

# Patient Participation Group

## **FIRST MEETING OF 2014/15 NEW AGREED ACTION PLAN FOR YEAR**

- PPG Meeting: Wednesday 28th May 2014 at 1pm

### **Current Issues Discussed**

The group discussed the achievements from 2013/14 action plans and agreed 3 new action plans for 2014/15.

### **Review of 2013/14 action plan:**

- **Prominent advertising**
- **TV screen for waiting rooms**
- **Signage in multiple languages directing patients to ground floor and first floor waiting areas.**

### **Feedback from 2013/14 Action Plan:**

#### **Prominent advertising**

The group agreed that the advertising space available has been utilised well to promote campaigns and services. The notice boards, poster display frames, freestanding frames, and clinical rooms, are prime positions for communicating with patients as they come into the health centre. The practice also 'posts' information on its 'Facebook' page, and practice website, and sends regular newsletters to those patients who have provided an email address. These alternative methods of communication are particularly useful for patients who do not regularly attend the surgery. We will continue to evolve as the technology progresses to diversify in the ways that we communicate with our patients.

#### **TV screens**

We have successfully installed 2 TV screens for displaying patient educational information and updates regarding general practice information. These are located in the upstairs and downstairs waiting rooms. The general feel of the group was that the TV screens were a success; however, more content needs to be added to avoid repeating information. Currently the rolling information loop is approximately 20 minutes long, this will increase as additional campaigns and practice information is added. A member of the PPG group commented, in a surgery that she recently attended with a friend the patient name was displayed on the TV screen, alongside the educational information. She felt that she could not take in the educational information, in fear that she would miss her name and thus miss her appointment. All members

agreed that the current method of the clinician calling the patient is preferred and more personal. With these comments in mind the practice will continue with the current format of displaying 1 topic at a time, with no additional banner or pop-up information displaying simultaneously.

### **Signage**

The new signage is still in the process of being completed. It was not possible to provide directional signage in all languages represented by patients registered; therefore the signage will be in English only. This will be very clear and directional where appropriate. The group understood the reasoning behind this decision and agreed that this was the only equitable option.

### **New Action Plans for 2014/15**

- **Roll out online medical record access to other PPG members.**
- **Reinforce the importance and improve the uptake of the influenza vaccine for all at risk groups.**
- **Redecorate the old waiting room.**

### **Access to records online**

The members who had already been accessing their records online have found it relatively easy to use. There was a query regarding blood test results, the patient was able to view the results, however, a result had been reported as abnormal and there was no reference range to determine how high/low the result actually was. It was explained that this is a limitation of SystemOne, the interface will only display the basic information. The practice protocol is that if the doctor felt it was necessary the patient would be contacted for follow up. Alex also demonstrated how letters are scanned and accessed by the practice to give the group an understanding of how the practice receives communications from other health organisations. Alex took the names of the remaining PPG members for GP authorisation to enable them to access their records online and answered any queries for those who already had access.

### **Improve uptake of the influenza vaccine for all eligible patients.**

The uptake of the influenza vaccination for the under 65s with chronic diseases has consistently been below the DoH target. In order to accommodate as many patients as possible the practice holds a minimum of 2 Saturday morning walk-in clinics during the influenza season. These clinics are usually held in October and November and, depending on uptake, an additional clinic may be held later in the season. We advertise the walk-in clinic dates and times as early as possible and will be displaying this

information in the waiting rooms, prescriptions and via social media, from the beginning of June 2014. During the flu season eligible patients are offered the flu vaccine opportunistically when they attend the surgery. Patient alerts are activated to assist all staff in identifying and informing eligible patients of the clinic dates and of their eligibility. Patients who are eligible and who have not attended either of the walk-in clinics are either, sent a letter, text message or phoned to encourage attendance. Housebound patients are also visited and vaccinated at home. The practice always displays, large posters, banners and advertise the clinic dates throughout the flu season.

## **General discussion**

### **Benefit system reform**

Due to the changes in the benefit system, the practice has experienced an increased workload in patients requesting letters to support appeals. This is not part of the GP contract and we are currently informing and educating our patients on where to go. The staff is confident to deal with such requests and will direct patients accordingly.

### **Shingles Vaccine**

**The vaccination programme was explained to the group with the reasoning behind it.**

### **Charging patients who fail to attend appointments**

The group was concerned how many appointments were wasted by patients who failed to attend. There was a suggestion that all patients should be charged a fee when they book an appointment to deter patients from booking and failing to attend. It was explained that to date, primary care services are free at the point of access and unless the government changes this policy charges cannot be applied. Patients can be sent a letter reminding them of the importance of attending or cancelling their appointment, however, this has cost implication in addition to the wasted appointment and involves printing and postage charges. We encourage patients to inform the practice of their mobile telephone number in order to send the appointment date and time and also a reminder. We also display the monthly statistics on failed to attend appointments to remind encourage patients to cancel appointments if they are no longer needed.

### **Clinical staff leaving the practice and recruitment of GP's and Nurse Practitioner**

Dr De Silva, Dr Finn and Minor Illness Nurse Belinda have left the practice to take positions elsewhere. We will be welcoming a new full-time nurse practitioner who will commence employment at the end of June. Angela has 20 years' experience as an emergency room nurse and will be a great asset to the practice.

The date and time of the next meeting is, July 10<sup>th</sup> 2014 at 1pm.