

Minutes of the Meeting of January 2014

Complaints Review 2013

NR had pre-circulated the annual complaints review.

DW raised the issue of the appointment booking system and its prominence in the Complaints review. NR gave a brief explanation of the evolution of the current appointment system. Highlighted issues around missed appointments and inappropriate use of appointments. DW and PS expressed that such explanation should be communicated to patients. Some discussion around how this might take place as a belief that patients become 'poster blind' after a while.

The issue of 'educating' patients around the appropriate use of clinician appointments also discussed. HR expressed the importance of patients utilising the skills of Pharmacists who she describes as better used in France.

NR reported that the Clinical Commissioning Group looking at alternative models of appointments and bookings to try and increase capacity. Models under consideration are predominantly 'Triage' type models which are not always liked by patients.

Record year for compliments about the practice was noted.

Minutes of the Meeting of February 2013

Patient Survey.

The results of the most recent patient survey were pre-circulated.

Some concern from some at the meeting at the nature of some of the comments from patients. NR identified that generally the outcomes against all questions were very positive. One area of weakness is difficulty some patients are facing when trying to see their Doctor of choice. No easy answer to this particularly when popular Doctors are or become part time. Some debate around the importance of continuity.

Some general discussion about the appointments system, the nature of some patient appointments and the numbers of patients continuing to miss pre booked appointments (20 to 40 per month). Some concern that there are often patients turning up for appointments for simple ailments that could be self treated at home. Some thought that this could be remedied by use of 'Triage' techniques. The merits or otherwise of Triage systems were debated briefly. NR informed the meeting that the practice are going to trial some software that will send text reminders to patients.

Minutes of the Meeting of November 2011

Patients That Do Not Attend.

JP had requested details of the numbers of patients that do not attend appointments thus wasting appointments for those that actually need them.

Further JP wanted to know:

- How the surgery respond to these DNA's?
- Are the appointments more often those pre-booked in advance?
- If we have patients repeatedly missing appointments what do we do about that?
- Is there a different way of booking appointments eg blankclinic/sit and wait your turn.

NR had prepared data as requested. There is little that can be done to help with this problem, it is a national problem. Some practices have experimented with reminder text messages sent to all patients reminding them of their appointments. This approach has had some success but is very labour intensive.

There are posters around the surgery, messages on the TV screen in the waiting room encouraging patients to let us know if they need to cancel, and early enough to allow us to reuse the appointment.

As to the type of appointments there is no particular pattern. It is not necessarily those booked in advance. We have had cases where patients book an appointment in the morning and fail to turn up in the afternoon. JP questioned why patients would want to book in advance. NR reported that it was useful for a variety of patients, those that want to book a non-urgent appointment, those that work, those that the doctor wants to follow up at intervals. AE reported that he finds this useful, he books his via the internet.

There is a clear practice policy as to how we manage those patients that repeatedly fail to turn up. NR shared a copy of the policy with those that were interested.

NR provided explanation about the 'mixed economy' of appointments, how it had developed in line with Government initiatives and how it was part of our contract with the NHS/PCT. 'Sit down and wait' clinics are discouraged by the PCT.