

Agenda – PPG 03/12/2015 @ 6pm

Item No.	Detail
1.	Welcome
2.	IT – EMIS replacement
3.	Open Surgery – proposed changes
4.	DNA review
5.	Service level feedback / Complaints?
6.	2015 Flu season update
7.	PPG minutes / website update
8.	AOB

Meeting / Event	PPG	
Date / Time	03.12.2015 6:00pm	
Venue	Hillhead Family Practice	
In Attendance	DF (Practice Manager) / MP (Senior Receptionist) / EF (GP Partner) /Patient Group x 4 Representatives	
Item No.	Detail	
1.	<p>Review of minutes from last meeting</p> <p>Welcome and introductions</p>	
2.	<p>IT Update /EMIS online</p> <p>DF advised all that the surgery will hopefully be getting a new clinical system, late February, early March 2016.</p> <p>The system is called EMIS Web and it is a 'cloud based' service, where information is streamed directly from the surgery, via the Health Trust in Belfast to the company servers in England.</p> <p>The system is currently in development and is being tested in 3 surgeries; once it has been signed off by the BSO, the system will be rolled out at a rate of approx. 10 practices at a time.</p> <p>We are pleased to be within the first group of 10 surgeries to get the new system.</p> <p>A full programme of staff training will commence when we receive notification that the surgery will be getting the new system. We have been advised that it takes 12-14 weeks from initial go ahead until the system is 'go live'.</p> <p>Patients should not see any major changes as a result of the new system but clinical and admin staff should see improvements that speed up their workflow.</p> <p>DF advised that as a result of the impending new clinical system, the EMIS patient access system that operates through our existing computers will remain offline and will now not return until the new system is introduced.</p> <p>DF apologised that he is unable to report that the system is not going to be returned to patients until this time.</p>	
3.	<p>Open Surgery – proposed changes</p> <p>DF advised that the surgery continues to operate an open surgery clinic, each morning with guaranteed access to a GP if patients are onsite by 10am.</p> <p>The model brings benefits in that patients have immediate access to a clinician if unwell; but the downside being that patients may have to wait to be seen.</p> <p>On occasions, there has been up to 30 patients waiting in the surgery to be seen at any one time.</p> <p>This is not ideal for the GP, who is placed under increased pressure, the admin team who are trying to assist patients and the patient themselves, who have to wait an extended period to be seen.</p> <p>The Partners have continued to review this system monthly and now acknowledge that this increasing workload is becoming unsustainable and does not give patients a good experience, in having to wait to be seen.</p> <p>The Partners have reviewed a number of alternative clinic methods and have decided to investigate further the idea of an "urgent clinic" with open access, alongside booked appointments in the morning.</p> <p>DF sought thoughts and opinions of this proposed changed with the members of the</p>	

	<p>PPG.</p> <p>Feedback acknowledged the uncertainty of the existing system, in that the GP does not know what level of workload is going to face them each day. All agreed that the idea is worth investigating further, but a note of caution was raised in that it must be carefully managed.</p> <p>DF acknowledged this concern and noted:</p> <ul style="list-style-type: none"> • Any new system to be introduced must not see a reduction in patient capacity • Careful planning to introduce the new system is required. • A suitable lead time to introduction was required, patients would need to be educated and be given information as to the operation of the new system. • The new clinic operation needs to be reviewed periodically to ensure it continues to meet the needs of all interested parties. <p>DF further discussed the proposed system</p> <p>(AM) 2 x Clinicians – Urgent/Emergency surgery 2 x Clinicians – Booked appointments</p> <p>(PM) 2x Clinicians – Booked appointments 1x Clinician – Duty Doctor</p> <p>DF acknowledged that it was still to be decided, what was “urgent” and how exactly the new format would work.</p> <p>DF advised that once agreed by the Practice Team, the PPG group would be consulted for their opinions</p> <p>DF advised that the overall intention was to offer patients access at 3 levels:</p> <ol style="list-style-type: none"> 1. Immediate/24 hour access to those patients who are immediately ill and need urgent attention 2. Intermediate appointments i.e. 24-72 hours for those patients who require GP access, but the issue can wait a few days until being seen by the GP. 3. Longer term access – 5 days +; this would be suitable for patients who need to book regular review. <p>PPG member queried what was happening with the Treatment room? DF advised that we are likely to keep the Treatment Room as Open surgery access. The Treatment room is reacts to requests from the Clinician and by keeping it open access, patients would not have to return to the surgery under a booked appointment to have the bloods taken.</p> <p>DF noted that he would convene a meeting early in the new year to discuss the proposals further.</p>	
4.	<p>DNA Review</p> <p>DF shared recent DNA figures with the group. DNA rate for the month was 117 missed appointments (13.42% of all available appointments).</p> <p>Concern raised that the figure is so high. DF advised that all surgeries are fighting to reduce DNA’s as this is a waste of resources.</p> <p>DF advised that DNA review would be a standing item on the agenda.</p> <p>DF advised that we ask patients to cancel appointments (booked) if they attend the open surgery.</p> <p>DF advised that FMK telephones all of her patients in advance to confirm whether or not they are attending.</p>	

	<p>The admin team telephone all patients who have a double or triple appointment booked with a GP</p> <p>Question about what patients say when they DNA – “they forgot”</p> <p>DF reminded all that there is no available sanction for patients who DNA. The only option to the practice is educate and advise patients of the finite resource and the waste from people not attending makes it harder for everyone to get an appointment.</p>																																											
5.	<p>Service Level Feedback / Comments</p> <p>DF sought feedback from the PPG members of any problems they have encountered from the surgery or 3rd Parties to whom they have been referred to.</p> <p>Comment that Physio referral waiting time in Carlisle Centre is approx. 3 months. PPG felt this was unacceptably long. Dr EF noted concerns and advised that we would pass this on to the Belfast Trust.</p> <p>Comment from PPG member complimenting the cleanliness of the surgery. DF thanked member for their positive comments and advised that he would pass them on to the cleaner.</p> <p>No other issues discussed.</p>																																											
6.	<p>2015 Flu season update</p> <p>DF updated all on current flu vaccination uptake rates</p> <table border="1" data-bbox="368 1115 1193 1464"> <thead> <tr> <th colspan="2">Flu Stats 2015</th> <th colspan="4">03/12/2015</th> </tr> <tr> <th></th> <th>Cohort</th> <th colspan="2">Vaccinated</th> <th colspan="2">Still to vaccinate</th> </tr> </thead> <tbody> <tr> <td>Totals</td> <td>2194</td> <td>1036</td> <td>47%</td> <td>1158</td> <td>53%</td> </tr> <tr> <td>Remaining to vaccinate</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>65+</td> <td>627</td> <td>528</td> <td>84%</td> <td>99</td> <td>16%</td> </tr> <tr> <td>2-3 year olds</td> <td>223</td> <td>98</td> <td>44%</td> <td>125</td> <td>56%</td> </tr> <tr> <td>11-64 year olds</td> <td>1344</td> <td>410</td> <td>31%</td> <td>934</td> <td>69%</td> </tr> </tbody> </table> <p>DF noted that we are slightly behind on the same time last year. DF noted that flu vac is still available and can be booked at Reception.</p> <p>DF commented that we aim to achieve 75% uptake by year end (Mar 16).</p>	Flu Stats 2015		03/12/2015					Cohort	Vaccinated		Still to vaccinate		Totals	2194	1036	47%	1158	53%	Remaining to vaccinate						65+	627	528	84%	99	16%	2-3 year olds	223	98	44%	125	56%	11-64 year olds	1344	410	31%	934	69%	
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7.	<p>PPG Minutes</p> <p>DF sought opinion from PPG members about uploading PPG meeting minutes to the website.</p> <p>All agreed that DF upload for all patients to review.</p>																																											
8.	<p>AOB</p> <p>None discussed Meeting closed 7 pm</p>																																											