

Summerville Surgery Patient Participation Group Meeting

Minutes

Wednesday 29th August 1830 hours

Patient Attendees:

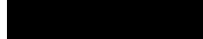


Surgery Attendees: Dr Rachel White, Carla Michalska

Apologies:



Chair:



		Action
1.	<p>Matters Arising from meeting held 23rd May– no matters arising.</p> <p>Bowel Scope Screening- No further updates on the status of bowel scope screening in Bromley. Planned roll out for Bromley was late summer but CCG have reassured the national screening team will inform practice prior to implementation. More info on bowel scope screening here.</p> <p>Phone System – Five year contract with current telephone provider is due for renewal. Practice has short-listed potential suppliers and is arranging visits to other practices where the systems are currently in use. Impressed by systems seen so far and believe will be a definite improvement, providing further opportunities in the future.</p>	CM
2.	<p>Appointments – Some patients report difficulty in booking an appointment – ringing early in the morning only to be told that the need to call back. Suggestion of walk-in service following comments from local nurse who claims is effective in other surgeries. Dr White explained that walk in service is not considered a viable option for the practice due to difficulty in managing clinical work load. Carla commented historically has not been considered for our patient population (elderly, vulnerable) due to infection control concerns. Current triage system (including phone calls, on the day appointments and home visits), has been an effective management system of acute or urgent medical problems. Comments that some '48 hour' appointments may be used inappropriately due to difficulty booking routine appointments. Practice acknowledges – confirms that the appointment system is constantly evolving and reviewed weekly. Adjustments to the rota are also required on a seasonal basis where healthcare needs may vary. Further comments from patients in attendance that the appointment system has improved recently.</p> <p>Clarity on appointment system – selection of GP appointments including 'on the day, 48 hour and 1 week in advance'. 50% of appointments are bookable online for contractual requirements. Recent adjustment to the system; appointments are available for online from 0800 rather than 0730 to ensure equality and consistency across multiple booking platforms (online, telephone, reception).</p> <p>Dr White explained that practice acknowledges patient difficulties but is due to national problems in general practice where GPs are overstretched with workload increasing in recent years due to changing healthcare needs, cuts in</p>	CM

	<p>funding and limited resources in general practice. Though GPs may not be portrayed as working full time, "part time" working now includes additional workloads where longer hours and unpaid days of working are required. Any increases to the working week of GPs would increase personal stress levels which could potentially lead to unsafe practice or individual 'burn out' – an issue which has caused a national shortage of GPs. Discussed importance of communicating national problem with patients – to upload video on the website, use TV and PPG board in reception. Also noted to be mindful of patients at risk of 'not wanting to burden GP' in accessing appropriate healthcare.</p> <p>Comments from Joanne: I do feel that further staffing them and releasing more at 2pm would help people who are unable to use patient access in the early morning , including:</p> <ul style="list-style-type: none"> -People commuting - people who need support from someone before they can use it (so have to wait for their supporter to come around) - people who are unable to wake early for health reasons <p>Discussed at group. With the current system (evolving), a further staggered release would be more difficult to manage technically. Some concerns from group that further staggering would reduce number of appointment in each batch, increasing phone calls and needs to 'call back'. Comments to be kept for review at future partner meetings.</p>	
3.	<p>E-consults, Video-consultations – Patient enquiry over the use of video consultations/e-consult in the practice. Carla confirms technological developments in consulting are being rolled out nationally and that the practice has shown an interest in introducing one of the systems (e-consult: see more here) which is being piloted in Bromley. Currently the practice is in communications with the CCG regarding the management of this new system. An equality impact assessment would be required to ensure that the introduction of new systems do not put groups of patients at a disadvantage in accessing healthcare. Practice is keen to phase the introduction of e-consulting so that the impact can be monitored and managed. E-consult is promoted to be an effective tool in general practice in managing incoming requests and streamlining clinical concerns to the appropriate clinician. The practice hopes that this will ease pressures on reception and the telephone system, whilst also avoiding unnecessary appointments with the GP, improving access for all patients.</p> <p>Concerns raised regarding patient identity – noted by Carla to raise at next meeting with CCG and provider. Discussion of use of biometric data being used to identify patients. Not currently used in GP systems but may be in the future due to technological advances. No current plans to introduce video-consultations.</p>	CM
4.	<p>Staffing –</p> <p>With sadness would like to notify the PPG of a loss of one of our receptionists, Jenny, who passed away following a short illness. She was a good friend to all at the practice, cared well for our patients and loved working with us. She is</p>	

	<p>greatly missed.</p> <p>Introduction of Advanced Nurse Practitioner: Fatu started at the surgery in June as an ANP and has been working closely alongside the duty doctor to see and treat patients with acute healthcare needs. Positive feedback from the PPG. Historically, 'Summerlands' employed an ANP who was 'swept up' before long – hope that this does not happen again. Reassurance that use of Nurse Practitioners is now being encouraged within primary care as a means to address national shortage of GPs.</p> <p>Introduction of Clinical Pharmacist: Sarah has just started at the practice as a full time clinical pharmacist. She will be able to manage medication related review and treatment of minor ailments.</p> <p>New roles introduced to take some of the burden off the GP workload, creating more time for GPs to see patients with more complex health concerns. The appointment rota has recently been adjusted due to this and the practice hopes that patients experience improved accessibility in the upcoming months.</p> <p>Management change: Following Janet's retirement at the end of July, Carla started working as a full time practice manager. No deputy has been employed as the practice is using this change as an opportunity to restructure the administrative workforce and introduce new roles within our skilled team to improve internal processes and support practice management. Due to the changes in general practice the role of practice manager has also evolved as workloads have increased. By streamlining workflows in this way, the practice hopes to address this issue.</p>	
5	<p>Phlebotomy – notice at the Princess Royal University Hospital that phlebotomy services may be cut / outsourced due to footfall concerns. Alternative options including: Orpington hospital and pre-bookable GP 'hub' appointments have been discussed. Summercroft is aware of the introduction of phlebotomy services increasing in general practice via Bromley GP Alliance and have expressed an interest in hosting this service within premises. Though this service will not be maintained by the practice, we would be able to book our patients into it, much like the current service at Dysart Surgery, Ballater Surgery and Park Practice.</p>	CM
7.	<p>Carpark – Some comments that carparking has been better recently. Practice not currently planning to make any closures. Discussed improved paintwork and signage would be helpful. Agreed – to take to partner's meeting.</p>	Partners
8.	<p>Facebook - Recent posting on a public forum about the practice receptionist's being rude. Carla acknowledged the post and wanted to take to PPG for comments and feedback. No concerns over reception staff reported. Support from PPG in practice staff. Discussion of social media being a new issue within healthcare. Carla to take to CCG to provide advice in managing concerns of this nature.</p>	CM

<p>9.</p>	<p>AOB:</p> <p>Flu 2018 - change in vaccine regulations has meant that the delivery schedules have been amended slightly this year (for all providers including pharmacists). Practice flu clinic dates have been planned accordingly. Different flu vaccines for different patient groups. Flu clinics, "grab and jab" service (opportunistic including walk-in) and appointments for children and those with mobility issues will provided as in previous years following positive feedback from patients. Flu letters have now been sent so all patients should receive invitation in the post soon.</p> <p>Ghost population - Stories in the media regarding 'ghost patients' – i.e. patients who have moved/passed away still being on practice lists. Dr White acknowledged is potential issue though states that Bromley in particular manage and review patient lists, 'deducting' patients as necessary (to some extent, some patients have actually been deducted inappropriately!) Further information on 'ghost populations' found here.</p> <p>"Bromley GP services ranked worst to best" – recent newspaper article published ranking Summercroft in the lower half of Bromley practices. PPG surprised as report positive experience. Some comment that responses to questionnaires etc are not truly reflective as positive experiences are not always followed up or otherwise acknowledged. Practice encourages patients who experience good service to provide feedback if possible. Carla to review article and comment.</p> <p><i>Further comments: I realise that this article appears to be based on data used in a similar articles, published in July 2017 and April 2018. On critical review: This ranking is based on only one measurement of practice performance – patient experience, and do not consider other measurements of good practice, including CQC standards and measurements and other performance related targets.</i></p> <p><i>Practice staff are saddened by negative reports in the media 'scoring surgeries from worst to best' following the hard work and care that is put into service provision and do deem articles of this nature to be an unfair portrayal of the surgery. However, in comparison the practice has actually increased in patient satisfaction over the reporting period; from 76% in July 2017 to 79% in April 2018, which is very encouraging.</i></p> <p><i>I am keen to monitor patient satisfaction as one indicator of practice performance and the efforts put in to improve service. I will agenda for the next meeting. Any further thoughts on this do not hesitate to let me know.</i></p>	<p>CM</p>
	<p>Next Meetings– Future meetings: Date of next meeting: Wednesday 28th November 1830 2018.</p>	