

**Morden Hall Medical Centre**

Patient Representation Group – 7<sup>th</sup> February 2012

Chaired by Dr Naheed Ahmad

| Item | Subject  | Action |
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| 1.   | <p>Present:<br/>Dr Naheed Ahmad, Dr Fiona Gibbs, Hyacinth Bell, John O'Brien, Maureen O'Brien, Elspeth Clarke, David John, Jayanthani Hettiaratchi, Fiona Doyle, Harshita Patel, Subramaniam Sritharan, Mary Gell, Maria Earl, Tin-May Aye, Chris Walton, David Arulanandam, Derek Heaton, Steve Hartley</p>   |        |
| 2.   | <p>The minutes of the previous meeting were checked and agreed for accuracy with the exception that David John felt that there had been a discussion about consideration being given to receptionists doing telephone triage, which the meeting had largely opposed, and that this did not appear to have been minuted.</p>  |        |
| 3.   | <p>Steve Hartley put forward a proposal that the meeting should elect a chairman Naheed put herself forward for this role for the duration of this meeting in the absence of any other candidates.</p>   |        |
| 4.   | <p>Survey update<br/>Naheed asked Steve to give an update on the patient survey. Steve reported that the survey had been commissioned and everyone at the meeting was given a sample of the format. Steve pointed out that the survey was in the style of the template shown at the previous meeting, but with the extra questions suggested at that time. He added that the practice had sought advice from the survey organisation and had been told that it was acceptable to conduct a survey amongst a sample group of patients which could be taken from those attending the surgery. The sample calculated by the surveying organisation is for 510 survey forms, and 350 responses are need to produce an acceptable return.</p> <p>Some members of the group asked if the responses they had sent in already would be acceptable for the survey. Steve responded that some people had mistakenly completed that survey and sent it in, whereas in reality it had been just a basis for comments used at the previous meeting. The current survey form included the additional comments agreed at the previous meeting and was the only one that was valid.</p>  |        |
| 5.   | <p>Appointments<br/>Naheed provided some background on this subject and said that it was always difficult to strike a balance between providing sufficient appointments to cater for people who needed to plan ahead and book in advance and those who wanted an appointment to deal with more urgent situations on the day. She explained that she and Dr Patel had been tasked with looking into potential solutions and were considering options such as telephone triaging and allowing internet self-booking by patients. She explained though that each of these had to be thoroughly examined to ensure that groups of patients weren't disadvantaged but felt that initial investigations highlighted situations where telephone triaging could provide time savings – she cited as an example a patient who might need a blood test and said that if that test could be arranged by phone then the actual visit which followed would be more productive and would save everyone's time.</p> <p>Steve added that he had already acquired the necessary software to allow patients to book appointments for themselves online but pointed out that it was unlikely to account for a very large percentage of bookings since it would clearly not be of benefit to those who didn't have internet access and so the practice had to be seen to not significantly disadvantage that group, and Naheed went on to say that she felt that the doctors would need some time to investigate whether this and the other options would be beneficial.</p> <p>Chris Walton spoke about the difficulties that patients faced when they had to call at 8am and were allocated randomly to the doctors on duty. He said that continuity is important but is difficult to achieve in such circumstances. He asked if this was practice policy. Naheed responded that the practice wanted to do all that it could to encourage a relationship between patients and doctors, and added that she hoped that the investigations she had mentioned earlier would be helpful in freeing up appointments to enable better continuity between doctors and patients.</p> <p>John O'Brien said that he had heard a receptionist tell a patient that there were "no appointments available today". Steve responded by saying that the practice had a policy of always ensuring that patients in urgent need were seen, and that an appointment would always be found for them. He accepted that it was possible for the practice to run out of routine appointments though, and added that this did occur regularly.</p> <p>Mary Gell asked how patients could see a specific doctor if they were told that no appointments were available for several weeks. Naheed explained that appointments were available, but of</p> |        |

course when they were made available they could be booked by others and therefore patients might easily find themselves being too late in attempting to book an appointment. She added that receptionists release appointments up to four weeks in advance, but when all of these have been released and taken then no more are available until the next batch are released.

Elsbeth Clarke asked if each doctor had bookable appointments available each day. Fiona Gibbs answered that that was usually the case, although there were occasions such as Mondays when the practice had decided that all appointments should be Book on Day so as to cope with the heavy demand that we experience after the weekend. She said that this did affect her as she only works on Mondays and Thursdays, so it was proportionately more difficult to get a bookable appointment with her. Fiona added that there was also a significant problem associated with patients who booked appointments but then didn't attend. Steve said that he was in the process of doing some research into that problem and of also assessing the numbers of appointments taken by frequent attenders and their impact on appointments generally.

David Heaton said that the practice used to have a sign up saying that out of 6,000 appointments made 450 were DNA'd (Did Not Attend). He thought that a similar sign might be useful in the future.

Tin May Aye said that sometimes the wait to be seen by a doctor on the day can be problematic especially for patients with cars parked outside since traffic wardens were very active in the area. Steve said that this was a problem but the practice didn't have any sway over the council on that issue. He added that the practice had previously had parking permits for doctors visiting patients but had ceased to apply for them as there was a cost attached. Elspeth Clarke suggested that a bus stop on this side of the road would be helpful as the nearest one was at Morden station.

Fiona Doyle suggested that text messages might be helpful in helping to alleviate DNAs and asked if the practice had considered buying software suitable for doing that. Steve said that in fact he had been made aware of a facility within the practice's existing patient record software to do exactly that and would be looking into how workable that might prove to be.

David John added that the practice probably needed to make sure that it recorded accurate phone numbers and emails for patients.

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**6. Communications and Web Site**

Steve explained that after the previous meeting he had added the URL of the practice web site to the electronic display board in the waiting room. Unfortunately it didn't seem to be being displayed while the meeting was underway but he promised to check this again and ensure it was properly displayed. He added that our latest order for appointment cards and practice booklets would also contain the practice web site details.

Fiona Doyle said that the idea of a newsletter had been mentioned at the previous meeting and she thought that this might be useful for covering much of the information discussed during the meeting, particularly the pressure on appointments on Mondays and best times to call for appointments, as well as the subjects which the doctors had revealed as being under discussion for possible future use, such as self-booking of appointments online. Steve said that he had previously wondered if there might be a cost attached to this but felt that it might be an area where the company that produced practice booklets might be able to help. He said that they were usually funded by advertising so it was something he would have to put to them to see if it appealed.

Elsbeth Clarke put forward a question about whether the practice had any plans to outsource the typing of letters abroad. Naheed responded by saying that we employed two medical secretaries in the practice and had no plans to change, but she knew that St George's hospital had experimented with this and found it not to be a success. She said she was aware that they had been recruiting medical secretaries recently.

David John asked the doctors what was the purpose of the group. Naheed responded that it was a platform for opinion, feedback and patient contributions which it was hoped would guide the practice in its future direction. She added that it is also a useful forum to allow the practice to give information to interested patients on the proposed changes the practice wanted to make.

Chris Walton asked for the practice position on Live Well. Naheed responded by saying that we intended to provide patients with information on lifestyle, including diet, diabetes prevention and cardiac health. Mary Gell said that GPs in Wandsworth were doing a health check service too. Naheed said that MHMC is going to be providing an NHS health check service as a proactive prevention rather than cure offering but the practice needs to resolve the issues relating to resourcing before this can be undertaken. She said that our background research had shown that we needed to be able to offer an additional 700 appointments a year for this to include all our relevant patients.

Steve briefly explained that primary care finances were now paid by PCTs for work which was not only about reactive cures, but also about proactive prevention of health issues. Practices were

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|    | <p>expected to provide both types of intervention but for the same level of funding.</p> <p>Maureen O'Brien asked what would happen if a practice overspent its budget. Steve answered that this subject had been covered to some extent at the previous meeting but said that ultimately, under the new contract beginning in April a practice could lose its contract with the PCT. He added that with the forthcoming commissioning arrangements there would be a transition from practices spending 'paper money' to a real spend which was the responsibility of commissioning groups and ultimately of the practices that made up their membership.</p> <p>Angela Kilkenny mentioned that blood test forms issued by MHMC were not accepted at St George's hospital. Fiona said that she was aware that the results don't come back as quickly from St George's</p> <p>David Arulanandam said that he felt the patient group should be able to assist the practice if it needed help in any of its negotiations in the future as there were people in the group who might hold some sway with various figures of authority. Fiona said that that would be very welcome.</p> <p>Elsbeth Clarke asked if there was any truth in the collapse of the agreement between St Helier and St George's hospitals. Naheed said she understood that merger talks had broken down.</p> |  |
| 7. | <p>AOB:</p> <ul style="list-style-type: none"> <li>• David John asked Steve how much an on call doctor's parking permit was and said that he may be able to broach this subject to a councillor.</li> <li>• There was discussion on how often the group should meet, and it was generally felt that every two months would be sufficient. However Steve told the meeting that there would initially need to be meetings more frequently than that as it was necessary to review the findings of the survey with the group and agree any changes to services that were felt necessary as a result. The practice will therefore organise another meeting once the survey findings are back in.</li> </ul>  |  |
| 8. | Next meeting – TBA   |  |