The Whitehorse Practice

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PPG MEETING MINUTES

08.02.2017

ATTENDING: MBE (practice manager), CP (senior receptionist), OP (taking notes), 5 Patients

3 apologies.

MBE: The manager welcomed members of the PPG team and asked if there are any concerns.

Patient FP: the downstairs sink needs fixing.

CP: The practice is arranging to get it fixed.

MBE: the practice is currently working on calling in patients with chronic diseases such as asthma or diabetes who have not completed a review. Our admin and reception team have been working to bring in as many patients as possible before 31st March to have BP checks, flu jabs and medication reviews. Unfortunately though all three recalls have been sent out some patients consistently do not respond to invites for reviews though this is important for monitoring their state of health.

Patient CL: how many patients are we talking about and how can we help?

MBE: the area with the most non-attenders is diabetes. We have information in various formats from our practice newsletter (hands out), to our website, the three recall letters and now phone calls. You can help us by spreading the word as PPG members emphasising to come in for reviews when requested. We have just under 8000 patients on our practice list of which a significant amount have chronic illnesses.

Patient FP: Blimey, is there enough doctors and nurses to see them all?

MBE: We have four GPs now PPC has retired, one nurse practitioner and three part time nurses and one HCA. The problem we consistently have is the wastage of appointments by those who Do Not Arrive and the time and resources spent having to chase patients for their reviews. We are currently working on the hypertension list and 22 patients have avoided coming in since 2013 or 2014, but are still taking medication.

Patient CL: what kind of age are these patients, because if they are working full time they might not be able to come in.

CP: the ages vary from 30 to a lot older. We have decided to pilot a system of limiting supplies of certain medications such as statin or metformin to seven day issues until these patients come in.

MBE: we will of course not stop issuing medication urgently needed such as insulin and asthma pumps.

Patient FP: what about those patients who get a prescription straight from the pharmacy?

MBE: we will talk to the pharmacist and compile a list of patients who will be restricted in their medication supply until they are reviewed.

CP: some patients are reviewed at the pharmacy, but we receive a print out from them then. We work closely with LG.

Patient FP: Fabulous, but what about when the prescriptions that are supposed to go to LG if signed up to never going there?

MB: we can't prescribe electronically acute and controlled drugs, only normal issues. It is possible that the script not going automatically is down to that and then they need to be printed and sent manually to LG during collection times which are throughout the day.

CP: we can make errors, so the script would then be on the system to be printed out having not gone electronically or in the surgery if the member of staff collecting the scripts from the clinician has not realised that it is to go to LG. Our apologies for any frustration if this occurred.

MBE: We have three new members of staff. Training takes about 6 months.

CP: sometimes longer as we constantly have to adapt to any new information that comes in and have to regularly review our procedures.

Patient FP: it's alright. It helps to have an explanation though.

MBE: Next, we have had thousands of DNAs this year thus far.

Patient FP: if someone DNAs then why can't you take them off the books?

MBE: the practice has a process to follow before removing a patient from our list. Three Do Not Arrives means a first warning letter is issued. Another DNA within six months issues another warning. If another DNA is within 3 months, the patient is removed from our register. Only if a patient is violent and we call the police can we remove the patient immediately from the list. Screaming or rudeness is not sufficient. The guidelines come through from the governing body, NHS England.

Patient CL: that doesn't seem right. Can't different practices band together to propose that the guidelines become tougher? Like a £5 penalty charge for every appointment that someone misses.

MBE: many practices have spoken to the NHS committee and nothing has been changed thus far.

CP: all we can do right now is educate when and where we can the patients to please keep their appointments or let us know if they cannot. We have had a problem with our phone lines though this last month and currently the cancellation line is down.

Patient FC: It is annoying though to think that some people probably get better before their appointment and then do not bother to come in.

Patient MA: Who is replacing PPC now that he has retired?

MBE: we have a male locum arranged for the coming months. We are currently looking for a salaried GP.

Next, A&E should not be used for colds, aches and pains, or chronic disease review. Antibiotics are not for bugs or viruses but for bacteria. The practice has posters, leaflets, the website and all staff passing on this information yet our patients are still asking for antibiotics or going to A&E when they do not need to. Any suggestions for how we can get through to these patients?

Patient CL: What kind of age group are these patients?

CP: Mostly younger generation, under 50s, especially those with younger children. The older generation tend to try and cope until they cannot. Home visits are of course available to housebound patients.

MBE: the population is also quite transient, and some come from countries where culturally hospitals are the point of call as there are no GP surgeries. We try to educate as per our practice ethos but it takes time to change people's ways.

Patient FP: Maybe opening longer hours or calling these patients and speaking to them.

MBE: We have extended hours on Wednesday. Our HCA is calling patients within three days of their discharge to offer advice, support and appointments as needed. Triage calls can be booked for the morning or afternoon slots and there are urgent on the day appointments for elderly and very young.

Patient FP: How does reception know which cases are more urgent?

CP: We are trained to query any patients who say they cannot wait and put in the relevant information for the clinicians.

Patient MA: We can try talking to other patients when we are in or not and spread the word.

MBE: Thank you that would help. Next, gluten free food will no longer be on prescription from March 2017.

Patient FC: why is that?

CP: Well for example, as a coeliac I can now buy from Tesco and other outlets gluten free food much cheaper than I used to and much more readily. There is more variety now as well.

MBE: the exceptions will be for patients who also have another condition affecting their diet such as kidney disease. Letters have gone out to affected patients to inform them of alternative suppliers of gluten free foods.

Next, obesity. Only those recorded with BMI over 40 on our register are entitled to the flu vaccine, unless they have an underlying long term condition affecting their health. Our nurses ran events successfully throughout the year educating about asthma, diabetes and lifestyle advice including leaflet packs. We have referred patients to weightwatchers and done exercise referrals. 19 patients that we are aware of have reduced weight. We will know the final figures once we run the extraction report in March. Active Lifestyles will be replacing Weight referrals in March.

OP: this will include smoking cessation and alcohol advice as well as exercise and dietary advice.

MBE: Please watch out for website updates and let us know if there is anything you would like to add which you find interesting, relevant and useful to know or would like to know.

OP: (passes around) We also received the Carer's support information pack today. There is information about relief in terms of financial and social aid and events where carers can meet informally in groups for shared interests. More information and leaflets are downstairs.

Patient FC: where is this in Croydon?

Patient MA: quite near the library. There's a map (refers to leaflet).

Patient FC: I'll take a look, thank you.

MBE: Men C has been replaced by the ACWY for freshers, that is first year university or college students. We are working on our uptake. Many of our student patients may be having their jabs at their university or college.

CP: or their parents have heard about the autism scare, which we are trying to educate about.

Patient FP: what *has* been happening with the phone line? We have had trouble getting through.

MBE: this will be resolved this week. We have had only one incoming line working due to problems with our supplier.

CP: this has been on-going from January. We had four lines in before.

Patient MA: why is it still on-going?

MBE: the practice was changing our phone provider which encountered some delays on the suppliers' end. Currently all calls are routed through one line and the auto-service line is down. We had four lines in before.

CP: our queue system will be back to normal the week of February the 13th. It will be a simpler auto service set up by our new supplier. We are looking into getting a new user-friendly booking in screen. We also are offering patients who want more privacy than being at the front desk booking appointments a side room to discuss in private..

MBE: if any patient would like to speak one-to-one to a receptionist they just need to request as on our poster. For example if they would like to speak regarding their terminal illness or have been accosted.

Patient FP: I had not known that.

Patient CL: what if more than one patient would like a one-to-one?

CP: Thus far there have not been. In that case we would speak to one with the other waiting.

MBE: we also have our chaperone policy up in the waiting areas and on our website.

Patient FP: what exactly is a chaperone?

MBE: The patient or clinician can choose to have someone DBS checked and trained to be impartial to stay and observe during a procedure for example if a patient is undergoing a procedure where there is the removal of inner layers of clothing or examination of intimate areas or dimming of lights. Patients can choose or opt out of this and it would be recorded.

Patient FP: doesn't it imply a lack of trust?

CP: It is meant to foster a safe and comfortable environment for both the patient and clinician. For example some cultures may not permit women to undergo certain procedures without a chaperone. Anyone can choose to have a chaperone and it is routinely offered when patients book appointments.

Patient FC: what if you do not want a chaperone but your husband.

MBE: a family member may be biased towards the patient's point of view. They can chaperone but that choice would have to be recorded on the system. The Care Quality Commission is cracking down on this topic.

Patient FP: why do doctors need a chaperone?

CP: for example, if a patient has a record of violent or abusive behaviour, the clinician can request a chaperone. It boils down to safety and safeguarding.

Patient MA: what about children who might be abused and whose parents chaperone them?

MBE: all clinicians are trained in safeguarding and reception has a minimum level 1. Staff are trained to observe for any signs of abuse in children and adults and are aware of when and how to escalate concerns.

That is all for this meeting, unless there are any further queries? Please help yourself to the refreshments and thank you for coming. Invites will be sent out as usual for the next PPG.

Thank you all for your input.

(end)