

**MINUTES OF PATIENT PARTICIPATION GROUP MEETING  
AT  
DOCKLANDS MEDICAL CENTRE**

**20<sup>th</sup> September 2018**

**Start: 11:45**

**End: 12.45**

**Present:** Najeeb Razzaq (Practice Manager), Shahnaz Begum  
(Reception Manager)

**Patients:** 15010, 925, 7338, 4841, 7917, 13819 and 7957

**Taking Minutes:** Shahnaz Begum

**Agenda:**

- 1. Disclosure of abnormal results by Reception Staff**
- 2. ECG Appointments**
- 3. Barkantine walk-in centre and changes**
- 4. Dosette Medications/Medication Requests**
- 5. New website design for 'online access'**
- 6. Update on the three elements we discussed in June. DNA's, Healthy lifestyle and EPS**
- 7. Online access**
- 8. NHS UK comment**
- 9. Complaints**
- 10. Next PPG meeting – TBC - likely 3<sup>rd</sup> week of November 2018**

**1. Disclosure of abnormal results by Reception Staff**

At today's meeting, PPG members highlighted the issues of not being able to find out their results from the receptionist should they be abnormal or require a discussion with the clinician. It has been emphasised patients tend to get distressed and anxious not knowing and having to routinely wait to see a clinician.

We have iterated at today's meeting, urgent results will have action taken with priority whether it is on the same day or the next. However, many results need a routine discussion which does not require immediate clinical intervention. Results require clinical understanding to be able to relay the information, which a receptionist does not possess and therefore may be interpreted incorrectly and potentially lead to harm being caused.

NR has agreed to discuss the issue at our next clinical meeting and feedback to the members at our next PPG meeting.

## **2. ECG Appointments**

A PPG member suggested it would be good if the Practice could provide earlier appointments than what we are currently providing for ECG or provide an urgent need based appointment. The patient has had angina symptoms and feels it is important to be acted on as soon as symptoms present. NR explained we do attempt to accommodate patients when an urgent request is made by a clinician and usually this can be the same day or next. However, the routine wait would remain a matter of days if not deemed urgent. Speaking to the members today, we have decided to look into the appointment structure and reserve some where possible to routinely allow ECGs to be seen within a day or two.

## **3. Barkantine walk-in centre and changes**

The PPG members were informed that the Barkantine is no longer a walk-in centre since 1<sup>st</sup> August 2018. There are Nurse Practitioner appointments available for patients to book into by their own GP surgery which covers Monday to Sunday 8am – 8pm. The members were also informed that GP appointments are limited at the Barkantine, however, available at other hubs in the borough. The hubs can access patient's medical records with consent as required for a tailored appointment.

Patients who are not registered at a Practice can call NHS 111. The team can then either provide telephone advice or arrange an appointment to be seen at a hub if necessary.

Along with the changes to Barkantine on 1<sup>st</sup> August 2018, NHS 111 also became our 'Out of Hours' service provider. If you require advice or need to be seen outside of surgery opening hours including weekends, NHS 111 have trained advisors who can attend to the problem present. Our out of hours telephone recording now reflects the changes stated above as information.

## **4. Dosette Medications/Medication Requests**

We only provide dosette medications a month at a time. This is to ensure we comply with any changes that may occur in the regime. If a patient runs out of medication, the pharmacies can usually supply emergency short-term medication. The quantity will always be limited to ensure any changes to medication regime are taken into account.

## **5. New website design for 'Online Access'**

The Patient Online Access website has recently seen a revamp in design. Members present today expressed their dislike towards the new interface and it not being as user-friendly as previously. We have explained today the design is a national rollout and Practices do not have an input. NR had suggested using the alternative platforms available to patients that include Evergreen Life, Dimec or myGP. Evergreen is also linked to our eConsult service and can redirect seamlessly. We currently do not know whether you can be signed up to multiple platforms or whether one will need to be deactivated to join another. NR to investigate and feedback into the next meeting.

## **6. Update on the three elements we discussed in June 2018. DNA's, Promotion of healthy lifestyle and EPS**

### **Did Not Attends (DNA) – Appendix 1**

In August we have had the lowest DNA rate for the nurses since we have started monitoring. We are not sure of the reason as this was during a 'holiday period' where people tend to generally book appointments, forget and go away from the area. However, we have noted the DNAs that have occurred are predominantly to do with appointments we as a Practice have booked by contacting the patients including cervical screening and long term condition appointments. The GP DNA rate remains stable and consistent.

We are still contacting patients to remind them of 'triple appointments' with the nurses (usually long term condition based) by phone the day before. Text reminders are also sent the day before for both GP and nurse appointments.

The members suggested we discount patients with known problems contributing to the DNAs to establish a more 'accurate' DNA rate. To complete this, we will look into records manually although the numbers should be small.

### **Promotion of healthy lifestyle**

Social Prescribing (SP) is a Tower Hamlets service providing support and directing to relevant community teams based on needs. *Tracy from the SP team is based at DMC for the majority of her time now.* A list of types of services offered can be found in our minutes dated 21<sup>st</sup> September 2017 (alternatively speak to our team).

The Practice is promoting and referring to the Social Prescribing service where appropriate, we had 8 patients referred in July, 8 in August and 11 in September.

### **EPS - (Electronic Prescribing Service)**

Our focus remains on having a seamless prescription issuing service. Patients are able to request repeat medications online or in-person at the Practice and provided they have a nominated pharmacy, it would be sent electronically to them from the moment of authorisation by the GP.

We aim to have at least 80% of all prescriptions sent electronically. We have been steadily increasing and maintaining this momentum with 78% completed in the month of September.

A member raised an issue regarding a prescription request that was rejected when the medication was due. We have agreed to look into why this issue resulted. Medication requests can generally be requested up to one week prior to running out (1 or 2 month supply); however, some medication may be restricted to a shorter period of 3-4 days prior to running out.

### **7. Online access**

This is actively promoted by our reception team. As you will be aware from our June PPG meeting minutes that we have been focusing to increase the number of patients using online access to book appointments, order repeat medication and view their medical records online. We have almost a quarter of our registered population signed up for online access.

### **8. NHS UK Comment**

Nurse Rachael has had a very positive comment from a patient – discussed at the meeting with the PPG members.

### **9. Complaints**

Due to time constraints today, we will discuss comments and complaints at the next PPG meeting.

## **Summary**

### **1. Priority areas of improvement**

- Focus on reducing nurses DNA's as chart showing worse than GP DNA's.
- Healthy lifestyle promotional work to continue
- Continue Promoting online access and EPS.

**Next PPG meeting – TBC - likely 3<sup>rd</sup> week of November 2018**

