

Manchester Road Surgery
Patient Participation group meeting
4th November 2014

In attendance:

Surgery: Dr Marshall, Alison Broadhead.

Patients: Mick Bradley, Tony Day, Pamela Leon, Anja Spreng, Elaine Henderson

Apologies: Janet Walker, Giles Morrison, Lloyd Snellgrove

- 1) AB opened the meeting by thanking everyone for attending, the group does have 2 new members but unfortunately they had not been able to attend this meeting.
- 2) AB updated the group on some of the changes the surgery has made in the last year some have been completed and some are ongoing.

Completed projects

Electronic prescribing – The Practice was switched on in September, we have been handing out leaflets to promote the service but pharmacies are doing a better job of this as they want the business. The new process saves patient's the time calling in to get the prescription and the prescription can be sent to any nominated pharmacy of choice. Benefits to the GP are that it saves them signing individual prescriptions as they are bulk signed electronically, there is more of an audit trail as the prescription can be tracked through the system and there is less footfall into the practice. Downside at the moment is that prescriptions for certain drugs cannot be sent electronically so this excludes quite a few patients.

ICE requesting – switched on in August, this is a further move towards the Sheffield teaching hospitals (STH) drive towards a paperless system. Blood tests are now requested from the labs electronically rather than completing a paper form. Blood bottles are bar coded and linked to the electronic request in the lab, results are also fed back to the practice via the pathlinks system. Radiology can also be requested via ICE. Patients will still need a piece of paper though to take to the phlebotomy clinic!

An Infection control audit was undertaken recently by a dedicated nurse employed by Sheffield CCG. As a result we have a number of actions to take to address some of the issues raised in her report. E.G, We need to have cleaning schedules on display, advised to remove the only remaining toy table, get fridges serviced, lock up the outside bins, launder vertical blinds every 3 months, etc! *Members of the patient group were invited to attend a practice meeting to discuss and produce an action plan which is being held at 1pm on Monday 10th November.*

Ongoing projects

Extending patient choice scheme – out of area registration – this is on hold as the CCG's (nationally) have nothing in place to provide home visits for patients who register outside the practice area but require a visit. AB and Dr Marshall confirmed that the surgery would not be participating anyway as practices do have a choice whether to participate or not.

We need to implement the Friends and family test (FFT) as this is a contractual requirement from 1st December 2014. AB explained what this will involve (monthly collation of data submission of reports etc). The group agreed that our approach should be low key, AB said that various companies are offering an FFT package where they provide literature, postcards, text messaging, data collection and reports etc but this all comes at a monthly cost. The surgery has considered this but feels at the moment that it can be managed in house by providing a means of anonymous feedback to the standard FFT question in the form of postcards and a box to put them in. The surgery intends to have a FFT day once a month where clinicians and reception staff promote the opportunity to give feedback, this will hopefully give us enough responses to satisfy the area team who will be responsible for monitoring the process on behalf of NHS England.

A further contractual requirement from 31st March 2015 is the requirement to offer those patients who request it On line access to their summary records – this is actionable but we are still awaiting further guidance. Potentially any patient with access to systmOnline can see their summary record if we enable this function. We would also have to amend the patient record on request but would need ID unless already given. AB asked if any of the patient group would test this and AS volunteered.

Dr Marshall explained that the practice is currently exploring opportunities for mobile working and has placed a bid for a tablet/laptop to help us to do this. Having a patient record available on a mobile device would be really beneficial when GP's are conducting nursing home or patients home visits as records could be updated in real time rather than when the GP returns to the surgery.

Electronic referrals – further drive from STH regarding paperless route. We currently use a mix of 'Choose and book' referrals and paper based referrals, we are being encouraged to send all electronically but sometimes the IT to back it up is lacking!

After the updates the group looked at the NHS choices feedback and survey information that had been sent out prior to the meeting.

Key points raised:

- Customer service training required, the group felt that this would be useful for all staff not just receptionists.

- Suggestion that when receptionists answer the phone they should give their name. If there is a problem then patients can identify who they spoke to.
- Problem with being overheard at reception, suggestion to put up a notice that states that if you do not wish to be overheard please ask the receptionist to see you at the side door.

AOB

MB wondered if the chairs could be placed differently as it is sometimes awkward sitting at the side and facing other patients who are waiting. All agreed it would be difficult to rearrange the seating with the room shape we have to work with.

MB suggested that the notice boards could be themed (child health etc), and be less 'busy'. Other members also thought that the whole of reception had too much information and that it was overwhelming. Discussion took place around moving the leaflet display to the porch as patients tend to take literature more freely in this area as they are not overlooked. AB will work on changing the notice boards asap.

Self check in screen – AB asked if the group thought this would be of benefit to the patients at the surgery and got a mixed response. If taken forward AB explained that patients would not be expected to check in only using the screen however this would save queuing at busy times and ease pressure on the receptionist particularly in the afternoon. The screens are quite costly but can be rented monthly, AB to check if the maintenance of the screen would be included in the cost as members of the group reported screens in other surgeries being 'out of use'.

Meeting closed

Post meeting current progress against AP's.

The posters and notices in reception have been scaled down considerably and the notice boards are now themed e.g child health, current health campaigns etc. Duplicate leaflets have been removed and more information is on display in the porch where there is a better uptake of information.

A poster informing patients that if they want to discuss anything privately with the receptionist has been put on display. This tells the patient that the receptionist will speak with them at the side door to reception where they will not be overheard. The surgery has now got to ensure that all posters are laminated and fixed to wipe able boards as part of the infection control audit.

Alison is waiting for a response from Thornbury hospital who may be able to provide customer services training for reception staff and if we are able to provide this in house all staff could attend.