

Hartland Way Surgery

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Patient Participation Group Meeting

Date of meeting: 23 January 2014

Attendees: Dr Gardiner
Dr Ingram
R Amin
S Prior
J Salvidge
Mr John Kingdom
Mr Eric Green

Apologies: S Metcalfe, H McMullan

Key Discussion Points from the meeting:

1. Feedback from the PPG members following the attendance at the National Association of PPG and the Croydon Patient & Public Forum Meeting

- Good attendance at the meeting (60-70)
- Advised PPG members that their practices should share practice surveys and meet frequently
- Communication issues are still a concern between practices, patients and to some extent PPG members. This needs to be improved at all levels
 - **Action:** A poster will be developed to raise this issue and also open up an active two-way dialogue between PPG members and Patients.
 - Poster will also request for patients from diverse backgrounds to join the PPG group to ensure equitable representation of all patient groups.

2. Results of the Practice waiting room survey and A&E audit

A. Practice Waiting Room Survey

- See attached Analysis (Appendix 1)
- A one month snap shot was conducted in September-October 2013
- Response rates were similar to 2012, with average age of responders being >60 years and the overall ratings on all indicators being Very Good or Excellent.
- Survey results focussed on those few areas where patients perceived the service as being poor (such as adequate opening hours, ease of ordering repeat prescriptions).
 - **Action:** Practice has increased its opening hours from previous years and now the extended hours should suffice the needs
 - Practice has completed online appointment training and that may be another solution to this concern
 - Practice will also complete the online repeat prescription training before the end of this financial year and this will add another ordering dimension to patients who feel that the current process is not adequate or easy
 - PPG members felt that the improved telephone system and messaging has vastly improved compared to previous years and provides adequate information for patients who need help from the surgery

B. A&E Audit

- See Attached Analysis (Appendix 2)
- 30% reduction in A&E attendance during surgery closed hours from previous years
- 14% admitted to hospital when attending A&E during surgery closed hours
- 30% increase in A&E attendance during surgery open hours from previous years
- 33% reduction in admission rates from A&E during surgery open hours
- 50% of attendances were considered as valid attendances both during and open hours
- Majority of A&E attendances were for:
 - Musculoskeletal and orthopaedic injuries
 - Minor injuries
 - Respiratory and CVD

3. Review of Practice Prescribing Key performance Indicators (Q2 2013-14)

- Based on the benchmarking data supplied by the NHS Croydon CCG for Q2 (13-14), the practice achieved all bar one performance indicator.
 - **Action:** Glucose Blood testing reagent strips was the only target the practice did not achieve.
 - As part of the NHS re-organisations and service re-design, there is an emphasis on providing care for long term conditions nearer to home and also optimisation of medicines and this acts as a conflicting factor to the above prescribing indicator
 - Hence although reviewed, the above factors makes it difficult to achieve as hospital avoidance programmes are implemented
 - PPG members felt the target setting by the CCG needs to be reviewed for the forthcoming financial year.
- Overall prescribing related indicators were in the intended targets
- Despite a tight scrutiny on prescribing indicators, clinically the practice does not show any negative variance to its performance indicating the practice is utilising cost-effective rationale, evidence based medicines for its patients.

4. End of Life Charter

- Discussion with PPG members around the patient charter from RCGP and RCN
- PPG members were informed about the monthly palliative care and long term conditions multidisciplinary meetings that the practice conducts for all the patients on its end of life Register
- The Charter is comprehensive yet precise enough to adhere to
- A copy of the charter will be posted on the surgery notice board and also on the website to improve its dissemination to the target population
- Patient charter can be accessed on:
http://www.rcgp.org.uk/~media/Files/CIRC/CIRC_EOLCPatientCharter.ashx

5. New developments:

- **Online appointments:**
 - Discussed the proposal regarding patient's ability to book appointments online
 - General consensus was to start cautiously and offer normal/routine appointment
 - Once into 3-6 months post activation, review at PPG group meetings for further refinement of criteria
 - On the day appointments will not be shown to offer equitable access to those patients who do not have internet access
 - Nurse and Phlebotomy appointments will also be considered after the initial trial phase with just routine/normal GP appointments
 - Patients will be communicated about this new service via a poster and practice website

- **Online prescription request:**
 - Owing to the technical difficulties at the trainer end, the above training is yet to be finalised
 - However similar to online appointments PPG members suggested a communication plan for the repeat prescriptions such as
 - Add a note on the right-hand side of the repeat prescription
 - Add it to the website
 - Provide information notelets at the reception desk

6. Update from Croydon Open Meeting and potential implications on patient choice

- There is a requirement from the NHS Croydon CCG to adhere to referral management protocols for some agreed pathways to reduce inappropriate referrals and investigations
- There is an expectation that GPs need to learn to say “NO” to patients should there be an issue and clinically the patient does not warrant a referral and there are no “red flags”
- PPG members were concerned about the lack of clinical flexibility in some cases and accepts that in majority of the cases it may be an acceptable action, but they want to feed back to the PPG National forums

7. CQC visit:

- Practice had its CQC visit on 22 January 2014

8. AOB:

- **Practice list size**
 - The list has grown significantly since the last five years
 - Partners shared with PPG members that should there be a time if it is deemed necessary, the practice will invest in additional doctors to reduce the risk of poor care due to increased demand
 - There is also a perceived concern about the future of small practices
 - To ensure we are providing the best care to our patients and in the most appropriate settings, at the next practice survey, questions will be asked to gather patient’s view point as to the future direction of the practice
- **Pathway developments**
 - Competing demands in primary care has necessitated a development of 20 new care pathways
 - This will ensure consistencies in care provided but there is also a theoretical risk of eroding patient choice
 - PPG members will consider the impact of the service re-design proposals within Croydon and feed back to NHS Croydon CCG , if necessary

9. Date of next meeting:

- TBC

Attachments

Appendix 1
Appendix 2