

Khattak Memorial Surgery

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Patient Participation Group Meeting Thursday 12th June 2014

Present: Staff representation: Mrs Naila Ahmed (PM), Mr Mohammad Asaad (HCA), Dr Saima Khattak (GP), Mary McMullan (Nurse), Victoria Ikwele (Practice Nurse), Juwairiah Arshad (Receptionist)

Patients representation: Mr KS ,Mrs NB, Ms KP, Mr AS, Mr SK, Mr MB, Mrs SK, Mr MH, Mrs ZI

1. Welcome and Apologies:	NA welcomed the group and thanked them for taking time to attend and for participating in the meeting. Apologies were received from: Dr ISK
2. Minutes of Previous Meeting:	Minutes agreed as correct and a true record. Matters arising: Communication if clinics were running late – whiteboard has been purchased and used to advise patients of daily issues in practice. Confidentiality Radio has been purchased and placed in reception to distract patients from focussing on reception. Community radio station is played due to the different languages. Triage appointments for working people – in progress Care Data NA explained that patients have the opportunity to opt out before September 2014 and any patient wishing to do so should complete and sign the opt out form. She also advised that patients ought to familiarise themselves with the differences between care data, summary care records and central care records. (see previous minutes and Well TV.)
3. Value Based Standards (VBS):	NA welcomed Alan Ferguson to the meeting who is co-ordinating the VBS pilot within Birmingham South Central CCG. This surgery is a part of the project and the main focus is around how patients are treated within the surgery setting. An action plan will be drawn up; it is about improving and making the good greater. Alan will be attending the patient meetings on a quarterly basis and findings will be fed into the national project around VBS. Alan wished to be able to contact patients from the patient group meeting who will be willing to support him. Two volunteers agreed to assist. There are 8 VBSs: Naming "I am the expert on me" Private communication "My business is my business" Communicating with more sensitivity "I'm more than my condition"

	<p>Clinical treatment and decision making “I’d like to understand what will happen to me Acknowledge me if I’m in urgent need “I’d like not to be ignored” of support Control over personal space and environment “I’d like to feel comfortable” Managing on my own “I don’t want to feel alone in this” Getting it right “My concerns can be acted upon”</p>
4.	<p>Premises Update:</p> <p>NA advised the group that NHS England Premises team had contacted the surgery and a meeting was held on Tuesday 10th June 2014. The meeting seemed a lot more positive with new direction and a new business case template to be completed. Once the relevant information has been provided, a committee discussing current premises funding schemes will take place in July 2014, to go through the plans and an idea of potential funding will be given.</p> <p>The group asked if patients could be involved. NA stated that the meeting was not open to the public due to the sensitive financial information being discussed.</p>
5.	<p>Access Survey:</p> <p>NA explained that a short survey around access (5 or 6 questions) will be run in the practice. Themes will vary throughout the year. The survey will be made available on Survey Monkey, access via the surgery website and links will be sent to those wishing to complete online as well as hard copies.</p> <p>NA was keen for the group to influence the questions before this is made available and will contact the group after completing the Premises Business Case</p>
7.	<p>Patient Issues</p> <p>Patients raised the following Issues:</p> <ul style="list-style-type: none"> • Communication issues: <p>Appointment booking:</p> <p>An issue was raised about not being informed where the appointment was. Patient had assumed that they had appointment at the main site as had called the main site, but the appointment was in fact at the Branch Site and the patient was therefore unable to get to their appointment.</p> <p>ACTION: NA advised the group that she would speak to staff booking appointment to clearly advise patients of where it would be held</p> <p>Tests:</p> <p>Concern was raised that patients are being told to call for blood results however, they are often unable to speak to a doctor or nurse.</p> <p>NA explained that any request from patients for blood results/other tests are usually put on the telephone triage system. However, if a nurse is available to take the call, then she can discuss this after 1230pm. Usual practice however, is for the doctor/nurse to call the patient back.</p> <p>Triage:</p> <p>Patients raised concerns about the telephone triage system, i.e. they are informed that they will receive a call back but does not always happen.</p> <p>NA explained that a call back is usually not made if a patient is requesting a prescription or a continued medical note as the doctor can do this without speaking to the patient.</p> <p>ACTION: NA stated that reception staff will take responsibility for ensuring triage is completed and any prescriptions done, to call patients to collect</p> <ul style="list-style-type: none"> • Telephone Lines (phones ringing out) <p>NA acknowledged that this was a huge problem. She had only recently discovered that there was a major technical problem with the second line, i.e. it would ring out if the main phone on reception was in use and other staff were unable to pick up the call until the main phone was free.</p> <p>Consequently, a new telephone system is being procured and this is in process which will have call waiting facilities, call recording and length of time on call.</p> <p>The system will be in place by July. This will resolve some of the other issues where patients assumed nobody was picking up the calls as well as a constant engaged tone.</p>

8.	<p>AOB</p> <p>Over 75s NA explained that the patients over the age of 75 have a named doctor and have been written to. They will be treated with priority in terms of speaking to the duty doctor on the day.</p> <p>IMPACTS meeting NA also explained that some patients will be reviewed by multi-disciplines (i.e. Social Workers, District Nurses, Case Managers and the GP) in order for care to be co-ordinated and to avoid duplication. Meetings are being held quarterly. These are patients over 65 years of age.</p> <p>Unplanned Admissions Direct Enhanced Service (DES) NA explained the unplanned admissions DES to the group, which will look at 2% of the surgery's patient population. The scheme, is to help reduce avoidable unplanned admissions by improving services for vulnerable patients over the age of 18 and those with complex physical or mental health needs, who are at high risk of hospital admission or readmission.</p> <p>and</p> <p>requires practices to identify patients who are at high risk of unplanned admission and manage them appropriately with the aid of risk stratification tools, a case management register, personalised care plans and improved same day telephone access. In addition, the practice will also be required to provide timely telephone access to relevant providers to support decisions relating to hospital transfers or admissions in order to reduce avoidable hospital admissions or accident and emergency (A&E) attendances.</p> <p>Telephone System update As already tabled</p> <p>Date of next Meeting: 11 September 2014</p>