, or named and shamed!

MEDICINES WASTE

Sue Bennett explained that medicines waste remains a huge cost to the NHS and even across Devon the medicines waste bill is huge. She explained that we are planning to work with the CCG and run a display in the waiting room through the winter with the aim of trying to get patients to understand the cost of their medication and to order responsibly. We are also going to be a pilot practice for trialling a form which patients will be asked to complete to identify any medicines on their repeat medication slip which they are no longer using/need and why.

However we still need the help of our patients to try and reduce this unnecessary cost to the NHS and it is important that patients learn not to order their medication unless it is needed.

One patient said that the new repeat slips that are now printed by the pharmacy when the patient has ordered their medication via EPS does not show the 'last ordered' date. Having this date displayed does help when ordering your medication as it will indicate if you are due to order or not. The practice agreed to discuss this with the local pharmacies to see if they can reinstate the 'last ordered' date on the patients repeat ordering slip.

One patient asked if when a patient's repeat medication becomes out of sync due to a change or new medication does the practice try and bring them back in line. Dr Bennett explained that we do try to do this where possible but it can be difficult. Sometimes it takes a while for a patient's repeat medication to settle after a change as a number of changes may be required or the change might only be temporary.

One patient said that they used the Repeat Prescribing Service (RPS) offered by the pharmacy and that sometimes they received medication they have not yet run out of e.g. creams. Sue Bennett explained that it is really important the patients tell the pharmacy when items are not needed as they tend to order if they are unsure if the item is needed or not.

Some of the patients present said patients would not stock pile if they had to pay for all their repeat medication, even if this was a nominal fee!

ANY OTHER QUESTIONS

Sue Bennett they asked if anyone had any questions they would like to put to the practice team.

One patient said he felt it was wasteful that the practice always asked patients to bring a urine specimen to their chronic disease clinic review as on the last occasion he was told that it was not needed as it was less than a year since he had been tested and it was just thrown away. He said this had only happened once but if this was happening to other patients then the numbers could be considerable. The practice agreed to review the wording on our chronic disease recall letters and discuss the needs with the clinical teams involved and amend if appropriate.

One patient asked if we still held a chiropody clinic at the practice for elder and diabetic patients. Sue Bennett explained that visiting NHS chiropodists hold clinics at the practice every Tuesday and Thursday. This is a well-received service as travelling to clinics in Ilfracombe or Barnstaple can be difficult for some patients.

One patient asked if the practice ever has problems with patients being abusive to staff. Sue Bennett explained that on the whole we are lucky and this is not a big issue at Caen, but it does happen on occasions and this is why we display posters stating this type of behaviour is not acceptable.

One patient said that he felt patients abused the home delivery service offered by the local pharmacies as he knows of patients who use this service that are not housebound and will often be waiting for such a delivery before they can go out! Sue Bennett explained that this is

a service offered by the pharmacy and not connected to the practice but something that we do not know the requirements of. She said that she will investigate this service further to have a greater understanding e.g. is there a charge? Do patients have to be clinically housebound to receive the service? – the practice team wondered if this was a service local pharmacies felt they needed to run to ensure they do not lose business to companies such as Pharmacy2U who offer a service whereby they order your repeat medication from your GP on your behalf and then deliver it directly to your home.

A few of the patients present said that the service at Caen is superior to services they have received or family members have received in others areas and said the patients of Braunton should feel very lucky. Sue Bennet thanked them for this comment and said that we often receive letters of thanks from patients who are visiting the area and need to be seen by the practice.

SUMMARY

Sue Bennett thanked the patients for taking the time to attend this meeting and said that their input is very much valued.

Sue Bennett acknowledged that there is always room for improvement and explained to the group that we are always happy to receive ideas and suggestions for improving the service we offer. She thanked the group for their active participation in today's meeting and their ideas for improvement. She said if any of the group thinks of anything else, or if a friend or family member has a suggestion that they should email, write or phone the practice.

Many of participants today stated that they are happy to attend such meets in the future and appreciated being asked their views on the service we offer and they use.

The practice team felt the meeting had been positive and were reassured that our patients were willing to help us improve further the service we offer them.

ACTION PLAN FOR PRACTICE

- Practice to continue monitoring the changes already implemented for dealing with telephone demand and the 'scrum' at 8.30am and adjust/ change as required
- Practice to consider introducing text/ emailing reminders to patients with booked appointments to try and reduce the number of DNA's
- Practice to investigate and consider using the Braunton Community Facebook page and EX33 magazine to keep the wider population informed of developments/ campaigns and changes.
- Practice to continue working with NEW Devon CCG to try and reduce the Medicines Waste in Devon.
- Practice to ask local pharmacies if they are able to reinstate the 'last ordered' date' on patients EPS repeat slips
- Practice to review our chronic disease letters with regards to patients bringing a urine specimen to their review appointment and amend if not needed.
- Practice to acquire a great understanding of the pharmacy home delivery services offered locally.