

## Patient Participation Group – Wednesday 17<sup>th</sup> September 2014 Minutes

### Present

Patients: Mrs S Hodges, Mrs S Netcott, Mr & Mrs Addy, Mrs H Durn, Ms S Baghirathan, Mr R Hussey

Staff: Dr J Parrott (GP), Ms H Stewart (PA to the Practice Manager)

Apologies: Mr & Mrs Hinsley, Mrs S Packer, Mrs A Neate, Mrs A Toumi (Practice Manager)

### Items discussed:

#### 1. Agenda item raised by PPG member:

- **Surgery times** – One PPG member asked for background on our decision to change some of our appointment provision. Ms Stewart and Dr Parrott both detailed various reasons for switching from providing appointments from 7.30am-8am on a Monday morning to providing telephone appointments on changing evenings in the week. These included the impact that was had on the rest of the day with early appointments potentially running late (particularly on a busy day such as Monday), the stop-start nature of running 3 appointments up until 8am and then having a gap until 9am, the fact that sometimes when the cleaner did not turn up on time the GP in question would have to open up the building before they could start, and patients not attending or arriving late. The new appointment provision allows for a greater amount of follow up contact for patients and addresses the difficulties sometimes faced when GPs try to contact patients during the day when they are often at work.

#### 2. Agenda items raised by the practice:

- **Reviewing patient feedback** – Ms Stewart discussed the requirement of the practice to review their patient feedback with the PPG and agree on three key areas of priority to focus on in an action plan. She outlined the various ways in which patients can provide the practice with feedback, and highlighted the issues of trying to find strong patterns or trends when there is not a lot of feedback provided. She talked through all of the feedback received since April, and highlighted why the practice felt it would be difficult to take meaningful action as a result of much of it – this was generally because the feedback a) did not provide enough detail about the issue being raised and therefore did not indicate a clear action that could be taken, b) was related to a specific incident and not to a broader problem, or c) was related to issues which were already being addressed (i.e. building issues which will be addressed by the new building next year). It was agreed that the feedback relating to difficulties with getting through on the phone and booking appointments would be most appropriate as the basis for an action plan – this is

because it was the most common feedback and will impact upon a significant number of patients.

Ms Stewart also outlined some possible actions based on this feedback, and they were agreed to be worthwhile and will therefore be included in the action plan. A further suggestion was raised, and will also be included in the action plan – setting up an ongoing reporting system for problems experienced with the phone system. The action plan will be sent out with these minutes and displayed on the website.

**Further discussion** – The review of feedback and suggested actions prompted further discussions. The following points were made about the phone system:

- Whilst it is better than the old system as you can have a longer queue and music will play while you wait, once you are told you are position 4 in the queue there can be a long wait until you reach number 3.
- Two patients reported having reached number 1 in the queue and then hearing the message 'The other person has cleared' and being cut off.
- Another reported that sometimes when you reach a certain position in the queue the music suddenly cuts out and you are left in silence until your call is answered.

There was discussion of the difficulty in booking ahead – currently when a GP would like a patient to see them again in 2 weeks, they will give the patient a slip requesting this which they can take to reception to book. One patient reported that this had worked well for him, but another had found that this process had not worked very well.

Some suggestions of were made for different ways to carry out a patient survey as part of the action plan – one patient suggested advertising in the local 'Up Our Street' magazine, and another mentioned that she had once seen a table set up in the waiting area with someone handing out questionnaires and that this would potentially encourage people to engage. The practice will look into various methods of promoting the surveys to ensure that as many views as possible are heard.

- **Difficulty booking appointments recently** – Dr Parrott outlined some of the causes that had resulted in difficulties with appointments over recent weeks:
  - Holidays – this is a particular issue over the summer
  - Illness
  - Difficulty finding cover – this can be a real challenge, particularly over the August period. On one particular day the practice was offering significantly more than the usual rate in order to try and find a locum GP, but could not find anyone. With many GPs and Practice Nurses approaching retirement age soon and not enough newly trained staff to replace them, workforce issues are likely to increase in general practice over the next few years. There was discussion of the succession planning carried

out by the practice to try and determine what changes are going to occur in the workforce in the next few years and plan to deal with them.

- Workload – this has increased significantly. Nationally, the number of appointments per patient per year has increased from 5.4 in 2008 to 11.4 this year, and of course our patient population has also grown. The practice gains around 120 patients each month, and loses around 110 – this generates a lot of work. It is a feature of inner city general practice that there is a high turnover of patients and high demand on the service.
- **Flu vaccination** – A reminder that flu vaccination appointments are now available to book!
- **Rebuild** – Things are looking very positive now, with the sale of the land hopefully being signed off in the next few weeks. After this building could start within 4 weeks and the construction process could be completed within 9-10 months!  
Mrs Durn discussed the work being carried out by a local history group to commemorate over 3,000 people who died in the old workhouse which used to be located on the current practice site. One suggestion was that a plaque could be placed at the entrance way, and Dr Parrott agreed that the practice would be in support of this idea but could not confirm who else might need to give their permission for this.

### 3. AOB:

- Ms Baghirathan talked about her role at Volunteer Bristol again (helping those with dementia or possible dementia to get involved in volunteering), and publicised an event which she is helping to run in conjunction with Up Our Street and LinkAge. The event will be a strawberry tea party, and those with dementia who would like to volunteer are encouraged to come along and help set up for the event. It is an opportunity to try out volunteering and support the local community. Please see the attached flyer for further details.
- Mr and Mrs Addy talked about the Bristol Area Cardiac Support Group (formerly the Frenchay Hospital Cardiac Support Group). This organisation has raised hundreds of thousands of pounds over the years, and they can supply equipment such as heart monitors, defibrillators, syringe drivers, ECG machines etc. Details were given to Dr Parrott so that the practice could consider what it may need and could apply for. Thank you to Mr and Mrs Addy for bringing this to the practice's attention.

**Thank you to everyone who came to the meeting!**