

THE LEA SURGERY

Patient Participation Group Meeting Minutes. Date: Tuesday 23rd July 2019

Present: L. H., D. W., R. D., Dr A. G., Dr R., K. N., K. W., M. L., K. I., Dr F. G., P. L., L. A., B. PN.

Apologies: J. G., D. D.

AGENDA

- 1) Telephone Line for Secretary**
- 2) On-Line Appointments**
- 3) Premises Update**
- 4) Primary Care Networks**
- 5) Complaints**
- 6) Friends and Family – May**
- 7) National Patient Survey**
- 8) Weekend HUB Service**
- 9) Training Feedback – 12.7.19**
- 10) A.O.B.**

1. TELEPHONE LINE OPTION FOR SECRETARY

J. G. asked that it be put on agenda that she finds it irritating that patients are now unable to get directly through to secretaries as the option has been removed, which was echoed by other members.

Dr Goel explained that the calls coming through were not necessarily for the secretary and Patricia was getting calls in the morning which was disrupting her work. He considered clinical safety and so calls are now redirected to reception who will forward any secretary calls to their extension.

2. ON-LINE APPOINTMENTS

Discussed was the fact that we will now have to offer 25% of appointments On-line.

The recent patient survey showed patients concern was continuity and trying to see the same doctor. The new telephone answering system will give the option of face to face appointment or telephone consultation.

Routine GP and ANJP appointments will remain the same and not offered on-line. That's the plan. Separate telephone clinic for AM and PM.

Have to think of a way to ensure patients don't book into the wrong clinic; no way of guiding through to correct clinic.

When the new system is up and running we will send a text message to all patients informing them.

In future there will also be NHS video consultation via NHS app

3. PREMISES

We are staying here in this building. Dr Goel is negotiating new contract/lease with Hackney Council.

We have in the last year painted the building, changed flooring; mounted fans on the wall in reception area. Put a kitchenette in the staff room; installed a water machine in reception.

This year he discussed with the PPG members:-

- A) Changing all the light fittings to LED which would prove more efficient and longer life.
- B) Changing the TV screen as the existing one is very old. It has helped in distracting the patients.

L. H. suggested ways that we could improve the entry walkway with flowers and/or netting. Dr Goel said a patient who is involved in the Green Project had approached him last week expressing that they would like to improve the ramp area.

4. PRIMARY CARE NETWORKS

Every practice has to be part of a network. We are in Hackney network comprising of 5 surgeries. Population based of 30 thousand and must be geographical with community based Pharmacist, Physiotherapist, Social Prescriber and Paramedics.

Surgery has to pay 30%.

They are trying to encourage younger GP's to become partners in local surgeries. Younger generation doctors, if they are not careful will have the option of becoming GP's taken from them.

5. COMPLAINTS

A.

Patients wife was to be referred to memory clinic but it was not initiated. There were quite a few issues to be dealt with which took a bit of time so it got missed in the process. After discussing the complaint we changed the process to make sure letters go to the clinician who made the original referral. The complaint was sent directly to NHS England by the patient family so Kelly informed him that she could no longer discuss it with him and will wait for NHS England to get back to her.

Dr explained what happened and an apology was given.

B.

Patient came to the surgery and walked right into the magnetic box above the entry door to the surgery and cut his head.

Kelly got in touch with the council who said they will remove as soon as possible.

C.

Patient complained of being unhappy with reception. Not organized and when they come to collect prescription or referral it can never be found.

Kelly spoke to reception staff and advised them they cannot show their frustration to patients and be professional.

D.

Wanted MRI and the doctor said no so was not happy. Doctor explained that they can be referred

to physiotherapist and if an MRI is need then the physio will request one.

Study said to refer to ESP who will decide if clinically needed for age 30 upwards.

E.

Lady requested a letter from the doctor; collected the letter and came back 3 months later demanding her money back.

F.

A patient came to the surgery had appt for travel and was issued a prescription for Malaria tablets. She went on holiday and when she came back she wanted her money back as she did not use the script.

Dr Goel has changed issuing malaria tablets and direct patients to Boots.

G.

There was a complaint about the locum Nurse Practitioner as patient was unhappy with her mannerisms. Says she was abrupt.

Advanced Nurse Practitioner apologized.

D. W. said he had training and what he realized is that the NHS way is to apologise for any complaint. Thought behind it is that it will diffuse the situation.

6. **FRIENDS AND FAMILY – MAY 2019**

The Friends and Family feedback for May was discussed and a copy is imbedded.



Friends and Family
May 2019.xlsx

7. **NATIONAL PATIENT SURVEY 2019**

Published in June 2019. Area that was low – continuity of care

Dr Goel found this disappointing as we reduced short term locums and tried to work hardest on continuity of care. We got 33%. National average is 43%.

8. **WEEKEND HUB SERVICE**

Weekend HUB service is not working very well. Appointments are now done by Confed system. We can only employ doctors who is used to working in the HUB. Not really sure how long this will last.

9. **Training Feedback 12.7.19**

2 hour training session reducing opioid use.

Chronic pain need to be realistic re management. Most aspire 50% reduction pain.

No evidence strong opioid useful chronic pain.

If wishing to use strong opioid do short trial 1-2 weeks and stop if no significant improvements.

Keep pain diary.

Gabapentanoid adverse effects and additional to those of opioids.

10. Training Feedback 19.7.19 Antenatal Update

Obesity BMI >30

Need folic acid 5mg pre conception.

Age > 35

Placenta development and function changes with increasing age with increased obstetric complications.

IVF

Increased complications such as aph hypertension premature rom

Preconception clinics now available via ers

Homerton Antenatal

New website with video tour of service

Direct email query service – huh-tr.obstetricquery@nhs.net

11. A.O.B.