

The Hawthorns Surgery  
Minutes of Patient Participation Group Meeting  
Friday 27 May 2016

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Present – Rob Shuter, Dr Pat Clarke, Joanne Goodwin, Sheila Try, Teresa Monteiro, Llewelyn Lewis, Atamjt Niber

Apologies – Tony Cannon, Yvonne Brown, Tony Cooke

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### **Matters arising from Previous Minutes**

Rob advised that initials were used in the previous minutes for confidentiality purposes, all attendees agreed that they were happy for their names to be used in the minutes.

The sharing of email addresses was also discussed and it was agreed that email addresses of the attendees of the meeting would be shared.

The text service was working well and it will also be used to target patients for annual reviews i.e. asthma, diabetes etc. the only comment regarding the text service was that the texts should be carefully worded.

### **Telephone System**

Rob advised that a new telephone system is to be installed in the surgery in the next 6 – 8 weeks. The system will be cloud based and there will be numerous benefits to the system the main being that the surgery telephone number will be displayed when calling patients and there will also be a queuing system and patients will be advised what number they are in the queue. The maximum number of patients queuing in the system was discussed and it was agreed that there would initially be a trial basis of 20 patients in the queue which would include 3 being on the telephone.

Rob is to query if the patient's are counted down and how frequently when they are in the queue.

The system would also allow options to be selected e.g. Option 1 – appointments or general queries & Option 2 – test results during the hours of 11.00 am and 3.30 pm. If Option 2 is selected when the results line is closed it will be answered but patients will be told to call back between 11.00 am and 3.30 pm.

All direct dial telephone numbers will no longer be available as will the Results / Admin number.

The telephone line for ordering repeat prescriptions is being looked at for the use of housebound patients.

### **Electronic Prescription Services**

Electronic prescriptions will be introduced when the new telephone system is up and running.

All patients with a nominated pharmacy and requesting repeat prescriptions will be sent electronically to that pharmacy. The prescriptions are sent as a token to the nominated pharmacy who will download the prescription and prepare the requested medication. This service will not be available for controlled drugs i.e. Tramadol etc.

This services should be quicker but not available for all prescriptions. It will also be available to patients who see the GP and do a one off acute script and the GP can send this electronically direct to the nominated pharmacy.

It was suggested that the PPG may be asked to promote this service and encourage patients to sign up to a nominated pharmacy.

## **A&E Attendances**

The surgery has been asked by the CCG to reduce the number of attendances to A&E.

An audit has been done within surgery as to when patients attend A&E and it has been established that patients have attended A&E when there are available appointments at the surgery. A&E send a weekly report to the surgery and this is cross referenced to available appointments.

There is a myth that Doctors in A&E are more likely to be able to help a patient rather than their own GP, in fact the Doctors in A&E are generally registrars and therefore this is a cycle that needs to be broken.

There is need to bring back the relationship between patient and GP and to discourage A&E attendance.

There are a number of patients who attend A&E on a regular basis and the surgery will be writing to these patients asking them to make an appointment to see their GP to see if these attendances can be avoided.

## **“Myth Buster”**

It was agreed provisional content for the mythbuster section in the newsletter would focus on different kinds of GP's.

All patients are registered with a Partner at the surgery and are seen by this GP for continuity of care. If their registered GP is not available then they are offered an appointment with another GP / Registrar.

## **Recruitment**

The only vacancy currently at the Surgery is for a Health Care Assistant.

2 new receptionists have been employed – Linda, who has come from another surgery and Sheila who is new to General Practice. A new admin assistant Kay has also been employed.

## **Summer Newsletter**

- Myth Buster regarding Registrars
- Patients to keep the surgery updated with any change of mobile telephone numbers (this is especially important with the introduction of the text service).
- Diagnosis of Sepsis – one of the GP's will write a brief outline of symptoms for early diagnosis of Sepsis.
- Focus on appointments – average appointments per week :
  - 1,062 GP appointments
  - 316 Nurse appointments
  - 140 Health Care Assistant
  - 61 Other appointments i.e. Minor Surgery, GPwSI, Midwives
  - 31 Home Visits

The newsletter is an important tool for use in the surgery to get the message across to patients as to how the surgery operates.

## **Any Other Business**

- Copies of Blood Results

The surgery receive numerous requests from patients for copies of their blood results / x-ray reports. There is a specific process for provision of these results :

Results printed off

Referred to the GP to confirm it is ok for the patient to have these

Patient contacted to collect results from reception

It was discussed as to whether a charge should be made for the provision of these documents. It was agreed that if the results are to be taken for a hospital / consultant appointment then the patient can have these without charge. However if the results are purely for the patient's own use then a small charge would be made. It was agreed that the charge should be a minimum of £2.50 dependent on the amount of paperwork involved. The surgery is not obliged to provide copies of results under the NHS contract.

With the introduction of Access to Medical Records, patients will be able to view their results when they apply for this service.

- Plasma Screens

There are 4 screens around the surgery, some Doctors use the screens to call patient's and others call them via the tannoy system.

- NHS Healthchecks

These are available to patients between the age of 45 and 74 with no history of a chronic disease, these checks are repeated on a 5 yearly basis.

Sheila has kindly offered to produce the Newsletter again this quarter and it is envisaged that it will be available at the end of June.

**Date of Next Meeting – to be confirmed.**