

Holborn Medical Centre Patient Participation Group

Meeting of 17th November 2016

From the Practice

Chair: Dr Alex Moghissi – AJM - (Partner)
Minutes: Oliver Honeywill – OH - (IT Admin)

Patients attending:

Michael Arundel (MA), Philip Brisebois (PB), Caroline Levonian (CL),
Michael Pountney (MP), Andrew Roberts (AR), Ruth Steele (RS)

Apologies:

John Mason, Joshua Rozenberg

Minutes

1. Introductions

AJM – Founding Partner & GP

PB - Long-standing Patient

CL - Long-standing Patient - First attendance at PPG

MA – Long-standing Patient - First attendance at PPG

AR – Recently registered Patient - First attendance at PPG

MP - Long-standing Patient

RS - Long-standing Patient

OH - Practice Administrator

2. Items from Previous Minutes

a. Phone Access

- i. OH – Software solution to analyse call waiting times prohibitive expense.
- ii. OH - Additional Reception staff thought to be more likely to reduce waiting times for calls to be answered, rather than additional lines
- iii. CL – Possibility of patients having an option to leave voice message if enquiry is not urgent. Reception could review and respond at quieter times of the day – **OH to flag with Reception Team**
- iv. RS – revisit the possibility to have queue position whilst on hold. Also to invest in hold music system – **OH to action**
- v. AJM – Investigate training issues around resolving calls quicker during peak periods
- vi. RS – Comparative review of staffing levels with another practice of similar size – **OH to action**

b. Extended Appointment Duration

- i. AJM – careful balance between funding and provision of adequate appointments over appointment length i.e. changing default appointment length from 10 to 15 minutes would potentially require 50% more provision of GPs, which would not be tenable under current funding. Informal provision is made currently by ensuring all clinicians have two ‘break’ slots in each clinic to allow them to spend more time with patients presenting such a need.
- ii. RS – Due to the number of clinicians a patient may see for on-going conditions, perhaps better provision may be made for reviewing patient’s recent history by clinicians
- iii. PB – Is there likely to be any availability of ‘Double Appointments’ again? In short, no. Suggests then the practice may consider further measures to educate patients about the difference between Routine and Urgent appointments, and whether they would really benefit from seeing their preferred GP – OH to include information on waiting room screens and leaflets
- iv. RS – Patients to be encouraged to check with GP that problems are recorded in record.

3. Review of Choices Comments

- a. OH - Although 2 of the 3 comments made in the last quarter were negative, they were left anonymously, so difficult to follow up. Taken alone, Choices reviews present a rather bleaker picture of the practice than any of the other channels of feedback do.

4. Review of Patient Survey from August 2016

a. Telephone Access

Please see item 2a

b. Speaking to Clinician on Phone

OH - both Nurses have now qualified as Nurse Practitioners, and have prescribing rights pending, this will make availability of clinicians for phone consults greater very soon.

c. To see clinician with 48 hours

OH - Again, Nurse Practitioners will boost availability of clinicians for non-urgent appointment

d. To see practitioner of choice

AJM - Taking on additional clinicians has given us more appointments, but has not extended the amount per clinicians, to alleviate this, the practice undertakes to make available booking up to 6-8 weeks ahead from 4-6 weeks.

e. Improve comfort in waiting room

- i. OH - having redecorated, improved lighting, bought new seating, installed a water cooler, the practice will undertake to consider new ideas for improvements, bearing in mind regulations about infection control etc.
- ii. PB – Recent changes to enhance privacy at the front desk do mean that patients arriving on time for their appointment may be faced with a queue which means they may feel at risk of actually being late. Some patients are less comfortable with automated arrival kiosk, so perhaps Reception could be mindful of patients who simply need to make themselves known to Reception to arrive them for their appointment. **OH to action – to flag to Reception/Management**
- iii. OH – Reception need to ensure the Kiosk is operative (it was not, during the meeting...) – **OH to flag to Reception/Management**

5. Emailed Agenda Items – none

6. Any Other Business

a. Care Quality Commission Inspection.

As allocated time for the meeting was drawing to a close, the group focused on the areas flagged by the inspectors for improvement

- i. AJM - Cervical Cytology - Due to the transient nature of our population cohort for this, improving will always be difficult.
- ii. AJM – Carers - To ensure the health of carers is maintained, so as not to either impact on them or the people they care for, the practice undertakes to improve the recording of carer status for relevant patients, and ensure robust systems of their identification for users of the clinical systems. This is currently under development with the admin and practice management team.

b. Hearing Loop

MA – found it difficult to hear most of the attendees, and not sure if further attendance would be helpful if still unable to hear – would like to flag efficacy of Hearing Loop – **OH to investigate and review maintenance schedule**

c. Lack of Sound Insulation in Room 8

RS – was able to hear quite clearly the conversation being held in this room while sat in waiting room. **OH to further investigate Noise cancellation and insulation.**

d. Request for further feedback

MP would like further of implications of yet more NHS restructuring

e. Reading Material in Waiting Rooms

MP – Suggests reading material in the waiting rooms be recycled more often, from both an infection control perspective as well as that of interest.

7. Date for next meeting.

18:30 Thursday February 16th, 2017

As discussed at the last PPG meeting, next meeting to be held in the early evening to encourage working patients to attend.