

Agenda – PPG 22/06/2015, 6:00pm

Item No.	Detail
1.	Welcome
2.	Registrar update / Rota update / Staffing levels
3.	IT – EMIS online suspension
4.	IT – Texting, online access
5.	DNA review
6.	GP / Nurse access review (Open Surgery/Booked/Telephone)
7.	GP Federation
8.	Service level feedback / Complaints?
9.	2015 Flu Planning

Meeting / Event	PPG	
Date / Time	22.06.15 6:00pm	
Venue	Hillhead Family Practice	
In Attendance	DF (Practice Manager) / MP (Senior Receptionist)/ EF (GP Partner) /RL (GP Registrar) / LW (GP Registrar)/ PPG Representatives x6	
Item No.	Detail	
1.	<p>Review of minutes from last meeting</p> <p>Welcome and introductions to the 2 GP Registrar's; Dr Linda Williamson and Dr Roisin Larkin.</p>	
2.	<p>Registrar update / Rota update / Staffing levels</p> <p>DF advised all that the surgery currently has 2 GP registrars; Dr Roisin Larkin works full time and is due to complete her training in August. Dr Linda Williamson works part time and will remain with the practice until Jan 2016.</p> <p>DF advised that we are in the process of reviewing our GP staffing levels; each year we would expect to be allocated a new GP Reg, however we have not been allocated one this year.</p> <p>The Partners have decided to keep minimum staffing levels at 4 clinicians in the open surgery and 3 clinicians for an afternoon booked surgery.</p> <p>On occasion, we will have higher clinical staffing levels but this will be our base level.</p> <p>DF advised of proposed changes to the Partners rota, effective September. Dr Fitzsimons will move from a Monday/Tuesday to a Thursday/Friday.</p> <p>Dr Bonnar, will move from a Wednesday/Thursday/Friday to a Monday/Tuesday/Wednesday rota.</p> <p>Dr EF advised that we have requested from NIMDTA a Registrar if one becomes available at some stage throughout the year.</p> <p>DF advised that there has been a recent review in the administration staffing levels with a 50% increase in the hours worked by AMK. The admin rota has also been reviewed to ensure that 3 admin team members will be working in the morning surgery, with 2 working each afternoon.</p> <p>DF advised that the team are currently reviewing different ways of working i.e. moving the telephone headset into the back office and moving a computer terminal to the front desk (with staff rotating on the front desk). The aim being to streamline and speed up the patient interaction and to stop the distraction of being interrupted when working on the headset.</p> <p>PPG member noted that he has built an affinity with some members of staff and likes to interact with them; DF acknowledged this but noted that if a member of staff is working on the headset, it really slows the processing of scripts down if that member of the team has to stop what they are doing. However, we would always try and facilitate a patient's request to speak to a particular member of the team.</p>	
3.	<p>EMIS online suspension</p> <p>DF advised all that the internet access to book appointments and to order scripts has been temporarily suspended due to a technical issue.</p> <p>DF advised that the issue has been resolved but the surgery is looking for addition reassurance that this will not happen again in the future.</p> <p>DF expects the system to be offline for a period of about 3 months.</p>	

	<p>Query raised about other practices, are they continuing to use the system. Dr EF noted that we have tried to advise our colleagues but there are a number of clinical systems in use and only 1 has been affected. Each surgery has to make a decision as to whether or not to continue using the facility. Our surgery has taken the decision to suspend until we get further re-assurance as we take the security and confidentiality of the patient data as paramount.</p> <p>PPG member queried how many patients were affected by the loss of service? DF advised that currently there are about 600 patients registered for online access (about 10% of the practice).</p> <p>MP commented that a number of patients have questioned why it has been suspended.</p>	
4.	<p>Texting / Online access</p> <p>DF referenced last PPG meeting whereby offer was made for members of the group to come to surgery to encourage patients to register for texting/online access.</p> <p>The partners appreciated this offer and felt that it was something to consider, however given the current suspension of the service, it would not be appropriate to embark on this project. If/when the service is returned we will re-visit.</p> <p>DF advised that in addition to the IT glitch, the surgery is in the process of changing the computer systems. The programme (EMIS LV) is being retired and we hope to move to a new product (EMIS Web) in the new year.</p> <p>This is will a completely new programme and we will discuss at a separate meeting in due course.</p>	
5.	<p>DNA review</p> <p>DF shared recent DNA figures with the group.</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>	
6.	<p>GP / Nurse access review (Open Surgery /Telephone calls / Booked surgery)</p> <p>DF sought feedback for any issues/ concerns regarding clinical access.</p> <p>All ok and satisfied with service.</p> <p>PPG member advised that he is unhappy when he visits the open surgery to see a GP who then requests bloods. PPG member felt that he had to go to the back of the TR list and wait again to see the nurse.</p>	

	<p>MP advised that this no longer happens. If the GP has asked the patient to see the nurse, the admin team member will place the patient into the TR list at a time equivalent to the time they were on the GP list. A message is added to the appointment screen, "was with GP". This should deal with patients having to wait a long time to see the nurse.</p> <p>Telephone calls – continues to be difficult to get access but has greatly improved with 4 clinicians (and sometimes 5) taking calls.</p>	
7.	<p>GP Federation</p> <p>DF explained to all that the surgery is now part of the West Belfast Federation of Family GP's</p> <p>DF explained federation role; to share services, economies of scale and to commission services that the surgery does not currently provide.</p> <p>Dr EF explained the federation is working on in-house pharmacists.</p> <p>The aim of the federation is to keep services in the locality, which should improve the care in the locality and stop the need for patients being placed on waiting lists (for some specialties) in hospital</p> <p>DF advised that federations are a good source of learning from other practices</p>	
8.	<p>Service level feedback</p> <p>Query raised regarding waiting list for physio in Beech Hall; currently 6 months. Dr EF advised that we would investigate further to see what is causing the delay in referral</p> <p>Positive feedback given about the ENTRAC rapid access service; efficient and care is expedited very quickly.</p> <p>Dr EF advised she would feed this back to the other clinicians.</p>	
9.	<p>Flu Planning 15/16</p> <p>DF advised that the surgery will commence flu season planning in August.</p> <p>For the season just closed, the surgery had about 70% update (of all patients eligible).</p> <p>DF advised that last year we only ran 1 Saturday clinic in October, with a follow up Saturday in December. This was not as successful as in previous years and we intend to revert to 2 Saturday clinics, end of September / early October.</p> <p>These clinics are capable of vaccinating over 1000 patients and it is very fast, effective way to get patients vaccinated without interrupting the day to day surgery</p> <p>Query as to whether or not alternative dates will be available. DF advised that other dates, mornings and afternoons would also be made available as we recognise that a Saturday does not suit everyone.</p>	