**Patient Forum Minutes**

**17th February 2015**

**Attendees:** Alan Wright, Mr & Mrs Graham, Edwina Russell, Mary Venables, Colin Hampson-Evans, John Senicle, Peter Cross, David Burton, Steve Mahoney, John Surridge, Marion Thompson, Judith Hardy, Wallace Murray, Roisin Murray, Cynthia Rosser, Brenda Donald, Sue Falconer, Christine Brownridge, Moyra Carey, Linda Chapman, Patricia Thomsett-Jones &

Dr C Mah – GP Partner

Mrs L Betts – Practice Manager

Miss R Halpin – Assistant Practice Manager

**Apologies:** Eira Martin, Michael Hopper, Carol Barker, Iris Connaughton, Patricia Binsted & Joyce Lambert

1. **Matters arising from the minutes of the last meeting**

None

1. **Feedback from members of the Deal Health Patient Forum**

Ms Rosser spoke to the group about a recent Deal Health meeting that she and Mrs Donald had attended as representatives of the Balmoral Surgery Patient Forum Group and a subsequent meeting they both attended on Dover Hospital and the new clinics that will be held there. Ms Rosser informed the group that the CCG has received funding from the Prime Minister’s Challenge Fund to provide 8am to 8pm opening hours in the locality, and there were discussions on the role that Dover Hospital had to play in facilitating this. Ms Rosser informed the group that discussions are currently taking place with Stagecoach to see if the bus routes could be improved so it is easier for patients to access Dover Hospital.

Ms Rosser finished by telling the group that the Balmoral Surgery Patient Forum Group in the best attended in CCG locality!

1. **Our group moving forward**

Dr Mah spoke to the group about patient participation groups and discussed the different types of patient engagement options and whether the group felt that the structure of the Balmoral Surgery Patient Forum was the most beneficial. He explained that health care has changed a lot since the PCTs were abolished and since then it has been recognised that patient involvement in health care is vital. He showed the group a slide which showed a spectrum of involvement from being informed to being empowered and this was then discussed with the group to see where they felt the forum group fitted in on this spectrum, and whether this was the right position for the group. One of the members of the group felt that generally patients are not informed enough to be able to collaborate well on health care and discussions were held on how this could improve.

Dr Mah explained that some patient forum groups are run by the patients themselves, and he asked the group whether they thought this would be a better solution for the Balmoral Patient Forum Group, however all members present felt that they would like the group to be run in the same format as it always had. Dr Mah and Lesley emphasised that there are often things that the practice have to discuss with their patients in forum meetings, however the rest of the agenda in forum meetings can be made up of topics that patients would like to hear about/discuss, and patients were invited to give Lesley and Becky any agenda ideas that they have either now or in the future.

1. **Feedback on patient survey action plan**

Lesley fed back to the group on this year’s action plan following the patient survey. At the previous Patient Forum Meeting it was decided that the following four things should make the action plan;

1. ***Telephones - will look at new telephone system options***
2. ***Appointments – trial telephone triage and handling calls differently to manage demand appropriately***
3. ***Email contact for patients with 24 hours response time Mon - Fri***
4. ***Test results available on line soon***

Lesley informed the group that the Practice has purchased a new telephone system which will be installed on 26th February. The new telephone system should ensure that the queuing system to get through the receptionist is a lot fairer. In addition there will be more options that patients can choose, these will include a direct line to the secretaries and an option to leave a message for a GP. There will also be on hold messages that will inform patients of other ways that they can book appointments & order repeat prescriptions.

Lesley explained that part of the action plan included looking at our current appointment system and exploring new ways of working to manage demand more appropriately. The practice decided that they would trial a telephone triage system. Dr Mah fed back to the group on this trial later in the meeting (please see item 5 for further minutes on this topic).

The practice has introduced a website contact form which patients can use to contact the practice electronically, and this form can be found on the Practice Website (www.balmoralsurgerycom). If a patient contacts the Practice via this method, they will receive a response from the practice within 48hrs. It was decided that whilst the practice will aim to respond within 24hrs, this realistically may not always be possible and therefore patients will be told that they will receive a response within 48hrs. The contact form is for general enquiries only; personal clinical queries should still be dealt with on the phone.

The practice hoped that by this meeting they would be able to offer patient the opportunity to look at their test results online via Vision Online Services, which is used for online appointments and prescriptions, however this is not yet available as our clinical system supplier has not released this functionality yet. It should be available very soon.

1. **Outcome of triage trial**

Dr Mah explained to the group that we introduced telephone triage back in May on two days a week. This was introduced following feedback from patients that our appointment system was not ideal. Telephone triage was aimed at patients who wanted to be seen on the same day, and one of the aims was to ensure that everyone who felt that they needed to be seen could speak to a doctor the same day. Patients who met this criteria would be added to a list for a GP to ring and speak to the patient on the phone within one hour. The GP would then try to deal with the patient’s problem on the telephone, and if this could not be done they would book them in with another GP the same day. In January 2015 it was decided that we would have a three week trial doing triage every day of the week. Dr Mah explained that we have just finished this trial and it has been decided that telephone triage will not continue and the practice will revert back to the old appointment booking system.

Dr Mah showed the group the number of contacts that the practice received from patients during the trial period. He explained that the numbers were extremely high and one of the problems was that due to triage, there were less pre-bookable appointments. The aim of the telephone triage system was to try to address all the patients who wanted to be seen that day, however there were still a large group of patients who did not need to be seen that day, and wanted to book a pre-bookable appointment at a mutually convenient time. The practice had decided that if a patient could not make a pre-bookable appointment with their usual GP, they would be offered a telephone call from their usual GP. However this became an unmanageable workload due to the high amount of calls from patients wanting to be seen that day, and the amount of patients who wanted to speak to a GP on the phone due to the lack of pre-bookable appointments.

Lesley added that during the time of the triage trial, she had received feedback from several patients, for whom the new system did not work. Lesley continued to tell the group that a number of patients were not able to takes calls at work, or did not want to discuss their personal health problems at work, and therefore a triage call was difficult for them, and for this group of patients pre-bookable appointments was the only sensible solution yet there was not any for them to book into.

Dr Mah explained that one of the positive outcomes from the triage trial was that from now on, all home visit requests will be triaged by a GP before the patient is informed that they will get a visit.

1. **AOB**
2. **Communication with (East Kent University Foundation Trust) EKUFT**

One of the members of the group wanted to discuss communication between the hospitals and the Surgery. He felt that patients are often told that their clinic letters/results should be with the surgery and they are not, he added that this is an issue that he has raised before, but no improvement seems to have been made. Becky explained that despite consultants saying to patients that their letters should arrive at the surgery within the surgery within a certain amount of time, it is unlikely that the consultant is aware of the amount of typing the secretaries have to get through. Another member of the group discussed how the hospital has reduced the amount of secretaries so that some secretaries have the workload from twenty consultants. Becky told the group that the Balmoral Doctors are extremely proactive in looking at the date of the clinic, and looking at the date the letter was typed to assess the delay in the letter receiving us, and if they think that this is an unreasonable amount of time, they will often write to EKHUFT asking for an improvement. One of the group asked if there was a group similar to the Patient Forum Group at the hospital where communication could be raised, and Becky will look into this. Dr Mah said that in future this issue may be able to addressed through the contract the Clinical Commissioning Group hold with the hospital, by the introductions of key performance indicators that they have to meet in this area. Lesley also added that EKHUFT have recently received the MIG (Medical Operability Gateway), this is a viewing platform that will allow them to see practice records with the patient’s consent. In the future the MIG will also allow practices to see EKHUFT’s records and this may improve the speed in which doctors can see clinic letters, however it will still need to be typed before it can be seen.

**Date of next meeting: 16th June 2015**