



## Patient Participation Group

Practice Minutes  
22nd November 2011

### **Present**

Dr Nasrin Razzaq – GP

Ellie Ryan – Practice Manager

C B

R D

D W

K G

B L

M K

R P-T

### **Apologies**

P M

D C

D A

A A

	<b>ACTION</b>
<b><i>Welcome/Introductions</i></b> The meeting was opened by Dr Razzaq who thanked the patients for taking the time to attend. All attendees introduced themselves.	
<b><i>Minutes of the meeting held on 6th September 2011</i></b> It was agreed that the minutes were an accurate record of proceedings.	
<b><i>Matters Arising</i></b>  <b><u>DNA's</u></b> Ellie reported that the concerns raised during the PPG meeting held on 6th September 2011 regarding the volume of patients failing to attend booked appointments had been discussed during a Partners clinical meeting where it was agreed that other systems for alerting patients of this issue should be explored and introduced.  Ellie reported that additional patient information notices had since been displayed in the patient areas as requested during the previous meeting. The group were asked if they had any other suggestions for alerting patient's to this issue.	

One member of the group asked what the Practice policy was for dealing with continual non-attenders and suggested that we should adopt a system used in other surgeries where a patient is removed from the surgery list after a given number of DNA's. Dr Razzaq explained that Bute House did have such a policy in place some time ago where patients who failed to attend an appointment on 2 occasions would be sent a notification informing them that, should they fail to attend a pre-booked appointment for a third time, they may be removed from the Practice list. Dr Razzaq reported that this system was no longer in place. The group discussed this further and agreed that the policy would be of benefit to all registered patients. Dr Razzaq agreed to put this forward for discussion during the next Partners meeting.

*NR*

Ellie distributed a printed graph report to the group showing a month by month breakdown of total non-attenders for the previous 12 months. The figures presented did not show any particular trend or variation in wasted appointments by month with the exception of January, April and August where there was a slight drop in number. It was agreed that a similar report should be run for the previous 12 month period. In addition it was agreed that reports should be run in the same format but to also include a breakdown of all clinicians. These reports will be presented at the next meeting.

*ER*

Other methods for attempting to reduce the volume of wasted appointments due to non-attenders were also put forward and discussed. These included:

- Setting up a system of notifying the patient via SMS that they had missed an appointment for each occasion.
- The patient information notices should be edited to include the length of appointment time that is being wasted and a reminder that other patients are being deprived of an appointment.
- After the second failure to attend the patient to be contacted by telephone and invited to attend a meeting with a senior member of staff or doctor in order to discuss the impact wasted appointments have on patients.
- To explore other methods available to patients wishing to cancel an appointment.
- The reception staff to reiterate the need for canceling unwanted appointments as the appointment is booked.

In summary, Dr Razzaq reported that the further suggestions and discussions made around this issue will be shared with the Partners and feedback given at the next PPG meeting. A letter to be used as notification of removal for failure to attend will be composed and presented at the next meeting for approval. The letter should include a brief of discussions held at PPG meetings regarding wasted appointment time.

*NR*

<p><b><u>Patient notices – mobile phones</u></b>  Ellie reported that more prominent patient notices regarding the use of mobile phones whilst in surgery had been displayed throughout the patient areas. It was agreed that, although these notices were more noticeable, the message given to patients that the use of a mobile phone disturbs others needs to be made clearer.</p> <p><b><u>Patient toilets – ground floor</u></b>  Dr Razzaq reported that the Partners were in the process of obtaining quotations for refurbishment of these toilets. It was also noted that, although our Practice housekeeper endeavors to maintain the cleanliness as much as possible, these toilets are positioned close to the surgery entrance and frequently used by other members of the public who are not on the premises for any other reason and do not always leave the area as it was found. The group suggested having a lock fitted to the toilet entrance door and the key left at reception in order to prevent use by passers-by. Use of a RADAR lock was given as another option for consideration.</p> <p><b><u>Reception area mat – ground floor</u></b>  Ellie reported that the mat had been removed and would not be replaced.</p> <p><b><u>Display of services available</u></b>  It was noted that a patient information notice-board was now in place in the entrance lobby. The group felt this was a better format for displaying notices to patients however, the majority considered the entrance lobby was not the ideal place for the board to be situated and felt the board was too small.</p> <p><b><u>Patient information leaflets</u></b>  It was noted that the leaflets were now available at patient reception areas. The group felt that the leaflets needed to be updated to include current clinicians, all services available and details of the website.</p>	<p><i>ER – to edit notices</i></p> <p><i>ER – to be discussed at Partners meeting</i></p>
<p><b><i>Any other business</i></b></p> <p>Dr Razzaq asked the group if they had experienced any problems with the parking in the surgery car park during the snowy weather last winter. Some members of the group reported that there had been some difficulty.</p> <p>A member of the group commented that there appeared to be too many old or out of date posters and leaflets in the patient waiting areas. It was agreed that these should be removed and replaced.</p> <p>It was noted that some of the doctor’s name plates displayed at the entrance doors were no longer relevant. Dr Razzaq explained to the group that we had attempted to get these removed and replaced by our usual provider. A member of the group recommended an alternative provider for consideration.</p>	<p><i>NR/ER</i></p> <p><i>ER to contact provider</i></p>

<p>Concern was raised by a member of the group that he had not received a reminder for his chronic disease review and asked if we were no longer providing this service to our patients. Dr Razzaq explained that this service had been put on hold temporarily due to staff shortages. However, Ellie reported that it is our intention to resume this valuable service in the new year.</p> <p>A member of the group suggested that the Practice should introduce a regular newsletter to keep patients updated with any changes that may affect them. On further discussion the majority of the group considered a quarterly newsletter to be of value and suggested it could run alongside the Practice leaflet.</p> <p>Mr Day referred the group to the staff photo board displayed in the ground floor waiting area and asked for their feedback. Overall the group reported that the board was beneficial to patients.</p> <p>A query was raised regarding the procedure and policy for discarding unused medications. It was noted during discussion that a member of the group had attempted to return his unused medication to a local chemist who had refused to take possession. Dr Razzaq reported that she would confirm the policy that was in place in Luton with the local PCT and report back to the group at the next meeting.</p>	<p><b>NR</b></p> <p><b>NR</b></p>
<p><i>Date of next meeting - TBC</i></p>	