

St Ann's Medical Centre
Rotherham Health Village
Doncaster Gate
Rotherham
S65 1DA

www.stannsmedicalcentre.co.uk

T: 01709 375500 F: 01709 836 593

Doctors: Owen, Kitlowski, Start, Mackeown, Powell, Forrester, Waller, Ullah, Chandran

Patient Participation Group Meeting Minutes 25th March 2014

Present: St Ann's: Dr Ullah, Stuart Abbott – Deputy Manager

Patients: 5 patients attended

Changes within the practice since the last PPG meeting

- **Dr Powell** will be leaving the practice at the end of March to pursue other interests.
- **Dr Bilton** who joined the practice as a Trainee GP and then stayed on as a Salaried GP was successful at interview and has been offered the partnership position that Dr Powell is vacating. This will be effective from 1st April
- **Dr Davidson** has joined the practice as a Salaried GP to fill the post vacated by Dr Bilton and she will be doing 8 sessions per week.
- **Dr Raju** has also joined the practice as a Salaried GP. He will be doing 6 sessions per week to replace Dr Briggs who has recently left the practice.
- **Dr Weir** has returned from her maternity leave and will be with us until her training is complete in September 2014.
- **Receptionists** – two receptionists are about to go on maternity leave so there will be some new faces on the reception to cover their maternity leave.

Feedback from last PPG meeting

- **Improved Access to GPs**, the current wait for the next available GP is 3 working days at St Ann's, 4 working days at Kimberworth Park and only 2 working days at Ridgeway which highlights that the extra recruitment is having some positive effects.
- **Changes to appointment system**, the practice is trialling a staggered release of appointments which some only open a few days before they are available. This should enable patients to have a wider range of routine appointments, some available at short notice
- **Reducing A&E Admissions**, the practice has been involved in a pilot called the Long Term Conditions pilot. The aim is to work with the patients most likely to access A&E due to their conditions and work with them to put in place a self-management plan to safely deal with a flare up of that condition rather than them having to attend A&E for advice and / or treatment. Due to its success Rotherham CCG has now given this project recurrent funding and it will increase its scope to include all patients over 75 and anyone in a care home.
- **Online ordering of prescriptions / Electronic Prescribing**, the practice has been able to allow patients to order their repeat medications via the internet for well over a year. In February the scope of the project increased and we are now able to send prescriptions directly to a pharmacy of the patients choice. The patient simply has to tell the pharmacy they wish to use this service, the pharmacy will complete the paperwork with the patient and then notify the practice of this request. From this point, any medications requested will be approved by the GP and sent straight to the pharmacy for dispensing.
This system is not for everyone. Patients with medications that change regularly or that are on controlled drugs will not be able to use this service.
- **Doncaster Gate Hospital**, the demolition of the old hospital had been put on hold for a few months but seems to have restarted again. There has been no communications from the Council to the practices about the status of the works. St Ann's would like to see the site retained for health care purposes and would be keen to support the building and running of an intermediate care centre on the site.

Feedback from Rotherham wide PPG meeting

- The meeting was held on the 21st January at the Town Hall. There was a table top exercise to look at areas of health, the challenges they face and how they might be resolved. The topics chosen were as below:
 - Long Term Conditions, A&E, Joined up care, Screening Services, Treatments at home, Dementia Services, Community services, GP Surgeries
- The next meeting is on the 1st April 4:30pm at the Town Hall

Patient Survey Results

- Every year the practice does a patient survey. This year it was carried out in November and December and the results displayed to the group via a PowerPoint presentation. The main areas of discussion were:
 - **Demographics** – whilst age and sex ratios reflected those of the practice, the ethnicity of the patients completing the survey did not. It is not clear if this is

due to language barriers or purely the spread of patients visiting the surgery throughout the duration of the survey

- **Appointments** – there are 1348 patients (7%) of our patients signed up to online booking of appointments, this means the vast majority are still ringing or calling into surgery for appointments. This is reflected in the survey that around 20% find it hard to get through on the phone and book appointments. Most stated they didn't use it and 20% were unaware it existed.

A high percentage found the Nurse triage system easy for accessing urgent appointments and those present at the PPG praised it as well. The majority felt it was important to see their "usual" GP for ongoing issues even if the usual wait was 5 days or more but were also willing to see any doctor if their need was urgent.

- **Consultations** – the statistics show that patients felt that they were given enough time during a consultation, that the clinician listed, explained things clearly and involved them in decisions about their care.
- **New ways of working** – the practice is considering 2 new ways of working and raised these issues in the survey. The first is a 5 minute appointment for one new, not on-going problem. The majority were not in favour of this. The second was asking if patients would like a GP to ring them back rather than having a face to face appointment, the majority said yes to this idea.
- **Prescribing**, the majority were happy with the current system but the numbers that had reservations or were unhappy were higher than the practice would like. Very few of those questioned were using the online prescription service for ordering repeat medications.
- **Technology**, 50% of patients didn't know the practice had a website but said they would use it for information finding. Almost 90 % were happy to be contacted via the Text Messaging service

PPG Discussions arising from the Patient Survey Results

- **Appointments** – a long wait to see your usual or preferred GP is the patients choice and it can have its downfalls. One example was the patient who waited to see their preferred GP but their given their medical condition they would have been better seeing any GP to receive the appropriate treatment sooner. This was highlighted to the patient at the time. Dr Ullah asked the group how long they would consider reasonable for a patient to be expected to wait for an emergency appointment on the same day. All agreed they would be grateful to be seen and would wait as long as in necessary.

There was discussion surrounding long waits for specific clinics, one example was to have a 24hr Blood Pressure machine fitted. With the practice only having access to limited numbers of quite expensive equipment delays such as

this are unfortunately unavoidable. The practice will look into the feasibility of funding additional equipment.

- **New ways of working** – the group discussed that some issues could be resolved on the phone but others may take 10 minutes discussion followed by a face to face appointment which has then double the consultation time. This was confirmed as one of the reservations the practice had already discussed.
- **Prescribing**, one of the members of the PPG said that the prescription service had always worked well until recently when there had been some confusion surrounding the issuing of his repeat medication. Stuart and Dr Ullah explained the many steps of the process of issuing a paper prescription, printing, allocating for signing, signing and returning, filing and collection. At each stage there was scope for human error which the practice works hard to reduce.
The new Electronic Prescribing service would reduce this risk greatly. The prescription is sent to the GP electronically, signed electronically and then sent to the pharmacy electronically and all in a fraction of the time it would take to do a paper prescription with less scope for error. The patient would have to nominate a pharmacy of their choice.
- **Technology**, 50% of patients didn't know the practice had a website but said they would use it for information finding. Almost 90 % were happy to be contacted via the Text Messaging service
- **Comments** the survey had a section for patient comments and two common themes were car parking issues (people parking and going into town) and repeat prescriptions (dropping off and collecting). Stuart explained that we have the facility to use barriers which could be code or token operated whilst a member of the group suggested having a retired volunteer to patrol the car park.

Actions

- Tackle parking problems. Most were keen to try and find a way not to give more workload to the staff
- Increase online activity – increased use of online booking and prescription requesting as well as sending more prescriptions straight to the pharmacy of choice will reduce the number of calls to the surgery, the number of people coming to the reception desk and improve the experience for those coming to see a GP or Nurse
- Resolve Repeat medication issue – the practice aims to achieve 100% accuracy but sadly human error occasionally occurs. As previously mentioned increase use of electronic prescribing should reduce errors, increase turnaround and reduce footfall to the surgery

Close and next meeting

To be confirmed