Minutes of Patient Participation Group Meeting 01.09.11 @ 18.30, Avenue House Surgery, 109 Saltergate, Chesterfield

Present: Mr.Michael Crossley, Mr.Brian Friday, Mr.William Richards, Dr Ian Anderson, Dr Piushi Rawat, Janette Moran.

Introductions and initial remit of the group

Janette explained that the practice had begun to form a patient participation group (PPG) as part of a new Department of Health initiative. The practice had used a variety of methods to recruit patient group members (listed on intro sheet) but had so far found patient interest to be quite slow. There were, however, a number of other interested patients who would like to participate in future but had been unable to attend the current meeting.

The practice would aim to establish with the PPG members some priority issues to focus upon and include these in a survey of registered patients.
The PPG would then be informed of the survey results and an agreement should be reached regarding any changes in service provision or the manner of delivery.
The PPG and the practice would then agree an action plan setting out proposals and priorities arising out of the survey.
The action plan must be published on the surgery website along with details regarding the PPG by March 2012.

Janette explained that ultimately the practice would like the PPG to run as autonomously as possible with their own elected chairperson/ secretary. Practice representatives would obviously be available for help or input if required.

Dr Anderson noted that although a DoH initiative had triggered the PPG process, the practice had been interested in developing this initiative for some time. He felt that patient input would become increasingly important under the new Health and Social Care Bill when commissioning of services would come back to GP's. He felt there was a strong need to involve patient opinion to help allocate services and resources appropriately.

Structure of the Group

The patient group should be a good 'representative' mix of the larger patient population and Janette asked whether the current PPG members felt enough had been done to try and recruit interested individuals or if there were any further ideas. MC noted that in future the numbers would hopefully increase. BF pointed out that more eye catching posters may be more effective or a variation in the design of the posters used. BF wondered if SMS texting was an option for younger patients. Janette explained there was a consent issue within NHS information governance guidelines but the practice was interested and already looking into this.
Dr Anderson would be interested in utilisation of the practice website/discussion forums/e-mail for future communications and development.
Action: To look at more eye catching posters, use of appt cards etc. BF willing to help with this.

Initial Points Raised

- Reception area—no privacy at the front desk, not always enough seating for everyone waiting to be seen, seats are too high and not very comfortable. Comments/grumbles suggestion box is in place in the reception area –PPG happy with this.
- Opening Hours/Saturdays – the PPG felt that the extended opening hours for early mornings and Monday late night had been a welcomed improvement especially for working people. Asked if the practice could be open on Saturdays. The practice was working under the remit of a DoH specification for extended hours so there was a 'framework' to follow regarding how many hours per week extended hours should be provided (Avenue House patient population of 10,000 patients equated to 5 hours per week).
- Patient Education – the PPG wondered whether this could save a lot of unnecessary appointments and maybe use facebook for patient education/communication but this not appropriate/available for all. Dr Anderson felt that most patients attended for appropriate reasons.
- Unattended Appointments – the PPG understood that wasted appointments must be a frustration for the surgery staff and clinicians and also deprives someone else of an appointment slot which is then wasted. The practice does review unattended appointments and there is a system of letters in place. Consider more information in the waiting room regarding % of missed appointments per week, this has been done in the past.
- Patient Survey Results – the PPG reviewed the latest set of survey results and agreed with the high scores the practice achieved for accessing a doctor, nurse or asking for telephone call.
- Telephones – 'Greeting' message is not very friendly and seems disjointed. There is no option to press if you just want to leave a message for someone or speak to a specific person.
- Test results – An issue was raised regarding the passing on of test results over the phone by a member of admin staff and not a clinician. Dr Anderson reassured results would always have been seen by a GP prior to messages being passed to patient.
- Making an Appointment – PPG raised the issue of reception staff asking what the medical problem is about when patients are making their appointment. Felt this is not appropriate. Dr Anderson explained this is done in order to place patients with the most appropriate clinician. PPG preferred not to be asked re medical condition and why not be asked 'could the problem be dealt with by a nurse?'
- Prescriptions – BF noted that an item had been omitted from his repeat prescription; this had not been noticed and subsequently signed by the GP. It was felt that staff spend more time making excuses than trying to get things right/sort things out. Omission of medication could be dangerous in an elderly patient who fails to notice something is missing. Is there a way that prescriptions could be more rigorously checked -?by clinician. Dr Anderson noted that safety within prescribing was something the practice had focused upon much more over the last few months. The practice was faced with very large workload with regard to prescribing/repeat prescriptions. PPG felt a face to face medication review was needed for patients. WR was unaware that his medications had ever been reviewed by the surgery although this had been

done by the pharmacist. Dr Anderson explained the practice was required to review medications every 12 months but this would often be reviewed by the doctor without the patient being present.

- Routine Checks- WR felt it was frustrating to be called in by letter for an annual review for one type of condition and subsequently attending surgery, only to find that a second re-call letter comes for a different type of review a couple of weeks later. Why can't these be done at the same time? Often the same nurse is seen for both types of review.
- Dentistry –Would it be possible to accommodate an NHS Dentist within the surgery?
- Continuity of Care—PPG happy with this. This is an important area for the practice which it strives to uphold.
- Children's area – MC pointed out that this works well and is welcoming for children and families.
- Car Park –This is not big enough for the practice and is also dangerous with people trying to reverse out of the entrance. Discussion around staff parking and also about the option of an exit route via Saltergate Health centre entrance
- Referrals –Why is there differences between referral criteria for specific operations for different practices?
- Queues – The queues at reception were annoying sometimes, especially when staff appear to be chatting and this is not about work related issues. Customer Care courses suggested but some of the staff already have NVQ's in customer care.

Conclusions

Janette will circulate the minutes of the meeting and await feedback from the group regarding a few key priority areas to focus on. A wider sample of the practice population will then need to be surveyed to establish their views.

To hold further meetings approximately every 2 months initially. The PPG members were thanked for their time and input.