

Minutes of Patient Participation Group (PPG) Meeting

Saturday 7th December 2019 at 9.30am at Wenlock Terrace

Present

Louise Johnston - LJ
 Carrie Gavin - CG
 Diana Thompson - DT
 David Whitehouse - DW
 Jane Baston- JB
 Lorna Elliot - LE
 Wendy Grundy- WG
 Lucy Hakings- LH
 Naomi Barrow- NB

Item	Discussion	Action Agreed	Person Responsible	By When
Minutes from 19/11/19	Minutes discussed from smaller DNA meeting.	DNA report and figures discussed- reasoning, etc. Cohort of younger patients, how to target. JB is going to put something out to the university to explain the importance of cancelling appointments. LH will produce figures and a further report during December break to see how data changes once students are at home over Christmas. Also, going to look at historical data from July. Will look at data based on time of appointment booked and correlation in DNA, currently booking on the day appointments which can result in someone DNA'ing having only been booked hours earlier.	LH	
Call queue issues	Pt LE reported being annoyed that she had to wait 30 mins to get through to speak to a receptionist.	LJ asked LE what she thought was a reasonable amount of time to wait on hold before being connected to a receptionist. LE advised that 10 mins was acceptable. It was agreed that Dr Wilcox and LJ would meet to review phone figures and look into the cost, staffing required to ensure calls were answered with a 10 min waiting time. Based on data gathered, it was agreed	It was discussed with AUP- deals with Babblevoice and she said it was virtually impossible to give a wait time to patients, th current system advises patients what number they are in the queue and it was felt that this was acceptable. Babblevoice latest update re 'holding your place in the queue' is that it should go live	

		<p>we would look into options of advising possible wait time message whilst people are on hold. Also, explained that the queries reception are receiving are far from simple and the people phoning are unwell, need reassurance etc or sometimes just want someone to chat to so this can also amount to a longer wait. New feature pending which will reserve someone's place in the queue- this means patient can carry on with their day and our phone system babblevoice will automatically call the patient back. LH will check with babblevoice when this feature will go live. DH gave an example of when she had been waiting for a while in the queue and the receptionist answered and immediately apologised for the wait which instantly made her feel better.</p>	<p>in Spring. LH will feedback to receptions re language which had a positive effect on the patient who may have been waiting for some time in a queue.</p>	
<p>Appointment release change</p>	<p>It was discussed that the current appointment release time was difficult for some patients to manage, due to other commitments on a Wednesday evening. It was asked if we could possibly have a 2nd day when half the appointments were released. Evidence shows current wait time on a Wednesday evening is roughly around 12 minutes. Historically, there has only been one evening where appointments have run out. Most weeks, there is still appointment availability the following morning.</p>	<p>Discuss with LJ re times and suitability of second apt release day based on stats of data collected in the coming weeks.</p>		

<p>Ease of rebooking appointments</p>	<p>DT questioned how soon after an appointment becoming available could we then rebook it. Advised that we manage to rebook appointments sometimes with minutes to spare.</p>	<p>JB advised it would be worth feeding this info back to patients, she thought that students probably didn't think we would be able to rebook appointments so quickly so choose not to cancel as it may be too late.</p>		
<p>Communicating with patients</p>	<p>DW said that we could try to be more proactive politically and let patients know when we are understaffed; putting a message out to patients reduces upset if people are made aware of issues beyond our control.</p>	<p>Difficult to implement as absences/sickness, etc are not planned. Hard to let patients know in a timely manner whilst UH staff are prioritising cover and ensuring practice runs smoothly.</p>		
<p>Queue issues on a wed eve</p>	<p>LH will chat with receptionists who work on a Wednesday evening and see how they find the current large volumes/queue management.</p>	<p>BC currently states that closing WT surgery at 6 can be an issue due to people arriving at 5 minutes to 6 and being quite annoyed and refusing to leave before getting an appointment. KH receptionists said that at the beginning when the Wednesday appointment release became live it was quite a stressful environment and</p>		

		<p>people weren't respectful of the queue. In recent weeks this has become much more manageable and the queue was more or less empty by 6:30pm. Happy to review with receptionists for queue options if they believe it becomes unmanageable.</p>		
Text Reminders	<p>Current text reminder message- 1st text is sent at the time of booking 'Appointment reminder - Reminder - Your appointment with is booked - - 30-Nov-2019 at Kimberlow Hill Surgery. We should change the wording to encourage people to let us know if they cannot attend.</p>	<p>We have edited the message to ' Do not forget your appointment, at this time, date, location – if you cannot attend please contact the surgery. Do not reply to this message'</p>		
Dedicated text line	<p>We currently have a bypass mobile number which has been given to secondary care, paramedics, pharmacies, district nurses etc. For emergency use, it was discussed using this number to give to patients to text to cancel appointments.</p>	<p>On discussion we found that patients may try to ring this number which would then block the line for any emergency call coming through. The voicemail option we have currently seems to be an effective method for cancelling, LLH will compare date since new cancellation line was implemented and see whether this has improved. If not, we can look into getting a mobile phone specifically for texting in to cancel appointments.</p>		

Evidence from Call stats:				