

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

**15<sup>th</sup> November 2018**

**Start: 12:00**

**End: 13.45**

**Present:** Najeeb Razzaq (Practice Manager), Shahnaz Begum  
(Reception Manager) Dr Shankland (Lead GP)

**Patients:** 7338, 13819 and 7957

**Taking Minutes:** Shahnaz Begum

**Agenda:**

- 1. Disclosure of abnormal results by Reception Staff**
- 2. Complaints and Comments**
- 3. ECG Appointments**
- 4. New website design for 'Online Access' and options available**
- 5. Did Not Attends (DNA)**
- 6. Promotion of healthy lifestyle**
- 7. EPS - (Electronic Prescribing Service)**
- 8. Online access**
- 9. AOB**
- 10. Next PPG meeting – TBC**

**1. Response from last meeting on 'disclosure of abnormal results by Reception Staff'**

At the September PPG meeting, members highlighted the issues of not being able to find out their results from the receptionist if they were abnormal or require a discussion with the clinician. It was emphasised by the members that patients tend to get distressed and anxious not knowing and having to routinely wait to see a clinician. *Today Dr Shankland attended the PPG meeting and clarified from a clinician's point of view what results the reception staffs are able to disclose and why. Dr Shankland iterated at today's meeting that 'normal no action' results are okay for reception staff to give out to patients, but any abnormal or urgent results are not appropriate for receptionist to give out, for the reason of clinical safety, as discussed at the previous meeting and agreed at today's meeting by Dr Shankland. 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.*

PPG members were also informed of a new texting service which the practice has implemented in October, in some instances clinicians maybe able to text some information of results if they felt appropriate to do so. As the system is fairly new, we are trialling it and may come across some issues on the way.

## **2. Complaints and Comments**

Due to time constraints we were unable to discuss comments and complaints at the September PPG meeting. At today's meeting we discussed comments and complaints from June 2018 onwards.

### **Written complaints (June 2018)**

- Wait time - Appointment booked for patient 12 minutes before slot time due to cancellation. GP ran late and patient was not seen for 1 hour. Explained delays can occur for a number of reasons and also highlighted a previous occasion, where multiple issues of the patient were addressed and exceeded the ten minute allocated appointment. Clinical safety is the GP's priority so cannot rush patients out.
- Clinical Diagnosis – Reviewed by lead GP. Finding was incidental and not related to symptoms presented. The sequence of events for the patient to be seen at the hospital was not within our control for the initial presentation.
- Clinical Diagnosis – Child presented to GP with symptoms. GP made diagnosis based on information given and consultation findings. The next day parent took child to walk-in centre to be diagnosed with suspected Scarlett fever. Investigated and found out no mention of any outbreak in school, presentation was consistent with other things described. Underlying symptoms can take time to develop and show, which in this case may have done the following day.

### **Written complaints (July 2018)**

- Clinical – Patient contacted surgery believing to have a ruptured calf. Spoke to receptionist who offered same day appointment and advised GP would assess and advise. Patient arrived at the surgery (in pain) and after examination was advised by the GP to attend A&E based on presentation and urgency. Patient was not happy GP did not help in any way and simply redirected to A&E. GP informed USS scan can take weeks to be done (not in our control) if instigated by the Practice, and to attend A&E for immediate medical attention. Patient attended A&E and was discharged with advice and crutches.

The practice addressed and responded to all the complaints.

### **Verbal complaints (October 2018)**

- Patient came with Partner. Patient unhappy and upset the way they were treated by a locum Doctor. Patient stated the Doctor was rude rushed them from the start of the appointment and did not feel they were assessed properly. They also wanted to discuss another problem, which the GP said they did not have time for, and asked the patient to rebook. Patient and Partner unhappy and want to take the complaint further.  
Patient was advised to put the complaint in writing for accuracy and so that the practice can address and reply back with the findings – no action by patient to-date.
- Patient unhappy the GP will not prescribe instant release Dihydrocodeine. Also mentioned the medication was not at the pharmacy, when they were told by the GP it will be ready to collect. SB called patient back and offered an appointment to see a GP as the patient record stated the patient had not had a face-to-face review in a while. Patient came and saw GP – medication issue resolved.

### **Verbal complaints (November 2018)**

- Patient unhappy that liver function test (LFT) was not added on the blood form last time they had their blood test done. The patient was informed all tests were normal and believed LFT was included only to be informed in a follow-up appointment it was not requested. The test was requested, however, the patient was unhappy they had to return for another test. We attempted to accommodate the patient that morning, which was not feasible for the patient and so left. Patient would write in with the complaint.

### **NHS Choices comments**

#### **2 positive NHS UK comment for the Nurses**

- A patient saw the Nurse in a drop-in clinic and was happy with being invited for the flu jab quickly and having other queries addressed all in the drop-in clinic.
- A patient saw the Nurse for screening test and felt the nurse was gentle and professional with great skill in her approach.

#### **1 positive NHS UK comment for HCA**

- A patient highlighted their encounter with the HCA on the telephone and face-to-face. Feedback indicated good communication, gentle and caring in her approach. The patient praised the HCA should look into developing her talents and expanding much further in her role.

### **3. ECG Appointments**

At the September PPG meeting, a member suggested it would be good if the Practice could provide earlier appointments than what we are currently providing for ECG or provide urgent needs based appointment. 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. After speaking to the members we had decided to look into the appointment structure and reserve some where possible to routinely allow ECGs to be seen within a day or two.

*The above request have not been actioned, however, appointments have been routinely available within two working days. We have not had to give out any emergency ECG appointments. We will still look into allocating a reserved time.*

### **4. New website design for 'Online Access' and option available**

At the last PPG meeting NR had suggested using the alternative platforms available to patients that include Evergreen Life, Dimec or My GP. Evergreen is also linked to our eConsult service and can redirect seamlessly. *At today's meeting NR informed members that patients can have access to four choices now. However, they would require their original 'login' sheet produced by the Practice. If that is not available, the Practice can reprint this on request. Members were informed that we now know that you can be signed up to multiple platforms without needing to deactivate to join another.*

### **5. Did Not Attends (DNA)**

At today's meeting, we discussed statistics where patients spoken to who have not attended an appointment again; 50% of patients have repeatedly DNA'd and these patients included patients with mental health problems, anxiety depression etc. A PPG member 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, this will be time constraining work. The PPG members also suggested having a separate dedicated time to do the DNA audit, to collate statistics on worst offenders with more than 2 DNA's a year and see how to resolve these issues. The Practice should ideally hold a separate meeting focusing on DNAs with the members. NR and SB to work on this.

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.

## **6. 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 have had stable referrals for the social prescribing team there were 11 patients in September and 17 patients in October.*

## **7. 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.

Our aim is to have at least 80% of all prescriptions sent electronically. We are steadily maintaining this momentum with 76% completed in the month of October.

## **8. Online access**

This is actively promoted by our reception team and ongoing as you will be aware from our previous PPG meeting minutes, 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. As of today we have 25% of our registered population signed up for online access.

To improve on further increasing the number of patients using online access, a PPG member suggested that the management team run an audit on what percentage of patients (based on age) are using the online access and whether they are actively using to book appointments. Also, to do an audit on patients who do not have online access and have booked 12 or more appointments a year. NR agreed to look into this.

## **9. AOB**

### **E-Referrals**

PPG member asked about AIRS (Access Issues Resolution Service). NR explained that AIRS are still available to help resolve problems when patients are having issues with hospital appointments, or are waiting for delayed letters or test results.

Patients were also informed that from 1<sup>st</sup> October 2018 almost all referrals are done through e-referral system which will produce a booking information letter with a reference and password. The patients then book their own appointments. Two week-wait cancer referrals are also done through e-referral system, however, no appointment/paperwork provided to patients as this is triaged internally at the hospital prior to an appointment being offered.



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### **Community Good Parenting Group**

A PPG member expecting a baby highlighted an issue. Both Partners wanted to attend the 'community good parenting group' but have been told that the group is only for women as some women do not want men there. The members queried whether the Practice was aware of any other parenting groups on the Island. SB to find out more and let them know.

### **10. Next PPG meeting – TBC**

### DNA % for the last 12 months (GP & Nurse Appointments)

