Norbury Medical Practice - Patient Participation Group

Notes of Meeting held at 2.00pm on Monday 17th September 2018

Present

Dr Noureen Chaudery
Dr Kalpesh Shah
Mr Ian Acaster
Mrs Sue Biggs
Mr Syed & Mrs Chris Farouk
Mr Howard Hill
Mr Mike Phillips
Mr Rasiklal Shah (Practice Manager)
Mr Rasiklal Shah (Pharm)
Mrs Eunice Shepherd
Mr Andrew Smith
Mr John Taylor

Apologies for absence had been received from Mrs Kay Coles and Mr Mohammed Sheikh.

1. <u>Introduction.</u>

MP welcomed everyone to the meeting and indicated that the main agenda items at this meeting would be to have a general review of the situation – eg how the requests for On-Line access to EMIS are going, number of DNA's, Friends & Family feedback etc.

Also to consider topics for the next Newsletter – eg winter 'flu jabs for patients etc.

2. Requests for On-Line access to EMIS

It was reported that there had been an increase in the number of patients seeking On-Line registration, giving them access to EMIS and MyGP. This was encouraging, since the more patients that choose to make appointments On-Line and seek repeat prescriptions On-Line will take pressure off the reception and telephones. This would cut down waiting times for patients who need to use the telephone and queuing in Reception.

Whilst EMIS (now known as Patient Access) has been in place for some years now, patients are starting to make more use of the MyGP app on their mobile 'phones. Both Patient Access and MyGP were promoted in the February 2018 and July 2018 editions of the Practice Newsletter. AS asked what is the difference between Patient Access and MyGP. HH explained that you can access Patient Access from MyGP or going straight to Patient Access. It was agreed that the use of MyGP would be encouraged by the Practice since the NHS wants 10% usage by the end of the year.

3. Number of DNA's

The NHS Choices indicates that Norbury Medical Practice has 10,548 patients registered.

MP asked what was the latest situation re Do Not Attend (DNA) figures. RS (PM) indicated that text messaging has helped remind those patients who had made an appointment but for one reason or another were not going to attend. RS presented a visual slide on the screen of the Practice Appointment utilization and DNA Rates.

During the three month period 1st April to 30th June 2018, there were 12,732 appointments available, from which there were 11,701 appointments booked by patients. This is an Appointment Utilisation Rate of 91.9%.

Of the 11,701 appointments booked, there were 611 DNAs – ie there were 611 appointments booked but the patient Did Not Attend for that appointment, which could have been given to other patients waiting for an appointment. This is a 5.2% "wastage".

JT asked if there was a cost penalty for every DNA, that could be put in the Newsletter to remind patients of the cost if they Did Not Attend an appointment that they had booked. MP indicated that the hospital sends him a text indicating that it would cost the NHS at least £100 if he did not attend one of his appointments.

The PPG has previously asked whether a patient could be struck off the Practice list for repeated DNA, but RS (PM) indicated that NHS (England) would not allow striking off a patient for at least 12 months, and in the meantime the Practice should do all that they can to help the patient not to DNA.

4. Friends & Family feedback

The FFT feedback figures can be seen on the Practice website from which MP had developed an Excel chart showing the analysis for the period January to August 2018. MP tabled a copy of that Excel chart and a copy is attached to these minutes. The meeting agreed that there was a very high level of satisfaction from patients who would be "Extremely Likely" to recommend Norbury Medical Practice to Friends & Family.

5. Next Newsletter

The Newsletter is prepared on a regular basis to inform the patient population of issues which the PPG decides need to be circulated. The Newsletter is normally issued by email to all those patients for whom the Practice has an email address. In addition, hard copies are placed in the waiting room for those patients to take who are attending the Practice.

The Newsletter is emailed to all those patients for whom the Practice has an email address – currently around 1500 patients from the patient population of 10,548. AS asked what could be done to harvest more email addresses so that the Newsletter can be distributed more widely. HH explained that the PPG had carried out a collection exercise some years ago by canvassing patients as they visited the Practice, asking them if they would be willing to provide their email addresses for the sole use of the Practice. Some patients do not want to give their email addresses and no doubt there are a few patients who do not have email addresses.

RS (Pharm) asked if a message could be put on the monitor screen in the waiting area. Small "postcards" had been printed and RS (PM) indicated that more patients are using these "postcards" to register their mobile 'phone number with the Practice and also their email address which will enable them to receive the Newsletter on-line.

The PPG had previously considered sending a copy of the Newsletter by post to every patient, but NC indicated that this would not be practicable and that the cost would be excessive.

MP indicated that it was timely to draft the next Newsletter to be issued in October. The most important topic to be promoted was the "Winter 'flu jab". It was also agreed that mention should be made re the benefit of using a local pharmacist to provide a patient's medication.

Also to continue promotion of the benefit of patients providing their mobile 'phone number and email address to the Practice, and the benefits of registering for Patient Access/MyGP.

MP indicated that he would draft a Newsletter and circulate by email to the PPG for comments before passing to the Practice for email distribution etc.

6. Any Other Business

NC tabled an NHS leaflet entitled "What happens when you are referred by your GP to see a specialist". Should a GP refer a patient to hospital, it is important that the patient understands what to expect from the hospital, and not to be expected to go back to the GP for advice. Similar advice documents have been prepared for hospital consultant or specialists to give to patients when they attend hospital.

NC raised the concern about the trials of the "Virtual GP" service whereby patients can have rapid access to a GP over the 'phone or other media. Questions arise such as how can a GP carry out a physical examination of the patient at the end of a mobile 'phone, does the virtual GP have access to the patients records, etc. There is a concern that virtual GP services will "cherry pick" younger and healthier patients thereby de-stabilising the funding arrangements for normal GP Practices. Patients whose first language is not English and/or who do not have "IT" skills may be disadvantaged. It is understood that if you sign up to a virtual GP, then you are taken off your previous GP Practice list. What happens if the "Virtual GP" considers that the patient needs a physical examination after the initial contact. Given that the Virtual GP has no Practice facilities, does he just refer you to hospital?

It is understood that other companies are moving into this business and the Government want all Practices to have "e"-consultations. It was agreed that the PPG should monitor this development and it is hoped that the NAPP will be reporting on this at some time.

NC and RS(PM) said that the building works currently being done at the Health Centre should be finished by Christmas.

7. Date of Next Meeting

We normally meet every two months, on the third Monday of the month, to avoid the Practice meetings. However a number of PPG committee are away in November and so it was agreed that the PPG should meet again on the <u>Second Monday in November 2018</u> – <u>Monday 12th November 2018 starting at 2.15 pm</u>. (Note different start time for this meeting only)

Michael J Phillips Chairman

