

THE LEA SURGERY

Patient Participation Group & Practice Meeting Minutes.

Date: 25th April 2017

Present: Dr G., K. W, M. L, Dr R., Dr P. (FY2), L. A, K. N, J. G., D. D., J. B-M

Apologies: D. W.

AGENDA

- 1) Patients who Repeat DNA
- 2) Smears
- 3) Enhanced Services for Next Year
- 4) CQC Results Discussed
- 5) Building Update
- 6) NHS Choices comment
- 7) Friends and Family Test - March
- 8) A.O.B.

1. Patients who Repeat DNA

Dr Goel did a search for patients who DNA appointments in the surgery for more than 5 times in a calendar year and there are 120 patients who fall into that category. Alerts have been put on their medical records and if the DNA again they will be removed from our list. Once they are removed they will not be able to re-register. All patients involved have been written to and informed of pending action should the DNA continue. Dr Goel will re-run the search after a few months. There is an option in Mjog for patients to text back and cancel and there was some problem with that but Kuga called Mjog and sorted it out.

We need to make sure that receptionist cancel appointments first before making a new one as they may forget to cancel the original appt and the patient is sent DNA letter.

2. SMEARS

Kelly had a call from cytology department in Barts where 4 samples were mixed up. Too many were unlabeled. Lalita is investigating with Nini who is now not printing the forms in advance to avoid any more mix-up. Since then we had had quite a few normal smear results come through but we will put it in the Duty of Candor book.

3. ENHANCED SERVICES FOR NEXT YEAR

There is a meeting coming up and Dr Goel, Lalita, Kelly and Kuga will attend. AUA care plans, CMC – Maxine will do.

Duty Doctor – same as before.

Early Years – same as before. 50 are on the register. We will do 10 each meeting; update discussed, record and tick the template. UPP any newly registered ones to be added.

End of life – same

Extended hours – from October no longer a part of PMS contract.

Diabetes patients – all in the right target.

Hypertension - BP target 140/90

NHS health checks – did well last year.

PC Mental health and mental health merging. Clinicians to review when pop-up comes on the screen and tick the box.

Would care – need to do more. When we get the discharge summary from the hospital we should contact the patients and ask them to make the appointment for their dressing at the surgery.

4. CQC DISCUSSED

D. D. felt the CQC person was trying to trip him up when she called him the day of our CQC inspection.

– waiting time was an issue and D. D. said that if the previous patient took longer than the allotted time, in his experience the doctor would apologize for the delay. Patient must realize they may have to wait as the doctor is doing the consultation properly.

What to do if they could not see the doctor of their choice – see any doctor

Dr Goel found the GP on the day was more confrontational and made the experience more stressful. They asked the same question to 3 different people to double check if they were lying with the answers given.

We are no longer doing joint injections anymore as carpet is in Dr Goels' room. They pointed out on the day it should be done in the nurses room where there is no carpet. We are referring to ESP physiotherapy instead.

5. BUILDING UPDATE

CCG are now in charge of the building situation and they will have a meeting with the council and let us know when they have made their decision.

6. NHS CHOICES COMMENT

There was a comment put up on NHS Choices by a 74 year old patient who is very happy with the surgery.

It was suggested by the PPG members that we actively encourage patients to put up positive comments on NHS Choices as they are happy with the service but only disgruntled patients will post things up.

7. FRIENDS AND FAMILY - MARCH



Frinds and Family for meeting March 2017.

The breakdown of the March friends and family test was discussed. The national survey was done in May and we will discuss this when we have this.

PPG survey has to be done once per year so the PPG Members will be happy to assist in this. They will come to the surgery and give out the forms and collate the results.

Patients felt that the doctors listened to their problems.

Helpful staff.

Improvement on waiting time.

Prompt service; helpful staff.

It would be good if patient are informed before they come to collect their medication that it has been rejected and the reason why so it can be sorted out before they run out of their medication.

It was decided that clinicians will send a task to the receptionist why the request was rejected and they will contact the patients.

Receptionist helpful and friendly.

Nurse made them feel comfortable when doing smear.

Friends and family has been quite positive. As for waiting time, patients will come with a long shopping list and expect everything to be dealt with not realizing they are causing the waiting time to increase.

Dr Goel knows some surgeries will do 1 appointment, 1 consultation but they may miss something sinister. Quite often it will be simple things that alert to something more serious going on.

J B-M

He has tried that and feels Dr Goel dealt with him very reasonable.

A patient complained to their MP recently saying we have been very unhelpful. Said she has mental health problems and we were very unfair to remove her. The MP wanted us to reconsider and re-register her. The practice manager forwarded to the MP the emails the patient sent to the surgery with all the abusive language. We referred the patient to mental health team to review her even after she had left our practice.

8. A.O.B.

Discussed DNA – there is 120 patients currently on our list who have missed 5 or more appointments in 1 year without cancelling. If they miss any further appointments they will be removed from the practice list. Wastage of time and appointments through the constant DNA is not acceptable.

We have advertised on NHS Jobs trying to recruit a female GP and to advertise BMA is £800. We are not allowed to advertise for a female GP as it is discrimination.

J B-M asked if we have psychiatrist working at the surgery. Dr Goel advised that Caroline Methuen and Daniel Mulenga have psychiatric clinics at the surgery ?once per month when they see patients in prior booked slots.

As for waiting times we have spaced out the appointments for some doctors but every clinic is different and you can't predict when you may have a patient you have to call ambulance for etc.. There is no easy solution.

A PPG member asked if the doctor waste time coming out of the room to call the patients.

Dr Goel said it was more polite and it also allows the clinician to assess the patients when getting out of the chair/walking towards them and speaking. You can call it part of the doctors assessment period.

Dr Bina Patel FY2 will be here for 4 months and then she is planning to be a hospital specialist.

There is a physician specialist coming from June, spending half days in the surgery.

A new pharmacist has been recruited to work 1 day for the week to help with the paper work and prescriptions to assist the clinicians.

CCG is now taking responsibility for everything.

The meeting closed 1:45 pm