**NEWTON DRIVE HEALTH CENTRE**

**Patient Participation Group**

**Minutes of meeting held on**

**Monday 22nd July 2013 - 18:00 - Library, Newton Drive Health Centre**

**Present:** Mrs Donna Jackson (DJ), Miss Vicky Greenwood (VG),

Mrs Linda Endicott (LE)

Mr Terry Bennett (TB), Mr Michael Martin (MM)

**In attendance:**  Mr Chris Casey (CC), Practice Manager

Mrs Norma Halsall (NH), Assistant Practice Manager

**1 Actions / Feedback from Previous Meeting**

CC produced the numbers following an in depth look at the DNAs at Newton Drive. The audit showed that 8.42% of all appointments are DNA (Did not attends) and 7% of GP appointments are DNA. In June almost 15 hours of GP time was lost through DNA. Whilst the GPs do utilise this time for administrative work, the DNAs do course some delays.

The audit showed that it does not depend on whether the patient was a 1st time offender or a repeat offender, however, it is conceded that the audit has been running for only 6 months and so patients may be new to our audit or our practice and be recorded as a 1st time offender for that reason.

The reminder letters have generally been well received, a few patients have rang to apologise. Some have been more disgruntled by the letters but the practice must remind patients of the importance of attending their appointments, or cancel them in advance. **Action: The group wished to review the contents of the DNA letters – NH to organise to bring to next meeting.**

The practice further looked into the effect of how far in advance these appointments were booked. The practice currently has 3 categories of appointment slots. Same day appointments for patients called in from the triage system, 48 hours bookable appointments for more urgent patients and routine appointments in up to 3-5 week’s time. The audit showed that only 1% of same day appointments are DNA, 4.37% of 48 hour appointments and 13.5% of the routine appointments. This shows a clear correlation between the length of wait until the appointment and the chances of them being DNA.

Whilst it is accepted that it is obvious that the routine appointments are more likely to be DNA, the practice felt that the rate is too low to penalise all patients who book and attend these appointments. There are no plans to change the availability of these appointments. However, they will be moved to later in the appointment session. In this way the practice or clinician may gain some benefit from a DNA in that it will provide them with time to catch up later in the session etc.

The DNA rate has seen a slight reduction from 34.25 hours in May to 33 hours 55 mins in June.

The practice has also audited telephone consultations and phone that on average 13% of bookings are incomplete. This was higher than anticipated but again both the PPG and practice felt that these phone calls are convenient for both patients and clinicians and changing them would create a reduced level of service. However, the practice will monitor the situation closely and acknowledge that there may be some work to do in improving the recording of patient’s telephone numbers.

VG suggested that the text service may also not be working as intended as she had failed to receive reminder messages. **Action: NH to look into cause of this and report back to VG with findings. CC will ensure that this service is working correctly and to remind reception staff of the importance of keeping up to date phone numbers on record.**

CC feedback the results of the targeted survey regarding waiting room music to the group. 100 patients were asked “Would you like to have a local radio station playing in the waiting room?”

Yes – 76%

Don’t Mind – 24%

No – 0%

Due to the overwhelming positive response the partners have agreed to trial 1 month of music in the waiting room. Providing it does not cause any unforeseen problems the practice will implement this permanently. The Practice will fund the licence required for this.

**2 New Actions**

MM – due to rising public interest in preventative medicine MM suggested that the practice should also being doing what it can to help maintain public health and provide preventative solutions. The practice is currently involved in many screening programmes and schemes to aid public health but it requires the public to be aware of them. **Action: CC to produce a targeted survey to assess patients’ knowledge of the available schemes e.g. Health Checks, Pharmacy Scheme, Know your number campaign etc.**

LE asked if Newton Drive would be able to facilitate a Patient Participation Network Group Meeting here at the practice. CC agreed that we would be able to host a meeting here. **Action: CC has liaised with Gavin Quick regarding a date.**

MM asked if the group would share their terms of reference with him for circulation at the PPNG meeting for use with a breakout group. **Action: NH to source and send to MM.**

LE also wanted to share the work the practice had done on DNAs to see if this is a common problem for the Blackpool Area. **Action: CC will produce a workflow of how the DNA rate was calculated.**

CC recommended that it was time again to produce the practice satisfaction questionnaire which was run last year as part of the Patient Participation Group. The group decided that the best course of action was to replicate the questionnaire exactly so that we could have a comparative data set.

Regarding the patient suggestions below VG stated that they have all been positive. We have had no complaints or seriously negative issues submitted via the patient suggestion box. Whilst this can be reassuring there is no way to know if patients are no using the box for comments and complaints. Whilst complaints should be dealt with through the practice procedure there are some issue (general grumbles and moans) that may not be coming through to the practice. Changing the terminology of the suggestion box may encourage patients to post them in. **Action: NH to alter the wording of the literature on the patient suggestion board.**

**3 Standing Agenda Items**

Staff

The recruitment process for the salaried GP post was unsuccessful to the search will continue, however the practice has secured further locum hours for August.

Patient Suggestions

* *“Could do with waste paper baskets” –* the practice understands this frustration but it is general practice to not supply waste paper bins due to infection control risks. They have also generally been removed from public areas such as train stations and council areas.
* “*Could do with a drinking water machine for hot days!”* – this had already previously been suggested and would like to refer you to the previous response.
* *“Water cooler and clock” –* as above, the clock has already been actioned and is on display on the TV screen
* *“More kids stuff and more fish in the fish tank and the tank bigger”* – it is great to see the fish tank being appreciated by patients. However the tank was kindly donated and it is a big as the money that was donated could buy – it houses a safe number of fish to keep them happy and provide them with enough space to swim around. Happy fish!
* *“Refreshments for everyone (snacks and drinks) –* It would be impossible to cater for every patients dietary needs and requirements.

**The next meeting was arranged for Monday 2nd September - 18:00 at Newton Drive Health Centre**