

Derwent Valley Medical Practice – Patient Participation Group

Attendees: [REDACTED]	Apologies: [REDACTED]
Notes of Last meeting: 19 April 2024 - Agreed Publish on Web and PPG Notice Boards.	
	Action points:
Communications/Correspondence: [REDACTED] and [REDACTED] have withdrawn from participating in the Group. Thanks to them for their support. [REDACTED] has joined the group with apologies for today.	
Welcome – [REDACTED] welcomed everyone to the meeting	
Speaker- No Speaker today to allow longer discussions on Questionnaire.	
<p>Practice Update - [REDACTED] (Practice Manager)</p> <ol style="list-style-type: none"> 1) <u>Implant Clinic:</u> Signed off and successfully running 2) <u>Recruitment</u> – GP starts in September (Monday & Thursday) and another November 3) <u>COVID Clinics</u> – Successful 4) <u>JVCI- Vaccinations</u> -Flu Starts 3rd October, September is only for Pregnant Women -Covid clinics after 3rd October. -RSV Vaccine. New programme 75-79 and pregnant women from 1st Sept. 5) <u>IT problems</u> – Virgin Internet Connections failed this week. No appointments were cancelled, all patients seen. Delays in answering phone lines. 6) <u>Electrical Failure</u> – at Spondon on 3 occasions. [REDACTED] took laptops to Spondon so Reception could book in patients and clinical staff could access records. Phones could only be answered at St Marks Road due to power cut. Vaccination fridges were affected, back up systems of cool boxes and vaccines transported to Chaddesden. Process worked well, however, there was also an additional power cut in night. 7) <u>Facebook</u> –The practice had been having a push on Facebook and patients are commenting and reacting to the information posted. There are 800 people following. 8) <u>Paper Prescriptions</u> – have been discontinued. [REDACTED] reported she received feedback from 1 patient who expressed concerns about this change in service provision. Discussed -leaflets are available in the surgery regarding the options available about how to order your prescription. [REDACTED] reported the system had been changed due to: <ul style="list-style-type: none"> • The time it was taking the surgery to action repeat paper prescriptions, which was a significant resource. • Significant workload and consequently delays created where patients were taking their prescription to the pharmacy, finding the drug was not available, returning the prescription and significant delays for the patient of up to a week to change the prescription to a drug which is in stock at the pharmacy. 	[REDACTED]

[REDACTED]

Derwent Valley Medical Practice – Patient Participation Group

<p><u>Benefit to Patients as a result of this change</u>, staff workload had dramatically reduced enabling all:</p> <ul style="list-style-type: none"> • Repeat Prescriptions requests have been completed/prescribed on the same day rather than 72 hours. • Prescriptions where drug is not available at the pharmacy have also been completed/re-prescribed on the same day. <p><u>Further Improvements/Suggestions:</u> [REDACTED] is going to recommend a call back system for the Medicine Order Line. [REDACTED] reported that she had emailed the prescriptions order line and asked them to call her at a specific date/time which they did. [REDACTED] asked if the prescriptions could be written on generic names instead of specific brand name, which would enable the pharmacy to dispense the appropriate drug without a need to keep changing the brand name of the prescription E.g. Paracetamol not Panadol.</p>	
<p>Updates from last meeting: <u>Cancelation links via SMS</u>- [REDACTED] asked [REDACTED] about this, it has now been implemented and is being used by patients.</p>	Resolved
<p>GP telephone Recorded Message [REDACTED] asked [REDACTED] about this and [REDACTED] reported that a doctor has agreed to do this, written a script for this. This scripted message will be shared with the group, before implementation. [REDACTED] asked if it could be amended following audit results with adding “our team” and “please use the call back service”, once these actions have happened the message will be recorded and implanted.</p>	<p>[REDACTED] to: Liaise with Dr re changes. Send out to PPG draft Script PPG to comment and give feedback to [REDACTED] via email and then implement before next meeting.</p>
<p><u>Terms of Reference for PPG</u></p>	<p>[REDACTED] - to publish on website.</p>
<p><u>Notice board lead at Chaddesden</u> Due to PPG member leaving, no one else wanted take this over so [REDACTED] agreed to take over managing it.</p>	<p>[REDACTED] to organise minutes, audit- laminate for both Spondon and Chaddesden.</p>
<p><u>PPG website changes</u> [REDACTED] reported that he had worked on the content for the webpage about the PPG membership and work and Terms of Reference. Discussion re webpage, agreed changes including closed radio button options for age and ethnicity. [REDACTED] said that the problem with having an open text field had become obvious with questionnaires, with endless options being chosen by respondents. [REDACTED] agreed to come up with a definitive list, with an added option of other. [REDACTED] suggested there should be a tick box agreeing to the terms and conditions.</p>	<p>[REDACTED] to turn this round before the next meeting so that [REDACTED] can implement changes on the website before the next meeting.</p>

[REDACTED]

Audit results from Questionnaire/ Appointments

█ commented that she was not particularly surprised by some of the data. █ was surprised by the age range makeup.

█ noted that even though the questionnaire was on the internet for 2 weeks in comparison to the paper format; the majority of respondents had been on the internet across all age ranges.

█ reported that although many people found it easy to making an appointment since the 2023 national report, some of the issues raised appeared to be historical as they had been able to make appointment easily but were contradicting this in their comments about accessibility /services. These comments were evident irrespective of how easy or difficult patients reported getting an appointment was.

Discussions around key points identified in Audit.

8am bottleneck/phone rush. █ commented on this, discussion re calling surgery later for non-urgent issues. █ said advertising ringing for non-urgent appointments later in the day was concerned this would only lead to a second telephone queue later in the day.

Initial signposting to wrong clinician and making of appointment with appropriate clinician. █ asked █ to clarify this process if another clinician was better suited to seeing patient with problem after clinical assessment. █ stated that the reviewing clinician should make a new appointment with the appropriate clinician.

Online appointments. Appointments on-line are already available for Test Results, Flu, COVID clinics, Holiday Vaccination appointment, Medication reviews.

█ discussed work she was completing re– Chronic Diseases (e.g. COPD etc). Potentially changing the way we do reviews. Patients could be sent a link to go online and fill in a review form, then the patient can be sent an appointment.

Duplication of appointments █ discussed this, an example she gave was the hospital carrying out a blood test and then this same test being repeated by the GP. █ clarified many hospital blood test are available to the GP, but require ‘downloading’, █ said she could look at processes including possibility of the receptionists who could be trained to check at appointment booking, if the appropriate bloods test had been done to enable the Practice review within a specific time without duplicating bloods etc. █ said that maybe the receptionists could be trained to check at appointment booking.

Reviews initiated by SMS rather than sending out letters. █ suggested that the reviews could be initiated by the practice this way for patients who agreed to this communication method.

Messages via email

█ also suggested that sending an email rather than a paper letter as this would be more convenient for many and would save money.

Texts/SMS not being sent for all appointments.

█ discussed issue of not receiving a txt for an appointment.

█ and █

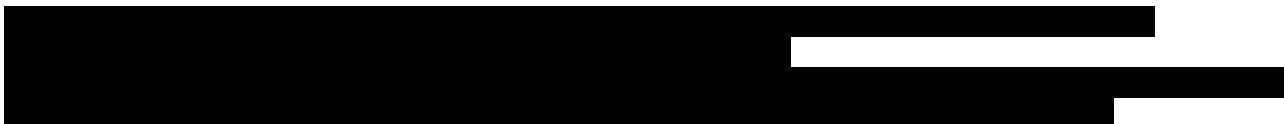
Plan to repeat audit with more targeted questions about today’s appointments only.

█ ongoing, review progress next meeting.

█ to look at processes to download hospital results.

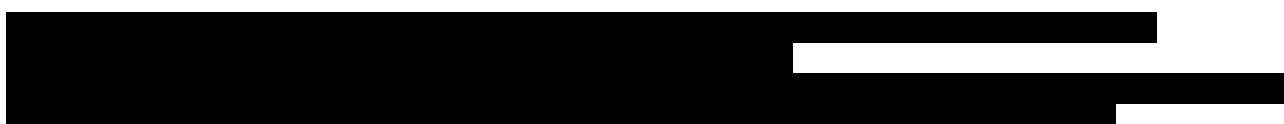
As above

PPG poster to highlight capturing patients email address as a point of contact.



Derwent Valley Medical Practice – Patient Participation Group

<p>█████ explained, some Drs make specific arrangements to ring/ speak to patients in their administration time. These appointments do not generate a txt message.</p> <p><u>SMS/TXT messages to generate links for individual patients</u></p> <p>█████ suggested this, it could be tailored to individual patients to a specific pdf e.g. letters or other information.</p> <p><u>Statistics Update:</u></p> <p>█████ offered to put a session together to the PPG regarding this, it would be separate to the PPG meeting.</p>	<p>█████ to liaise with digital team re possibilities.</p> <p>█████ to organise for November.</p>
<p><u>Demand and Capacity of Appointments:</u> █████ asked about this, in view of the results from the audit.</p> <p>█████ reported that she was using a template for appointment demand.</p> <p>If the practice was unable to give an appointment at the practice or walk in centre etc and the advice was to call 111. Receptionists record in the template the rational for an appointment not being given so these can be followed up where appropriate. If patients ring back the next day for an appointment, the surgery knows what advice has been given on the previous contact. The template has been taken up by all practices in the Integrated Care Board (ICB) to improve communication and identify issues around patients are choosing not to follow the advice given at first contact. Great to hear of this excellent piece of work █████ has completed has been adopted by other practices.</p> <p><u>Same Day appointments:</u></p> <p>█████ stated her aim is to give patients with an acute issue to give an appointment on the same day.</p> <p><u>Patients not attending for their appointments (DNAs)</u></p> <p>█████ reported that patients were not attending for their appointments, even if they were booked on the same day. Even patients who had been given appointments to see a GP at Derby Walk in Centre were failing to attend.</p> <p>Issues discussed about access to Walk in centre included parking difficulties. █████ reported the walk in centre calling before the appointment to highlight traffic congestion/parking to enable patient to attend appointment on time.</p> <p><u>Appointments within 2 weeks</u></p> <p>A list of patients with chronic conditions needing an appointment exist, with the aim of getting an appointment within two weeks. The list is actively managed by receptionists giving out available appointments. Further work is ongoing.</p> <p><u>Pharmacy First</u></p> <p>If a patient is directed to Pharmacy First by the surgery, the Pharmacy get paid for the consultation. Its important to use these services. Audit showed patients are aware of the different services available to them, additional information is available in the questionnaire report.</p>	<p>? include this issue in a future audit.</p>



Derwent Valley Medical Practice – Patient Participation Group

<p><u>Any Other Business-</u> <u>PPG led Events in Commuality.</u> Discussion around PPG led events at Park Lane Surgery. [REDACTED] has been offered space in Mantis (Chapel side, Spondon) for events which could include PPG members and Practice Staff running different stations with flu/covid immunisation, wellbeing information, Skin Clinics using the newly purchased Derma scopes purchased by the practice. PPG members could potentially be trained to use scope to take a photograph which could then be reviewed by the Doctor. <u>MacMillan Coffee Event:</u> Practice staff are running this in September, unfortunately this year PPG members are not available to support this on the day of the coffee morning.</p>	<p>PPG members and [REDACTED] to identify what could be delivered at these community events. ? run an event in October.</p>
<p>Next Meeting: 18th October 2024</p>	
<p>Feedback questions & Comments to the Chair can be left at the Surgery with Reception or in PPG post box on the notice board.</p>	

