



The James Cochrane Practice

Patient Group Meeting
Saturday 25th February 2023

Minutes

1. Welcome and Introductions

- PG member (chair) thanked everyone for their time, attendees introduced themselves.
 - Victoria Taylor (VT) – Patient Services Manager (JCP)
 - Louise Rawley (LR) – Assistant Office Manager (JCP)
 - Members of the JCP Patient Group (PG member) x 10

2. Update from previous minutes (VT)

- Date on minutes from November is incorrect, VT to update (*done*)
- PG member highlighted email address in minutes is incorrect. VT to confirm. (*update – email address is iscicb-mb.surgeryinfo.jcp@nhs.net which does send an automatic reply to let sender know that the address is unmanned*)
- Care Navigators are now putting ‘all hands-on deck’ to answer the telephones at peak times, following discussion at November meeting and following patient feedback reports – has had a positive impact on telephones waiting times.
- Care Navigators are promoting patient feedback forms at the front desk, magazine holders will make these more prominent within the waiting areas.

3. Patient Feedback – I Want Great Care (VT)

• Feedback reports

- Patient feedback reports (Nov, Dec, Jan) were shared ahead of the meeting
- PG members highlighted that text messages inviting feedback are sent out after each appointment which can be multiple times in a week/month if a patient has frequent appointments. VT reflected that system that sends these automatic messages cannot differentiate between those patients that have already had a message recently and those that haven't. PG members reflected some patients may feel obliged to leave feedback, and discussed updating the message to acknowledge patients don't have to leave feedback if they don't want to. (*Action - VT to review*)
- VT assured that there is a process of learning and reflection following any complaints that are received – so themes in attitude/behaviour will be picked up.
- ‘Difficulty in getting an appointment’ is highlighted frequently through feedback. VT confirmed that the Practice are aware of it, taking it seriously, and there is an appointments review taking place currently.
 - Group suggested make more appointments available to book online (*Action – VT to look into*)
 - Group discussed patients that do not attend their appointments. VT highlighted that in 2022, 2902 patients did not attend for their appointments. Group discussed things that can be done to encourage people to attend their appointments, accepting that some patients will fail to attend on some occasions – for a number of reasons
 - Re-wording the appointments reminder text message to highlight the importance of cancelling an appointment if no longer required e.g. “if you are unable to attend your appointment, please let us know as soon as possible so that the appointment may be used for someone else” (*Action – VT to review*)
 - The practice policy for patients that do not attend appointments is currently being reviewed, VT will bring to next meeting. (*Action – DNA policy for next agenda*)
 - Group asked if clinicians can use the time allotted to an appointment for which a patient doesn't attend, to contact the patient to educate them. Group acknowledged that patients may come to expect that contact and rely on it. VT will review as part of policy review and feed back (*Action – VT to feedback at next meeting*)
 - Group suggested Practice look at the timing of the reminder text messages – is 24 hours before appointment too late (*Update – VT has reviewed and messages will now be sent out 1 week before the appointment, and 1 working day before*)



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• Telephones Messages

- Transcripts of telephones messages were shared with the group ahead of the meeting; highlighted as an area for improvement through patient feedback, LR shared that she often receives comments from patients when they are on the phone.
- Discussion about telephones messages:
 - Too long
 - Give the impression practice is trying to send patients elsewhere
 - Group reflected that if a patient has made a decision to call the practice, its because they want to speak to someone
 - Fatigued
 - Queue positions are helpful
 - The voice used is a good tone
 - Ambiguity around the terms 'urgent'/'non-urgent' and suggested that specific examples are used
 - VT/LR shared that the messages are intended to educate and signpost
 - Group felt some messages should be removed, and any messages on the system should be "short and snappy"
 - PG member suggested Practice promote offering a better response time to online queries (couple of hours) *(Action – VT to feed back)*
- *(Action – VT to update telephones messages)*

4. NHS App (VT)

- **Target of 55% of patients registered by July 2023, and 75% by 2024. Current position – 40% (need increase of 15%/2595 patients)**
 - Group discussed ways the practice can increase NHS app registrations, and any challenges that the group face.
 - Internal promotion *(VT to action)*
 - PG member suggested sending a text message to all patients with a mobile number – inviting them to download the NHS app and including the link *(Action - VT to assess if GDPR will allow and take forwards if we can)*
 - Group shared frustrations and challenges when using the app and registering. Drop-in IT support sessions/workshops would be useful. *(Action - VT to contact Age UK to see if they can offer)*
 - PG member shared that South Lakes Carers will educate/share information with families *(Action - VT to contact)*
 - Group highlighted confusion between NHS App and the NHS Covid Pass app as they are similar – make sure patients are aware that they are different.
- **Hospital blood test results not appearing on online record (PG member)**
 - PG member asked why blood tests that taken at the hospital do not appear on the patient record online
 - LR shared that hospitals and GP practice use different systems, and that online access provides access to the patient GP record – not hospital record. LR reassured the group that although tests done in the hospital do not appear on the GP record as investigations, they do appear within the clinic letters and therefore are accessible and easy for clinicians to find in practice and can be viewed online as documents.
 - PG member queried why hospital blood tests cannot be added to the patient GP record as a test result. LR confirmed that this is because the General Practice and hospitals use 2 different systems.

5. Phlebotomy for Consultant Appointments (PG member)

- **PG member queried phlebotomy services for consultant appointments at Westmorland General Hospital, Royal Lancaster Infirmary and Furness General Hospital, highlighting that the withdrawal of the service is causing significant problems**
 - LR explained that the hospital phlebotomy team provide appointments for patients requiring a blood test for a consultant – these are offered at various locations across South Cumbria and North



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Lancashire, depending on availability, and are booked by calling 01539 715700 Monday-Friday, 10.00am – 2.00pm

- VT explained that if a consultant requests a blood test, this should be done by the hospital phlebotomy team, and not at the practice. There are 2 reasons for this:
 - Safety – if a blood test is requested by a consultant, then it is the consultant who should receive the result and act on it if necessary. If the blood test is taken in practice, then the result will come back to the Usual GP and not the consultant. If that blood test is abnormal then the Usual GP has to act on the result as they will receive it.
 - Capacity – We have lots of patient feedback indicating that patients are struggling to get an appointment including appointments for blood tests. If appointments are utilised to take blood tests on behalf of the hospital, we lose appointments for patients that require a blood test requested by the clinician in Practice.
- VT highlighted that if patients have any feedback about this service, Patient Advice & Liaison Service (PALS) would be the best people to contact (01539 715577, PALS@mbht.nhs.uk)

6. Booking a timely routine review appointment – explore ways to improve (PG Member)

- Discussed throughout meeting
- PG member expressed frustrations that initially unable to book a follow up appointment as advised, as none available on system; then given a wait of several weeks for appointment when calling back as advised. . Suggested appointments are added further in advance. (*Action - VT to feedback to team conducting appointments review*)
 - LR highlighted that appointments are on the system 6 weeks in advance, and that factors such as annual leave and changes to clinics mean that having them on the system much further in advance can cause problems
 - PG member highlighted that they found the term “CDM1” confusing - unsure what it means, PG member also suggested separating those appointment reminders out to include more detailed information. (*Action – VT will share feedback with Long Term Conditions team*)

7. Next meeting

- Aiming for May 2023 (date TBC – avoiding Bank Holidays); 9.15am – 10.30am; Helme Chase Upstairs Waiting Room.

Please send any items for the agenda to VT at lscicb-mb.surgeryinfo.jcp@nhs.net