



THE GILL MEDICAL CENTRE

PPG Meeting Minutes, Wednesday 22nd February 2017

Staff Representatives: Debbie Johnson (DJ), Rachael Kerwin (RK), Kathryn Thomas (KT)

Patient Representatives: PS, JW, SE, AB

Apologies:

Chair: DJ

Agenda point and actions	To be completed by
<p>Welcome and Introductions</p> <p>DJ introduced herself along with RK and KT and thanked everyone for their time.</p> <p>DJ outlined the background of the current practice management team and that it was a relatively new team. DJ explained that the whole team are committed to ensuring that we offer our patients the best possible service that we can and that we want to listen to our patients' views so that we can shape the way in which we deliver services for the future.</p>	
<p>Aims and Objectives</p> <p>DJ briefly explained that the practice were evolving 1 year and 5 year plans to develop the practice and it's staff and that lots of ideas were being investigated including more investment in nurse training to be able to undertake more of the work involved in reviews for patients with chronic disease. AB said that he had been advised by the GP that next time he came to have one of his routine checks that he has always had with the GP that he would be able to see the nurse for this in the future.</p>	
<p>National GP Survey</p> <p>Together we reviewed a snapshot of the results from the last GP patient survey, although JW believed that some of the questions were wrongly formulated for example; "did you find it easy to get through on the phone?" This had scored 90% satisfaction but JW felt this was misleading as although it is relatively easy to get through on the phone, she felt that patients didn't get what they needed once they had got through. JW thought this was the question that should be asked.</p>	
<p>Patient feedback</p> <p>DJ advised that we didn't want to use the meeting to discuss patients' individual concerns but that we wanted a general discussion about "the good, the bad and the ugly" and would welcome any feedback.</p>	

Patient feedback cont'd

SE discussed an incident whereby her friend had been unable to obtain a travel vaccination form from the practice in time for this person to go on holiday and she suggested that we put the form onto our website so that patients could download this for themselves. DJ said this was an excellent idea and would also investigate any other patient forms that we could also add to the website.

Action – Put patient travel vaccination form onto website

DJ

We discussed trying to increase patients' desire to use on-line services and PS said that he had experienced quite a few problems with his access to on line services. DJ advised to reset his password and if he still had difficulties to let her know and she would go through it with him. JW and SE both thought that many elderly patients wouldn't want to use on-line services and we all accepted that there would never be a 100% uptake on this. JW was not keen on the posters in the waiting room as a method of giving information to patients and DJ asked how would patients prefer to receive information? General agreement was that patients would like to be e-mailed with information and DJ thought there may be a way to ascertain how many patients we had gathered e-mail addresses for. JW suggested letters and DJ said this would be too expensive. PS advised that when he has done mail shots on a large scale in the past he has always been able to negotiate a good deal with the post office and has managed to get rates as low as 23p. DJ was very interested to know this particularly as we send flu invitations letters out on a big scale.

Action – To discuss enhanced rates with the post office for large mail projects and how we qualify for this.

RK

AB mentioned the electronic prescribing service which he is using. He confirmed that the pharmacy asks him what he needs and they send the request to us and we send it back electronically to Boots. He thinks the system works very well.

SE mentioned SMS texting services for appointment reminders and DJ advised that this wasn't a very successful method as many patients particularly in a certain age bracket changed their mobile numbers many times and a lot forget to advise their GP of new contact details.

PS, JW, SE, AB had all experienced long waits in the waiting room. DJ explained that all our GP's didn't believe in the 1 complaint = 1 appointment formula and they would always try to deal with the patients concerns in 1 appointment where possible. This often leads to running late and frustrates patients. We all agreed that patients should be informed about whether a doctor is running late and KT said the receptionists should be doing this as a matter of routine, although accepts that might not happen in all cases. AB suggested we put this information on the Jayex board (ticker tape), DJ agreed to look into this. Our self-check in system should advise patients when a doctor is running late as well but it appears that this is not working correctly. DJ will look at the configuration.

JW suggested that we should increase our appointment times to 15 minutes and DJ explained that we had looked at new ways of running surgeries so that doctors had more time between blocks of surgeries. However increasing appointment times would ultimately reduce accessibility as this would reduce the number of appointments we could offer. DJ advised that we are required to offer appointments for 9% of our practice population on a weekly basis and if we are unable to deliver this level of service this has an impact on practice income.

<p>Patient feedback cont'd</p> <p>It was suggested that we should recruit more GP's and DJ outlined that our current GP to patient ratio was correct and that any further permanent recruitment would not be financially viable to the practice. DJ also discussed the current difficulties in recruiting general practitioners in the area and our struggle to recruit a salaried GP to cover maternity leave. PS asked whether there was any limitation on the number of patients a practice could have on their register and DJ advised this was usually dictated by post code boundaries.</p> <p>AB suggested that we have information leaflets to advise patients what sort of appointments the nurse can do as he thinks that many patients may make appointments for the doctor when the nurse could deal with it.</p> <p>Action – Update this information in the practice leaflet</p> <p>JW asked whether there were any plans to introduce a well woman clinic where for example if a woman wanted to discuss contraception she could have a general MOT to include blood pressure and blood testing. RK explained our diary system where patients who have the contraceptive pill would have a diary entry recorded and then recalled in the month of her birthday for review and blood pressure check etc. DJ also advised of practice plans to use nurse appointments as a “one stop shop” where patients could attend just for 1 appointment and have all their reviews done at the same time for those patients suffering from multiple long term conditions.</p> <p>JW queried the time frame that a patient who has a telephone appointment should expect to receive a call back and was advised within the hour. DJ explained that prolonged waiting may possibly be because of a delay in the face to face clinic or an emergency that arose in the practice, but in general waiting time would be approximately 1 hour.</p> <p>SE referred to the practice action plan 2016/17 where we had said that we were investigating ways to improve patient parking. DJ had discussed with the council the possibility of having 2 marked bays on the double yellow lines for GP's to get out quickly if need be and would free up 2 spaces in the car park but this was declined. The area of land next to the practice has become available for sale and the practice have made an enquiry regarding cost. PS said that it is a very expensive piece of land.</p> <p>SE mentioned that our website does not indicate what gender Dr Green is and DJ will correct this.</p> <p>Action – Add female GP to Dr Green entry on website</p>	<p>RK</p> <p>DJ</p>
<p>Patient Group Meetings</p> <p>DJ closed the meeting and thanked everyone for their precious time. All agreed that they had learned something from the meeting and all said they found it very interesting. DJ outlined plans to hold these meetings every 3months and asked if all would be willing to attend next time and all agreed. DJ will forward a copy of the minutes to everyone and forward an invite to the next meeting scheduled for May 2017.</p>	
<p>Next Meeting</p> <p>May 2017 TBC</p>	