

PATIENT PARTICIPATION GROUP

MAY LANE SURGERY

Minutes of a Meeting held on the 13th March 2014 at 11.am in the Conference Room

Members Present:

George Way - Chairman, Mike Baker, Helen Boxall, Lesley Cross, Joan Gummer, Sally Hayward, John Hobson, David Thould, Mary Wood, Chris Osgood. - Sec

In attendance:

Jerry Steeden, Dr Simon Opher, Dr Jane Milson

Apologies:

Harry Atkinson, Ron Manuel, Lucy Fullard

Minutes of the Last Meeting were taken as read.

Resignations

Lucy Fullard

CO reported that Lucy had told him that looking after her family made it impossible for her to give time to the PPG currently and so she wished to resign as Vice Chair but keep her position formally as a member hoping that she might be able to contribute in the future. Her resignation was accepted with regret.

Sally Beynon

Sally explained that, through very exceptional circumstances, she was able to be present, though normally she would have had to be at work. Thus now that we had ceased evening meetings, she was unable to be an active member and hence her resignation. It was suggested that she could become a Virtual Member but did not find that satisfactory.

MATTERS ARISING from Minutes of 16th January 2014

Late Appointments(JS,CO)

CO reminded the meeting that this referred to an ongoing action on JS and CO to meet with the IT Manager to investigate what information on patient waiting time could be gleaned from the various computer systems. **Action JS,CO**

NAPP and the Internet Booking Systems (LC)

There was considerable discussion concerning the difficulties arising because *emis* is designed for use by a single practice, and is now being used by two practices, having some shared facilities. JH noted that:

a) Consultation appointments booked via reception were automatically copied into the internet booking records

b) Blood test appointments were NOT copied into those records.

If one uses those records to check your diary, then this inconsistency is clearly a considerable nuisance. JS agreed to investigate.

Action JS

Cessation of Evening Meetings

JH has agreed to lead the Facebook effort

Action JH

The PPG leaflets need to be updated to reflect this change.

Action JS

Hearing Aid Batteries

The action to put the information on the web had been completed.

Completed

Booking Ahead

At our last meeting MB asked why, when told by his Doctor to come back in one month, for example, he was unable to book it on his way out. JS had expressed surprise and said he would investigate. JS said that he had been checking and that the Walnut policy was to have schedules on for one month in advance (Acorn policy is 2/3 months in advance). However, one individual is responsible for putting the schedules onto the computer system and if they were away it is possible that the schedules might not be updated as they should be.

Completed

2014 PATIENT SURVEY

Q1 Satisfaction with opening hours

No change from last year, but JS noted that various comments suggested that patients were unaware of the existing extended evening opening hours so that perhaps action to improve patient's knowledge should be considered.

ACTION JS

Q2 Access by Telephone

Significant Improvement seen in both practices showing that the new telephone system had produced a major improvement. JS said that this represented an achievement both for the practice and for the PPG

Q3 Ability to get Appointment within 48hrs

The changes are within the margin of error and probably not significant.

Q4 Ability to get an appointment with a nurse

An unexplained improvement (16%) from a low of last year brings Acorn to the same level as Walnut (74%)

Q5 Convenience of Date, Time of appointment.

Though the differences were not highly significant JS suggested that they might be related to the changing numbers of Registrars which fed directly into the numbers of available appointments.

Q6 Ability to see the GP of your choice

JM noted that Dr Van 't Hoff and a Registrar had left Acorn, reducing significantly the available number of consultations. SO stated that, as training practices, this fluctuation in the number of clinicians available was inevitable.

Q7 Length of time waiting to see a GP in the Waiting Room

JS explained that Acorn have an ethos which places more weight on giving patients the time they need rather than keeping to a set timetable of 15min consultations.

Q8 Opportunity of speaking to a GP or Nurse on 'phone

SO was disappointed with these figures since Walnut was asking receptionists to promote telephone consultations and suggested that it might be one of the action points. JM counselled against the over use of telephone appointments.

Q9 Information provided by Practice staff

Acorn and Walnut each have their own reception staff working in the "Back Office" but the staff changes have not been great this year so the reasons for the large improvement for Acorn is not clear.

Q10 Helpfulness of Practice Staff

SO noted that with the significant improvement in the Acorn score, both practices were now reporting approximately a 90% satisfaction rate - a result which should be fed back to the staff.

Q11 Overall Satisfaction with the Practice

Generally thought to be a good result looking at the overall figures. Neither change is particularly significant, given the quite high margins of error.

Q12 Rating the medical advice given at the last consultation

GW asked for clarification. CO replied that last year SO had complained that the survey contained questions only related to business aspects. Consequently this question had been added. Possible replies were, as for all the other questions, No Experience, Poor, Fair, Good, Very Good and Excellent. The averaged response gave the result lying between Good and Very Good.

HB noted that one chap had asked what had been achieved and that she had been unable to come up with an answer. She suggested that next year we should prepare some briefing notes to cover these areas.

HB also suggested that a water dispenser would be a good thing. Unhappily JS had heard that it had had to be removed from the public area because it was vandalised and children playing with it caused rather a mess.

Because so many patients don't know that there are two practices at May Lane, HB suggested that the Acorn and Walnut areas should be clearly marked. She also suggested that a clock would be appreciated in the waiting area which currently doesn't have one.

PRACTICE REPORTS

JS reminded us that annual reports derived from the Survey data and consequential actions had to be on our web sites by 31st March and he outlined his proposals for what should be contained within them. Basically he suggested that we start with the action points of last year's survey, consider what has been done, look at the results and then choose 2/3 action points for the coming year.

Action points for Walnut

- a) Encourage further Internet Booking(7% target)
- b) Further encourage use of telephone appointments

For Acorn

- a) Increase afternoon appointments to 15 mins
- b) Start 1 hour earlier to sort administrative items before surgery

NOTIFIED ITEMS

Central Data and Optouts

Implementation has been delayed by 6 months and may not be implemented at all. Generally everyone worried about lack of security for the data.

"Intrusive" questions by Reception

JS replied that the task of the receptionist was to guide patients to the correct service and that would be the reason for the apparently intrusive questioning. CO noted that he had been asked to raise the problem by two people and suggested that the Receptionists' "script" might be amended. JM suggested that some additional "role playing" training might be useful. *Action JS*

Withheld telephone numbers in phone calls from the Surgery

JH had noticed that calls from the Surgery had the sender's number withheld. Many people used simple call blockers to eliminate nuisance calls and these systems could make it impossible for calls to get through

JS explained the confidentiality reasons which meant that there was no choice but to withhold the number

A.O.B

X-rays and the Vale

JG went to the Vale to book an X-ray and was told it had to be booked through the unit at Stroud. JS confirmed that this was the case and that it was because there was a centralised unit there. X-rays can be taken there but Stroud handles the bookings. JM noted that patients would normally be given the telephone number when asked to make a booking.

Two Handed Blood Pressure

LC had heard that BP could be significantly different on each side of the body so that perhaps patients using the machine in Reception should measure both. JM said that in general it wasn't necessary but that your GP would tell you if it was.

MRSA Testing Prior to Hospital Admission

SB had had trouble getting the testing done. CO noted that Hospitals could send out postal testing kits. SB suggested, JM agreed. that it would be a good idea to keep a few kits in Reception and ensure that the Receptionists are properly briefed. **Action JS**

DATE OF NEXT MEETING

The next meeting will be at 11.00hrs on 8th May 2014

There being no further business, the meeting closed at 12.30hrs