

Morden Hall Medical Centre

Patient Representation Group – 26th March 2013

Chaired by Steve Hartley

Item	Subject	Action
1.	Present: Dr Naheed Ahmad, Steve Hartley, David John, Jayanthani Hettiaratchi, Hyacinth Bell, John O'Brien, Subramanian Sritharan.	
2.	There was a ten minute session to allow the patient members to liaise with each other prior to the meeting proper starting.	
3.	The minutes of the previous meeting were checked and agreed as an accurate record.	
4.	Steve ran through the action points of the previous meeting: <ul style="list-style-type: none"> • Steve said that doctors were now for the most part making follow up appointments for patients themselves. Dr Ahmad added that there were occasions when appointments hadn't yet been created on the computer system and so this was not possible however. 	
5.	<p><u>Updates by Patient members</u></p> <p>David John spoke to the meeting and relayed the difficulties he had continued to encounter as he tried to obtain free or heavily discounted parking permits for GPs to use for practice home visits. He said that he had made approximately 90 emails and phone calls to various council representatives without being able to get useful information from them. He added that he felt the council was in breach of its stated objective of protecting vital services to the elderly and vulnerable by its failure to act positively in this respect.</p> <p>He said that he now planned to take further action by writing to council leaders and the council's scrutiny committee, as well as writing to the local Guardian newspaper to see if publicity would be effective.</p>	
6.	<p><u>Phone System</u></p> <p>Steve mentioned that an email had been received from Elspeth Clarke, one of our group members, asking if issues of access and telephone systems could be raised. This linked in to the results of the practice survey which was also on the agenda.</p> <p>Steve said that as per the discussion at the previous meeting the practice had invested heavily to buy a new telephone system and that this had been installed in January. On a technical level this had increased the number of inbound lines by 100%, with three increasing to six, however it was clear that there were still issues. Steve reminded the members of what he had said previously, that medical secretaries were being used to help man the phones at the busiest period between 8 and 9 am. He also mentioned that a call queuing system had been introduced, but that it appeared that the extent of the queuing capacity needed had been underestimated, resulting in patients still getting an engaged tone. This was linked to the fact that the current queue was limited to a maximum of six places and was linked to the physical number of lines.</p> <p>Steve explained that he and the partners had had discussions with Opus Telecomm, the phones system suppliers, and they had come up with an alternative solution, which was to use an additional queuing tool which used a software solution to provide an infinite number of queue places. There was a downside to this which was the likelihood that the practice phone number would need to be changed. The members reluctantly agreed that this was a worthwhile solution if no other could be found. Steve said he would do all he could to preserve the existing number if this was practically possible.</p>	
7.	<p><u>Access</u></p> <p>Dr Ahmad explained to the meeting that the practice continued to exceed its contractual duty to provide clinical appointments. She nevertheless felt that the practice had been hit by the loss of Dr Yusuf Kaderbhai in November last year and this had affected appointment numbers. The practice had been trying to get locum replacements wherever these were available but had been recruiting to find new doctors. Unfortunately two that had been recruited subsequently withdrew and that had left the practice looking again. Two new doctors are now expected to start in April. These are Dr Harriet Morgan and Dr Mehmet Aba. These two doctors will provide 12 sessions between them, an increase on Dr Yusuf's 8 sessions. In addition the practice has recruited a third nurse, Jacqui Childs, and she is increasing her hours now to 30 per week.</p> <p>Additionally Dr Ahmad said that the practice was looking at the possibility of providing more</p>	

	<p>sessions using a nurse practitioner. Dr Ahmad added that Mondays and Fridays were always going to be busier than midweek days and the practice would be challenged when trying to provide appointments which were bookable in advance on those days since it had a contractual obligation to provide appointments on the day if patients considered it necessary to have them. Therefore it had to reserve a number of appointments each day for these appointments. She said also that the practice had been trialling the use of triaging (telephone consultations with patients prior to calling them in for face to face appointments if necessary), and had found that 30% of patients triaged didn't subsequently need to come in to be seen. She said that the practice wanted to set aside some time soon to review these statistics properly and decide how to go forward.</p> <p>John O'Brien put forward a question at this point asking about equipment which was available to the practice. Dr Ahmad replied that the practice had equipment such as 24 hour blood pressure monitoring equipment and an ECG machine for emergencies. There will shortly be a new in-house ECG service though which will give clinicians the ability to run ECG test for more routine purposes and submit them to consultant cardiologists for review.</p> <p>Dr Ahmad also said that the practice still intended to update its information about doctor specialisations but would do this once new clinicians were in post.</p> <p>The issue of patients waiting outside the door to make appointments first thing in a morning was also raised and Dr Ahmad said she felt that a more effective telephone queuing system would largely resolve this, since she believed that many patients had lost confidence in their ability to get through on the phone.</p>	
<p>8. <u>Survey Results</u></p>	<p>Steve led on the feedback which had been received from the recent patient survey. In summary it showed that responses were largely positive but that these positive responses were overall a little down on the previous survey. In particular responses about clinical access and telephone access had shown significantly less patient satisfaction.</p> <p>The meeting went through the report in more detail and at the end produced an action plan, which was to:</p> <ul style="list-style-type: none"> • Expand the available appointments with the increase discussed earlier – i.e. six extra doctor sessions per week. • Review the telephone triaging system to see what benefits it provided and maximise the potential for saving unnecessary appointments, using these to increase the numbers of appointments which could be booked in advance. This would be completed within three months of having the new doctors start. • Review the system of asking patients to call at 8am and see if several such times could be used at which to release on the day appointments. • Look into the possibility of providing an easier cancellation method – e.g. allowing patients to cancel appointments by text. • Educate patients to understand better the role of the nurse practitioner. • The practice would look to measure success by achieving a 50% reduction of complaints about access issues over the coming year and an increased number of available book in advance appointments. 	<p>Practice</p>
<p>9. AOB:</p>	<ul style="list-style-type: none"> • None 	
<p>10</p>	<p>Next meeting –exact date TBA</p>	