

# The Sandringham Practice

## Patient Group Meeting 24 March 2014 6.00

### Attendees

#### Practice:

Dr I Hassan (Senior Partner)  
Dr K J Strachan (GP Partner)  
Dr C A Vicary (GP Partner)  
Dr I Udom (GP Partner)  
Jayne Clamp (Lead Nurse)  
Richard Langthorp (Practice Manager)  
Jordan Batty (Receptionist)

#### Patients:

- BB
- JC
- AK
- AF
- PS

### Meeting Notes

RL welcomed the members of the group and introduced staff.

Handouts were given out for patients and staff to look over, containing visual aids and statistics of the recent patient questionnaire.

It was noted that unfortunately the questionnaire was not available online due to technical issues this was not sent to the patient group via email.

### Appointments – Q1-4

- RL noted that 47% - approximately half of the patients that answered this question, said it was 'Easy' or 'Very Easy' to get through to the reception staff on the appointments line.
- It was noted that of the "Difficult" or 'Very Difficult' answers, the main solutions patients suggested were to have additional lines or people answering calls.
- Patients also suggested an automated message to let a person on hold know long they will be waiting and where they are in the queue. JB commented that due to the nature of calls to the practice we cannot easily predict the likely time on hold as this varies significantly from call to call. RL confirmed adding an automated message to add a queue system is something the practice will look into. **ACTION POINT.**
- RL informed the patient group that there were three lines, not as some patients responded; their belief that the practice had only one line with one receptionist answering it.
- Patients requested an additional line or person answering be added during busy times in the morning.  
RL commented that this may cause a pressure point elsewhere, as there will still be the same amount of appointments, but they will be taken up quicker as there would be more staff answering the calls.
- Patients suggested an answer phone service where patients could be called back with an appointment.

- Dr Vicary said this could cause clinical problems as it might be a more urgent issue than a call back system could provide for and if receptionist were to call back after appointments had been released, it is likely they would have been taken by others who could get through or walk in.
- Patients requested a separate line for non-appointment/prescription requests for example results/referrals.

It was suggested that this line could be combined with the current line but patients advised they could only call for issues other than appointments/triage after a certain time, e.g. 10am.

Patients suggested moving the prescription line to the afternoon to free up another staff member to answer the appointments line.

RL explained having the prescription line in a morning allows time for Drs to sign scripts and to get them out in 48 hours. If the prescription line was moved to the afternoon, it may extend waiting time for prescriptions.

### **ACTION POINTS**

- Look at splitting phone lines for triage/apps only and referrals/results
- Look at the queue system while waiting for the phone to be answered
- Look at adding a person in the morning to alleviate the pressure on the prescription line.
- Online appointments would be favourable for patients to book. Patients noted that double appointments would be hard to book online, and other patients may abuse the online system. RL advised that on-line booking would be made available during the course of the year though there would have to be ring fencing of appointments in order to be fair to all.
- JC noted there has been successful use of an automated telephone system elsewhere.
- It was noted that whether online or the automated system were installed, there would still be the same number of appointments available to book though offering various booking options.
- It was noted that patients would like to be able to book further in advance than a week to see a Doctor.
- JB noted that it was capped to a week in advance as the amount of DNAs was significantly higher when 2 week appointments were available as people forgot or didn't turn up.
- Patients noted that there is now a useful text service that could make sure patients attend; e.g. they would only be allowed to book an advance appointment if they were signed up to the text messaging service and had the correct contact details.
- Patients noted there should be more grey areas.  
Dr Vicary advised a Trial of 14 days – 1 month would be useful to see if releasing ahead does drive up numbers of DNAs. **ACTION POINT**
- Discussed asking what appointment was for (e.g. working etc) and potentially making a booked appointment beyond a week. For consideration with above trial. **ACTION POINT**
- Discussed the provision of Sick notes over the phone and confirmed this had been in place for over a year; agreed this perhaps needed better communication - **ACTION POINT**.
- Text service - whilst this is working the Practice receives comments from patients both on the survey and verbally that they are not receiving text reminders. This may be down to the current numbers held and is a continued area for updating our mobile records with further ongoing requests from patients. **ACTION POINT**.
- Patients questioned whether MJOG text facility will text to house phones as this service had been received from DRI. **ACTION POINT**.

## **Staff Training Q5-6**

Whilst quite evenly split, responses focused on test result advice and appointments for working people.

**Test Results** - The Practice can only give results if the Dr has reviewed and commented on them and it is not clinically safe for staff to interpret or pass comment on detail of the results. We are able to provide prints of results.

- Patients advised they generally worked on the basis that generally there was no need to call as one patient thought no news is good news.
- Agreed that information on the results system could be provided on both the Website and TV screen. **ACTION POINT**
- Also agreed better use could be made of the white side of repeat prescription form and on-line. **ACTION POINT**

### **Appts for working people**

- Agreed there are areas which could be tackled differently both from an appointment structure perspective and from the information sometimes advised to patients by Reception.
- Appointment release/working days - agreed using bulletin board and website would help patient understanding. **ACTION POINT.**

## **Communication Q13**

- The key points raised in the survey were that Newsletter delivery of information received the highest number of positive responses from the survey and the group agreed that distribution monthly/bimonthly should attract the most success, concluding that from a workload perspective bi-monthly would be most practical.
- **Newsletter** - How to circulate newsletter? Online, paper, *announced* on web, blue-board, every 2<sup>nd</sup> month so patients know when to look. Also discussed the option of delivering via email and prompting via repeat prescription – as this incorporates 45% of patients. **ACTION POINT**
- Agreed that reinforcing factual patient information messages would be beneficial with other newsworthy items on a regular basis. **ACTION POINT.**
- Items to go on newsletter – repeat items (ways to order/acute items), sick notes (specific appointments), DNAs - (patient not attending appointments), kindly reminders, mobile numbers and texting system.
- Humour in newsletter, short and punchy agreed was the best method of delivery.
- Whilst patients had previously routinely requested posting newsletter, bi-monthly letters posted would amount to an annual cost approaching £30,000. The use of stamped addressed envelopes was suggested. **ACTION POINT.**
- Notice boards cleared. **ACTION POINT**
- Blue board for patients new - **ACTION POINT**
- Ways to contact practice - **ACTION POINT**
- Better use of screens - **ACTION POINT**
- Appointment and Newsletter availability **ACTION POINT**

## **Prescriptions Q10-11**

- Prescription ordering; survey results indicated that preferred methods to order was evenly split between: in person, via pharmacy, telephone and website.
- Reintroduction of the message request line for prescription ordering was discussed though not considered clinically safe as was prone to errors, omissions and delays due to the software system first in last out, particularly on weekends/bank holidays.
- Look at changing prescription line times – extending hours - for future consideration.

- Grey areas – query raised over using ‘grey areas’ for working people can’t order meds during prescription line opening times. Whilst acknowledging this potential issue, Dr V advised ‘it’s one option that people have other ways to order repeats’ - and this has been proven that using grey policies can open up to abuse and significantly more staff time; other options including online, pharmacy, notes in prescription box. This should be re-advised to patients. **ACTION POINT**
- Query raised over using a ‘family prescription’ login; RL advised this was not available from the clinical system suppliers and could not see it happening in the foreseeable future.
- RL outlined a new repeat dispensing system which was being piloted in some areas ‘Electronic Prescription Prescribing’ which would remove the need to print, physically sign and collect transport a large number of prescription requests. Dr V also outlined the ability to ‘batch prescribe’ to minimise the need for regular requests by longer issue dates.
- The above options would also be advised to patients in the Newsletter. **ACTION.**

### **DNAs - Q7-8**

- A significant number of the questionnaires completed indicated broad support for the current warning and removal system, though some more detailed work would be needed to review suggested timescales for letters to be issued. **ACTION.**
- Cancelling appts – discussed people cannot always get through to cancel. RL advised the Practice does have a manual text phone for cancelling appointments (number in Practice Leaflet, advised when sending DNA letters and on Website) and our MJOG Text reminder system also enable an automatic textback cancellation facility. **ACTION.**
- Patient contract – Agreed it would be useful to review the current patient contract when new patients join and provide a general information summary for general services/systems. **ACTION POINT**

### **Continuity of care - Q12**

- Everyone acknowledged there had been significant changes over the last 3 years.
- Dr V said had left for the best reasons – retiring and emigrating! Not because they don’t like working at the practice.
- Whilst everyone wished for stability there were no specific solutions offered in either the survey or the meeting.
- A significant number of people from questionnaire weren’t bothered who they saw as long as they were treated.
- Speciality of GP - discussed the speciality areas of the individual doctors; something for future consideration as there were few specific specialities at present.
- Dr Turner’s retirement discussed and disappointment expressed 😊 by all.

### **Other**

- Enquiry as to if we are continuing with Patient Group and use of the same questions. RL Advised it would continue and whilst some of the questions may continue this would evolve to reflect the wishes of the Patient Group and needs of the Practice.
- Suggestion box – RL advised that only a single item had been deposited in a four year period. Agreed this needed remounting in a more prominent place. **ACTION.**
- Query over blind/non English speakers to access newsletters? Should be possible to print larger or online can read out to blind/foreign people on request.

RL concluded by advising that the meeting note would be circulated to all Patient Group members together with the report which will set out action points within the next 7 days.

# **Summary of Patient Group Action points agreed 24 March 2014**

## **Appointments**

1. **Telephone system** - Feasibility review on providing automated message and queue system for phone system. **ACTION date end June 2014**
2. **Release of appointments** - 14 Day release of routine appointments - 3 month trial proposed **Action by end May 14**
3. **Release of appointments for working people** - For consideration with above trial. **Action by end May 14**
4. **Sick Note system** - to be re-advised to patients - **Action by end May 14.**
5. **Text service** - Campaign for obtaining up to date text numbers. **ACTION date May - June 14**
6. **Text Service to land lines** - to be checked by practice. **Action by end April.**

## **Staff Training**

1. **Test results** - Clarification of systems to be advised to patients (website, newsletter, TV Screen & Prescription forms) **Action by end May.**
2. **Appts for working people** - Patient information to be provided on appointment release and working days agreed using bulletin board, newsletter and Website. **Action by end May**

## **Communication**

1. **Newsletter** - Bi-monthly Newsletter to be produced and advertised on website, bulletin board, TV screen and on prescriptions. **Action by end May.**
2. **Procedural information** to be advised within newsletters on a regular basis - starting **Action by end April.**
3. **Newsletter** – standing items initially to include: ordering prescriptions, sick note system, DNAs, mobile numbers and texting system. **Action by end April.**
4. Patients advised that Newsletters can be posted with Stamped addressed envelope. **Action by end April.**
5. Notice boards de-cluttered. **Action by end April.**
6. **Blue board** for patients news - **sought from landlord by end April**
7. Methods of contacting practice - **Action by end May 14**
8. Better use of TV screens - **Ongoing**
9. Appointment and Newsletter availability - **Action by end May 14**

## **Prescriptions**

1. **Prescription ordering options** - patient advice advertised - **Action by end May 14**

## **DNAs**

2. **Review of DNA letter/removal policy.** **ACTION date end June 2014**
3. **Cancelling appts** – reminder to patients over methods of cancelling appointments **ACTION date end June 2014**
4. **Patient contract** – Review of current patient contract/information provided when new patients join - **ACTION date end June 2014**

## **Continuity of care**

1. **Suggestion box** – Re-mount in suitable location. **ACTION date end June14**