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**Minutes of Patient Participation Group Meeting on
Wednesday 31.8.2011 at 5:30pm**

**Present: Dr Almona Musa, Dr Azeem Nizamuddin, Sue Murphy, Chris Barnes,
Mr J Gohil, Mrs P Lesadd, Mrs A Loader, Miss S Biggs, Mrs L Tanner,
Miss M Lakhani and Mrs C Chudasama**

1. Welcome and Introductions

Dr Musa opened the meeting and thanked the patients for taking the time to attend the meeting. Following the introductions Dr Musa explained that the purpose of the meeting was to get patient feedback on how the practice was doing from their perspective and identify some key areas to form the basis of an in house patient survey.

This would be circulated to a wider patient population with the aim of the results being used to form an agreed action plan for improvements.

2. Key findings from the National GP patient Survey

The key findings from the National GP Survey were circulated for discussion. 1165 questionnaires were sent out via post to our adult patients, only 31% responded. The national response rate was 36%.

It was therefore felt that the results may not reflect the feelings of the wider population. Dr Musa explained that we intend to send out our own survey via post, email and on the website to try to engage more patients in the process as patients view were highly valuable.

Overall the survey showed that our strengths above PCT and National average were: Patients not waiting too long to be seen. Seeing preferred GP and Easy to get through on the phone. Our lowest performing areas below PCT and National average were: Able to see a doctor quickly. Ease of appointment with the Nurse and Recommend this surgery.

3. Patient Feedback

There was some discussion regarding why patients would not recommend the practice. A closer look at the results showed that this amounted to 30 patients. It was felt that perhaps a bad experience or unrealistic expectations of the service may be the cause. Those patients present expressed that they were overall happy with the service provided by the practice and were surprised by this result.

Appointment System

There was some discussion about the appointment system. One of the patients mentioned that he was aware that there was some mystery shopping going on in the area, where people rang up asking for appointments for 2 days later and 2 weeks later. He felt that ringing back at 2pm for an afternoon slot may cause contention and suggested first come first served for on the day booking.

Sue explained that it was difficult predict demand and get the balance right between the booking on the day and advance booking whilst meeting the DOH targets of being able to offer appointments within 48 hours. Booking in advance did not appear to be a real issue.

There was some discussion and feedback about booking appointments on line and txt reminders to avoid non attendees. Telephone triage and telephone consultations were suggested. It was felt that it was inappropriate for Receptionists to do the triaging, though telephone consultations may be something that can be considered.

The general consensus was that the appointment system was an area that should be included in the survey, in particular reviewing the need for patients to ring back at 2 pm for an evening slot.

Recommend the Surgery

One patient mentioned that she had received a questionnaire from her bank and one of the questions also asked would she recommend the bank, to which she had responded no on the basis that she would have been aware of another persons needs. It was felt that the response to any question is open to the interpretation of the individual and not always necessarily intended to be negative.

Other feedback

Patients said they liked the way Dr Hayat called patients into his room personally and found him to be friendly.

Some mentioned that they had received several copies of the National Survey Forms.

Others felt that the practice had overall improved tremendously and found on the whole the staff and doctors to listen and to be caring. It was felt that communication could be improved and suggested that receptionists smile more and provide more information, for example, on line prescription facility, message book etc.

Patients who had used the on line prescription request facility had found it useful. Printouts given by the GP's about medical conditions were also found to be useful.

There were further suggestions for signage in the waiting room for the W.C., reorganise the notice board to provide more clinical issues, renew carpet, information on out of hours pharmacies with possible link on website.

There was a question about certificates to third parties needing a doctors' appointment. It was explained that reception staff can note the request in the doctors message book and sometimes this can be done without seeing the doctor, however, there are occasions when there is a requirement to see the doctor.

There was some discussion about physiotherapy services providing a limited amount of sessions. It was explained that these services were not currently governed by the GP's. It was felt that these services should be based on the individuals needs.

There was some discussion around providing extended hours on a Monday or Friday. Logistically difficult due to staffing, the use of volunteers was explored, potential problems identified with confidentiality issues and practice policy of not employing existing patients.

There was further discussion regarding nursing capacity and the difficulties to book ahead. The doctors explained that both our phlebotomists had recently completed training as Health Care Assistants and were now in post to support the doctors and nurse by providing health checks, blood pressure checks, ECG's etc. The patients were asked if they would mind seeing the health care assistants for certain things. It was felt that this could be helpful if advertised.

4. Agree on Priorities and Key Issues for New Survey

Dr Musa summarised the discussion and the issues arising were:

- Appointment system
- Reception
- Access
- Extended hours
- Nurse appointments
- Telephone consultations

It was agreed that these areas would form the basis of the practice survey.

Dr Musa, Dr Nizamuddin and Sue thanked all the patients for their very constructive feedback which was extremely useful and taken onboard. The patients responded that they had found the evening informative and useful and would like to continue meeting. Dr Musa explained that the practice hoped that the patients would eventually take ownership of the group.

5. Follow-up

The idea is to survey a cross section of our patients. We are therefore collating a data base of patients who are interested in sharing their views to form a virtual group. So that we can contact

them, either by phone, email or post. The survey will be available in house and on the practice website once complete.

The practice will formulate a patient survey and arrange a further Patient Participation Group Meeting to discuss.

Once again the patients were thanked for their attendance and the meeting was brought to a close.