

PATIENT PARTICIPATION GROUP

MAY LANE SURGERY

Minutes of a Meeting held on the 20th March at 11.00hrs at the Surgery

Members Present: George Way - Chair
Chris Osgood - Sec.
Lucy Fullard - Vice-Chair
HA
HB
JG
SH
Jerry Steeden
Dr Simon Opher

r

Apologies: NA
SB
LC

Note: The primary purpose of this meeting was to discuss the results of the Survey and to agree actions resulting therefrom.

Survey Results and Actions

Survey Collation and Analysis

Some Survey scripts had been collected directly “on-line” but most had been on paper and then transcribed by a student using the “on-line” system. All these were automatically collated into a Google spreadsheet “in the Cloud” The spreadsheet was downloaded and pages added to produce analysed results.

Survey Results

The Summary Results are attached and views of the meeting are summarised below.

Question 1: Not significantly changed from last year . Satisfactory.

Question 2: Apparently contradictory result since same system serves both practices. However each practice has its own staff. Walnut have had significant staff changes over the last year, whereas Acorn have had stable, experienced staff who are familiar with the IT systems and, consequently, able to find information more quickly and efficiently.

The practices agreed to enhance staff training and to encourage more openness eg explain they are new and offer to ring back after finding the information required.

Question 3: Not significantly changed from last year . Satisfactory

Question 4: No significant change for Walnut but significant drop for Acorn. No obvious reason since both practices share the same nurses and facilities.

Question 5: No detectable change.

Question 6: A significant drop for Walnut and significant improvement for Acorn is difficult to explain. More Walnut doctors work part time than Acorn so individual Walnut doctors are less available than those in Acorn, but this didn't seem to be enough of a difference to explain the large swings.

Question 7: No change for Walnut, significant Acorn improvement. Last year there was a problem and since then Acorn appointments have been extended to 15mins. This improvement seems to demonstrate the success of that change.

Question 8: Walnut no change – hint of small decrease for Acorn .

Question 9: &10 Both practices have shown a drop in satisfaction by these measures which, it was felt would be improved by staff training.

Question 11: Overall satisfaction with the practices was maintained at between 80% and 90%.

Practice Action Points

The problems identified by the responses to Q9 & Q10, and to some extent Q2, are to be tackled by telephone training for new staff and the encouragement of openness, admitting when they don't know and offering to ring back with and advise patient when the answer has been found.

For Q3 the practice will advertise the Monday evening sessions that were instituted to make it easier for those who find it difficult to take time off work

It was suggested that monitoring telephone calls to check receptionists performance could be useful. JS agreed to check to see if the system permits this. JS confirmed that calls can be recorded. at “press of a button”.

JS to investigate possibility of recording time to answer phones.

Simon Opher noted that Walnut would be having 3 training doctors (Registrars) so more appointments will be available, but he agreed it will be more difficult to see a doctor of choice.

It was suggested that more telephone appointments might ease access problems.

More on-line appointment booking will be available as the Walnut Registrars will be included

GP Out of Hours Arrangements

This topic was added to the Agenda as a matter of some urgency following receipt of the following email received by the Vice-Chair:

“From: Deborah Livingstone <DLivingstone@carersgloucestershire.org.uk>

To: Undisclosed recipients.;

Sent: Thu, 7 Mar 2013 15:27

Subject: FW: Changes to NHS out of hours emergency GP

I have been asked to circulate this info on changes to out of hours GP emergency.

The government is currently rolling out a new system for out of hours health emergency throughout the country.

Gloucestershire are the first to implement this but there has not been any formal public announcement as of yet.

When you call your GP phone number during out of hours for an emergency you would normally be passed on to a GP to discuss the case.

Instead of being passed on directly to a doctor you will speak to an advisor and they will spend at least 10 minutes asking you standardised questions about the patient. Then they will decide whether you get an ambulance, A&E, or speak to a doctor.

If you are a parent carer of a disabled child/young adult you will need to contact your GP and ask them to place a 'SPECIAL PATIENT NOTE' on your child/young adult medical file. This should avoid the 10 minute list of questions and refer you to a medically qualified practitioner. You will then need to request to speak directly to a doctor.

I am not sure if this applies to vulnerable adults etc..

Be aware that the call centre is based in Bristol area and covers the whole South West region.

Any complaint about the service can be made to your GP.”

Those members present were first shocked that they had known nothing of these changes and then troubled by reports of excessive demands on the ambulance service caused by a “risk averse” script for the telephone operators and a lack of medically qualified advisers.

Date of Next Meeting

The next meeting will be on **Monday 13th May at 19.00 hrs**

Meeting Schedule

Wed	09/01/13	at 11.00	Mon	18/02/13	at 19.00	Thur	04/04/13	at 11.00
Mon	13/05/13	at 19.00	Thur	27/06/13	at 11.00	Mon	05/08/13	at 19.00
Thur	19/09/13	at 11.00	Mon	28/10/13	at 19.00	Thur	12/12/13	at 11.00

- Wednesday 20th March 2013 advertise the Monday evening sessions that were instituted to make it easier for those who find it difficult to take time off work

CO29/3/20013

