

Patient Participation Group – Thursday 10th January 2013 Minutes

Present

Patients: Mrs S Hodges, Mrs S Netcott, Mr & Mrs Addy, Mrs A Neate, Mrs S Packer, Mr & Mrs Hinsley, Mr G Monaghan, Mr A Akbar
Staff: Dr J Parrott (GP), Mrs A Toumi (Practice Manager), Ms H Stewart (PA to the Practice Manager)

Attached documents:

- Summary of the patient survey findings
- A list of the conditions which can be dealt with by the Nurse Practitioner

Items discussed:

1. Patient Survey

The results of the patient survey were presented for discussion (see attached document) along with a few possible action points to take forward. Those action points were as follows:

- Maintain the current opening hours of the practice.
- Publicise the different types of appointments which are available, and the differences between them.
- Promote the PPG further and make clear the method of joining up.
- Start planning an e-mail group for patients to join as well.

These action points were felt to be a sensible outcome of the survey results.

Other points discussed during this section were:

- The scope of some of our less well-known appointment types.
Nurse Practitioner – Can see certain conditions (see attached document), appointments available on the same day.
Open Surgery – A 5-minute, one-problem appointment. Book on the day, arrive at 12pm and wait to be called. The appointment could be with any of the Doctors working that day.
Telephone consultation – A message will be taken and the Doctor will call you back later in the day to discuss your issue. It was commented that these are felt to be a very useful option.
- Saturday opening – There was acknowledgement that some practices open more often and longer on a Saturday, and that this is due to differing contractual obligations and agreements. The Practice feels that it is meeting the demand for Saturday appointments currently.
- Non-attendance – We are still working on improving the number of appointments wasted due to non-attendance without cancellation. We have started to contact those patients who do this 3 times in a row to warn them that we take this seriously and that they may be removed from the list if they continue.
- When discussing the importance of same day appointments, it was commented that it can be very difficult to get hold of such an appointment. The need to balance the amount of pre-bookable

and book-on-the-day appointments was discussed and it was agreed that it is a tricky balance to pull-off.

- PPG – It was suggested that perhaps there could be a more casual aspect to the PPG, allowing members to meet each other in a context other than an official meeting. It was felt that new members would potentially be slightly intimidated at the thought of attending without knowing any of the people there.

2. Accident & Emergency usage

We also asked in the survey why patients who had used A&E in the past 6 months had felt the need to do so. The majority (68%) said that a GP appointment would not have been appropriate. There was some discussion of the reasons for which patients might chose to go to A&E instead of their GP, which included a serious injury such as a broken bone or a large cut, proximity to a hospital, outside GP opening hours, cultural factors. There was an explanation of the move within the NHS to try and reduce inappropriate use of A&E services in order to reduce unnecessary costs, and that this is the reason the practice would like to better understand why people might be using A&E.

3. New Telephone System

Views were sought on the new telephone system. It was generally agreed that it was definitely an improvement on the previous system, and most people had not experienced any major problems. However, there were a couple of criticisms:

- There was a consensus that some music of some kind would be very reassuring when waiting in line on the phone – the silence can be concerning as it is often unclear if you are still connected to the line or not.
- The phone was reported to have sometimes cut people off when they reached the front of the queue.

4. Rebuild

The progress towards a new health centre was discussed, and plans for the design were circulated. Points raised included:

- There will be a pharmacy on site, but there will be no obligation for patients to use this service.
- There will be room for other services to occupy space in the new building, but there are not yet any agreements on which services these will be. There are a lot of clinical services which the practice would love to offer, such as physiotherapy, x-ray, ultrasound, dental etc, however it is not possible to build these into the plans as there is no guarantee these services will come to the building and the financial cost would be too great.
- Car parking will be significantly reduced. This is unavoidable, as the council will only agree to a certain number of parking spaces.
- There will be much more space within the new building, allowing for expansion of staff and service provision in the future.

- The completion date depends on the length of time it takes for planning permission to be granted. If this goes through by April, the project would aim to be completed by September 2014.

Thank you very much to everyone who came to the meeting! We hope to run the next one sometime in April. We will be in touch to confirm a date.