

HARVEY GROUP PRACTICE. PATIENT PARTICIPATION GROUP (PPG).

Meeting 3. Jersey Farm surgery, Wednesday July 17th 2013, 15:00.

NOTES (HH = Harvey House surgery, JF = Jersey Farm surgery)

Note: a summary of agreed actions is given in section 13, page 9.

SLIDE 1: NOTICE OF MEETING.

1. 18 people attended. An attendance list was completed. Philip Eaton (practice manager) welcomed the PPG members and indicated the exits in case of emergency. Dr. Carolyn Maton represented the clinical staff.

SLIDE 2: OPENING HOURS – SURVEY RESULTS.

- **JF Wednesday pm opening:**
 - 17 (33%) happy with current arrangements,
 - 32 (64%) would welcome Wednesday pm opening,
 - 2 (4%) other suggestions.
- **HH opening times:**
 - 58 (58%) happy with current arrangements 8:15am to 6:00pm,
 - 8 (8%) would prefer 8:00am to 6:00pm, 31(30%) would prefer 08:00am to 6:30pm,
 - 7(7%) would prefer early or later opening once weekly.

SLIDE 3: OPENING HOURS- OUTCOME

JF.

- Will open Wednesday pm 2:30pm to 5:00pm,
- One GP,
- Nurse for urgent consultations

HH.

- Will open 8:15am to 6:30pm Monday to Friday.

3. Opening hours – Discussion.

3.1 JF new opening times should start in the next month or so.

3.2 Regarding Saturday morning opening (at HH) – which currently has a doctor and nurse present – would this be possible for JF? Dr. Maton thought it unlikely to offer Saturday cover simultaneously at both surgeries due mainly to staffing problems. Also the Saturday surgery is provided as an “enhanced service” – all pre-booked appointments, no emergency appointments and is not compulsory.

ACTION POINT 1: Mr. Eaton agreed to investigate the possibility of a rota system (e.g. 3 Saturdays HH, 1 Saturday JF, reflecting patient numbers at each) for Saturday opening, but most agreed the logistics would be difficult and there was great potential for confusion for patient bookings for each surgery.

SLIDE 4: COMPUTER SYSTEM

- Upgraded in November 2012.
- More flexible for appointments.
- Clear colour guide for the two surgeries.
- Improved presentation for clinicians.
- Text messaging possible.
- Generally better for users.

4. Computer system – Discussion.

4.1 Generally agreed that good improvements had been achieved from the patients’ perspective.

4.2 An initial trial with text messaging (for appointment reminders) had not worked well due to mobile numbers proving unreliable. Despite this Mr Eaton was keen to get this operating, especially due to a small but significant number of “Did Not Attend” (DNA) patients. However Dr. Maton urged caution for general texting to remind patients of appointments as there was the potential for the wrong person to pick up the text message thereby reducing patient confidentiality.

ACTION POINT 2: Mr Eaton to appoint a staff member to pursue the use of mobile texting for appointment reminders with due regard to preserving patient confidentiality.

4.3 Dr. Maton had worked on the Harvey Group Practice website, but had encountered some technical problems. It was now possible to place a message to the practice on the website but Dr. Maton explained that this had limited application as clinicians would usually need

more information to deal with patients' clinical needs and thought that the advice line could be more appropriate in many cases.(see also 6.5).

4.4 Routing of messages. At the moment a message on the website goes to the practice NHS email account and Mr. Eaton looks at these each morning and routes them to the appropriate person. *This service is not intended for urgent queries.* A messaging system had been available on "Patient Access", for a short time but there had been serious problems and it was discontinued.

4.5 Prescription requests. Dr. Maton reported that there was an issue with prescriptions appearing at the wrong practice. Prescription requests are currently routed directly to _____ doctors and it is sometimes difficult to correctly route them to HH or JF as they can't _____ easily track back as to which patient uses which surgery. In addition some signed-off _____ prescriptions may take up to 3 days to appear, through doctors for various reasons, not being able to deal with them quickly.

ACTION POINT 3: Mr. Eaton to explore the possibility of prescription requests being routed initially through admin. rather than directly to doctors, to get delivery to the right surgery and to ensure that a doctor will be able to sign them off within the required 48 hours.

4.6 Availability of appointments on-line ("Patient Access"). These are intended for normal routine appointments of 15 minutes. A number of 10 minute appointments are held back each day from this system to cater for more urgent/emergency needs. On most days "emergency extras" can also be slotted in when the 15 minute appointments leave gaps.

SLIDE 5: TELEPHONE SYSTEM

- Installed and operational in May 2013.
- Only one number now for the whole practice-01727 831888 and routing to HH of JF is by voice menu. (Old system had three numbers which went to the same phone).
- JF calls transferred to HH if busy or closed.
- Direct internal calls between surgeries now possible.
- Functionality similar to previous system.

5. Telephone System – Discussion.

5.1 It was reported that two of the old numbers were still active.

ACTION POINT 4: Mr Eaton to check the availability of old practice telephone numbers and remove them if deemed appropriate.

5.2 General agreement that this was a big improvement- e.g. before the new system only a “JF is closed” message was heard – now someone answers.

SLIDE 6: INFORMATION FOR PATIENTS

- Email addresses held by the practice are slowly increasing – first use was to advise patients of the new phone system and number.
- Notice boards – suggest patient involvement
- www.patient.co.uk
- Electronic information screens
- New Harvey Group Practice website

6. Information for patients – Discussion.

- 6.1 Notice boards – Volunteer/s would be sought from the PPG (currently 90 people) to help keep the notice boards up to date. However it was recognised that there is a huge body of (frequently) updating leaflets.
- 6.2 It was noted that www.patient.co.uk had a vast number of leaflets and information (presumably up-to-date) as well as advertisements.

ACTION POINT 5: Mr Eaton to seek volunteer/s from the PPG to service the notice boards.

- 6.3 Mr Eaton reported that he had noticed an information screen in another practice surgery which scrolled through practice information and health matters generally. However this seemed expensive at £2k for a large TV.
- 6.4 Mr Eaton further reported that he had set up a “dummy patient” to track any problems occasionally experienced by patients with access, making appointments etc.
- 6.5 New Harvey Group Practice website. (www.harveygrouppractice.co.uk)
- 6.5.1 Dr. Maton had been involved and had tried to improve the “user friendly” appearance. Some changes (especially updates to information) still had to be made by the webmasters.
- 6.5.2 All agreed that the updated web site is better, and noticeably quicker than the old one. There is now a clearer link to the on-line booking system.

6.5.3 Regarding collecting email addresses, it was noted that on the home page of “Patient Access”, only the patient’s name and address are displayed – not their email or phone numbers. Email and phone are only displayed when “Update Details” is clicked. It would be useful if all contact details were displayed on the home page so users would be reminded to keep their contact details updated.

ACTION POINT 6. Member who raised the issue of improving the display of Patient Details on Patient Access has put this suggestion via Feedback on the Patient Access page.

6.5.4 A member noted that not all nurses have photos on the website. Dr Maton had been unable to obtain more photos at the time.

6.6 It was noted that the touch screens used for patient check-in had the facility to include information notices and it was suggested that this could be used to encourage more patients to register their email addresses and mobile phone numbers with the practice. It was further noted that the printed leaflets for these items had run out.

ACTION POINT 7. Touch screens: Mr Eaton to reinstate a message to encourage registration of patients’ email addresses and mobile phone numbers, when other messages do not need to be displayed.

SLIDE 7: CHANGES TO THE NHS IN APRIL 2013.

- PCT and SHA scrapped (from 1st April).
- Clinical Commissioning Groups established.
- NHS England and area teams.
- Support units.
- Herts Valleys CCG – 4 West Herts localities each with a local management group and clinical reference group. Board comprises 8 GP’s, nurse, 1 hospital consultant from outside the area and non clinicians. Budget £620m.

7. Changes to NHS in April 2013 – Discussion.

7.1 Herts Valleys Clinical Commissioning Group (HVCCG) became responsible for commissioning (or buying) most health services on behalf of local people on 1 April 2013.

7.2 HVCCG represents 70 GP practices in West Hertfordshire. They are governed by a Board that is mainly made up of local GPs and also includes a nurse, patient representatives, a secondary care (hospital) doctor along with executive officers such as the Accountable Officer and Chief Finance Officer.

- 7.3 Dr. Mike Walton had stood for election to the board of the HVCCG following consultation within the practice and has been elected as one of the two GP's representing the St.Albans and Harpenden area. (The other GP is Dr. Richard Pile). The tenure is for 4 years. Dr. Walton will nominally spend one day per week on board matters, representing local interests and a locum will provide cover for two sessions a week.
- 7.4 Issues of immediate interest to us are the downgrading of services we value e.g. reducing the number of Community Matrons.
- 7.5 Mr Eaton cited a useful website to explain all this: the "Kings Fund" which includes a cartoon-type video:
<http://www.kingsfund.org.uk/projects/commission-future-health-and-social-care-england?gclid=CLythqamvLgCFdPitAodUjYAzA>
- 7.6 It was accepted that this was early days and time would be needed to appreciate how well the HVCCG would work.

SLIDE 8: CHANGES AT HARVEY GROUP.

- **Dr. Mike Walton – board member of the HVCCG (see 7.3 above).**
- **Dr. Wendy Molefi resigning.**
- **New GP to be appointed**
- **Dr. Carolyn Maton and Dr Devoshree Chatterjee – will be taking maternity leave.**

8. Changes at Harvey Group – Discussion.

- 8.1 Locums are being arranged to cover these doctors' sessions one of whom will be Dr Sharon Vu, who has already worked at the Practice.

SLIDE 9: ADDITIONAL TOPICS RAISED BY PATIENTS

- **Phlebotomy**
- **Use of SMS to reduce missed appointments**
- **Message to patients if blood test normal**
- **Out of hours and 111 service.**
- **Delays with on-line prescription requests**
- **Difficulty in booking an appointment**
- **Request for early morning and evening surgery**
- **“At home” services accessible by GP.**

9. Additional topics raised by patients prior to meeting. Discussion.

9.1 Phlebotomy

9.1.1 Some members voiced concern over the arrangements at the City hospital – parking was very expensive (but the £4 fee will be reduced to £2) and there were often long waits, especially during the mornings when fasting patients needed to be dealt with ASAP. It was noted that around the middle part of the day the service is much quicker.

9.1.2 It was pointed out that patients also have the option of using Hemel Hempstead or Watford hospitals for blood tests. (Additional note : Opening times for blood tests at these hospitals are printed at the bottom of the blood test request form).

9.1.3 One member reported a problem with hospitals being apparently unable to send blood test results to each other, (especially if they come under different trusts). The patient should not have to repeat the test due to unavailability of the result from another hospital.

9.1.4 Some Practices can undertake bookable blood sampling in house but there is no spare space at HH or JF to be able to offer this facility at present.

9.1.5 It was suggested that St. Albans City hospital should have a bookable system or a separate central location should be set up. Mr. Eaton stated that he is continually putting the case for improvements and phlebotomy provision may be reviewed by the HVCCG.

9.2 Use of SMS – see 4.2 above.

9.3 Messages to patients regarding their blood tests. Dr. Maton explained that a three tier system was in operation. If the blood test is normal, the patient will not be contacted – result will be passed on when the patient calls the surgery. If the blood test was just outside normal, a letter will be sent inviting patient to the surgery. If the blood test result was significantly outside normal, a doctor will ring the patient. It was noted that there are over 12,000 patients in the Practice with hundreds of test results per day needing to be reviewed.

- 9.4 Out of hours and 111 service. These have replaced the “NHS Direct” service. “Herts Urgent Care” (HUC), tendered to supply the services on a not-for-profit basis, and was awarded both aspects. HUC doctors are from the Hertfordshire area, including St Albans and Harpenden. The 111 service is working well in Hertfordshire.
- 9.5 Delays with on-line prescription requests. – see 4.5 above.
- 9.6 Difficulty in booking an appointment – One patient had reported difficulties. Mr Eaton admitted that it is sometimes difficult to ensure prompt appointments for all patients. There is always variability in demand for appointments.
- 9.7 Request for early morning and evening surgeries. – This was clearly from those patients who had to fit in appointments with daily work commitments. Mr Eaton stated that there used to be an evening surgery that did remain open up to 7:45pm but appointments were not booked by commuters. Effectively there was not much demand for an evening surgery and the evening surgery was therefore switched to Saturday morning for pre-booked, routine appointments only. Urgent requirements would be met by HUC.
- 9.8 “At home” services. There was some uncertainty over exactly what was available.

ACTION POINT 8: Mr. Eaton to determine exactly what services are or should be accessible.

SLIDE 10: FUTURE FOR THE PPG

- **Survey and outcomes**
- **How often should we meet or would email only be preferred?**

10. Future for the PPG – Discussion.

- 10.1 Survey and outcomes. – Largely covered by the previous discussions. Mr. Eaton agreed to monitor progress on all issues raised.
- 10.2 How often should we meet or would email only be preferred? There was general agreement to retain the PPG meetings, at least for the foreseeable future, especially as the new CCG procedures develop. A six month interval between meetings was agreed as suitable.

SLIDE 11. QUESTIONS

- Any questions?

11. Any Questions? – Discussion.

11.1 One member asked if it was possible to locate old medical notes i.e. those prior to joining the Practice which are not currently held by the Practice.

UPDATE: The member's issues have been dealt with.

12. The meeting closed as planned at 16:30

13. SUMMARY OF ACTION POINTS – *with subsequent actions noted*

- (i) Mr. Eaton agreed to investigate the possibility of a rota system (e.g. 3 Saturdays HH, 1 Saturday JF, reflecting patient numbers at each) for Saturday opening, but most agreed the logistics would be difficult and there was great potential for confusion for patient bookings for each surgery. *Decided at present to continue at Harvey House only.*
- (ii) Mr Eaton to appoint a staff member to pursue the use of mobile texting for appointment reminders with due regard to preserving patient confidentiality. *Initially texts introduced for new patient appointments; and for some notifications of test results. Plan to extend to all appointments.*
- (iii) Mr. Eaton to explore the possibility of prescription requests being routed initially through admin. rather than directly to doctors, to get delivery to the right surgery and to ensure that a doctor will be able to sign them off within the required 48 hours. *Requests now actioned by an administrator.*
- (iv) Mr Eaton to check the availability of old practice telephone numbers and remove them if deemed appropriate. *Checks have been carried out.*
- (v) Mr Eaton to seek volunteer/s from the PPG to service the notice boards. *No offers received but still hoping to purchase electronic message boards.*
- (vi) Member who raised the issue of improving the display of Patient Details on Access will put this suggestion via Feedback on the Patient Access page. *Nothing further known.*
- (vii) Touch screens: Mr Eaton to reinstate a message to encourage registration of patients' email addresses and mobile phone numbers, when other messages do not need to be displayed. *Message currently issues a reminder for flu vaccinations. Will be changed when flu season over.*
- (viii) Mr. Eaton to determine exactly what 'at home' services are or should be accessible. *Information communicated direct to patient.*