

WESTERN AVENUE SURGERY

Minutes of Patient Participation Group Meeting

PRESENT:

Place held: Surgery

Date of Group Meeting: 19.2.2018

Time: 6.30 pm

Present:

Dr B. P. Sinha (GP)

Dr A S Kumar (Locum GP)

Mrs Surjeet Panesar (Practice Manager)

Mr Timothy Woodward (patient)

Ms Meisoon Elshorafa

Mrs Encarnacion Ijtaba (patient)

Mrs Diana Fernandes

Miss Kiran Loi

Apologies

Mr Sajid Sheikh (patient)

Mrs Shaista Sheikh (patient)

Mr Racan Osman (patient)

Dr David Gbeckor-Kove (patient)

Ms Nuha Shurafa

DISCUSSION	ACTION
<p>Surjeet Panesar (SP) welcomed the group and offered light refreshments.</p> <p>1. Productive General Practice (PGP)</p> <p>In England, this programme is funded by the NHS and is known as PGP Quick Start and General Practices based in England are eligible to partake in NHS Quick Start programme.</p> <p>The programme offers hands-on support in the practice from an experienced improvement facilitator. Support is given over an eight week period and includes sessions with other local practice teams to share improvements and ideas.</p> <p>The practice took up the offer of PGP in improving the referral process at the practice. Due to fairly new staff, they were not clear which referral centre or speciality and purpose to refer to – this led to time wastage and frustration among the staff. Secondly, some locum</p>	

doctors were not putting enough information in the clinical information/history. This in turn was taking too much time to complete the referral.

The practice referral process needed improving in order to:

- To have a smoother referral process
- To save time for the admin team
- Reduce turnaround time.

With the help of the PGP facilitator we:

- Mapped the process
- Identified opportunities for improvement
- We measured the number of referrals and turnaround time
- A spread sheet of speciality and type of referrals was created.
- Spoke to the clinicians to input all clinical information and then forward to the admin team.

Once this process is implemented we will know there is an improvement, where significant will be saved.

We have achieved clearer guidelines on referrals. The next step will be to pilot the new process for a couple of months and also to document the steps for the staff.

2. Prescribing wisely

Last year our local NHS spent £15 million on products, including paracetamol that you can easily buy in pharmacies, high street shops and supermarkets.

The demand for healthcare is constantly rising, but budgets are not increasing at the same rate. We need to save nearly £135 million across the eight boroughs, around 5% of our annual expenditure, in the financial year 2017/18 to balance our budget.

GPs will ask patients if they are willing to buy these medicines and products as they are now widely available and, in most cases, available at a very affordable price.

- Acne treatment
- Antacids
- Antifungal skin products
- Antihistamines
- Artificial saliva
- Barrier creams
- Benzylamine mouthwash
- Chloramphenicol eye drops
- Co-codamol 8/500
- Cold sore treatment
- Corticosteroid nasal sprays for hayfever
- Covering cream or powder

- Ear wax removers
- Emollients - creams and ointments for eczema and psoriasis
- Headlice lotions
- Ibuprofen
- Infant formulas
- Laxatives
- Loperamide for diarrhoea
- Lubricant products for dry eyes
- Paracetamol
- Shampoos for eczema and psoriasis
- Specialist sun creams
- Threadworm tablets
- Vitamins and mineral supplements

The practice will also encourage patients to order their own repeat prescriptions where possible. A few patients won't be able to request their own prescriptions and won't have a carer who can do it for them. General practices would consider accepting requests from a local chemist on behalf of these patients.



choosing wisely
changing the way we

3. Results of recent In House Patient Surveys undertaken at the practice.

One of the areas where the CQC had said “ the practice had not taken action to address feedback from patients which showed where satisfaction levels were significantly below the national average.”

In the clinical meeting an action plan included an in house 2 cycle survey for questions relevant to the survey, so that the practice could clarify and respond to any areas where the patients perceived our services could be improved.

The 1st cycle of our in house survey was carried out during 7.8.17-15.8.17. The 2nd cycle was carried out during November 17.

The results for both surveys showed that for all questions that scored lower percentage, the patients gave over 80% positive feedback (excellent, very good and good).

The practice is continuing to carrying out the surveys every 3 months.



In house Patient
survey carried out in



CQC Patient Survey
Oct-Nov 17 Charts 1

4. New website for Western Avenue Surgery
<https://www.westernavenuesurgery.nhs.uk>

Contains self- help and self-management resources. It has Active signposting. Provides patients with a first point of contact which directs them to the most appropriate source of help.

Expected outcomes and benefits – frees GP time. Makes more appropriate use of each team member's skill. Reduces internal referrals, improves appointment availability.

Patients are given access to a web portal which provides a number of services including booking or cancelling appointments, requesting repeat prescription, obtaining test results, obtaining self-help advice and viewing education materials.

Proposed method to measure impact of changes – reception staff is given training and access to information about services, in order to help them direct patients to the most appropriate source of help or advice. This may include services in the community as well as within the practice. This adds value for the patient and may reduce demand for GP appointments.

5. New opening times for the practice is 8.30 am to 12.00 midday 3.00 pm – 6.30 pm as opposed to 8.30 -12.00 and 3.30 pm – 6.30 pm. Thursdays being half day.

ME and TW suggested that an analogue clock be placed in the waiting room.

TW questioned that doctors names were not on the on line section of the new website. Also look into the availability of apps for the patients for ease/faster communication with the surgery. We will look into this and let the PPG know in due course.