MINUTES OF THE PATIENT PARTICIPATION GROUP HELD ON TUESDAY, 14TH JANUARY, 2014

PRESENT:
Mr Ron McEwan (RM)
Rev Joan Wagstaff (JW)
Mr Andy Wagner (AW)
Miss Rosemary Rebo (RR)
Dr A D Birch (ADB)
Dr Sally Shaw (SAS)
Kath Young (KY)
Maureen Goulden (MG)
Sue Carruthers (SC)
Sue Roberts (SR)
Dot Lawton (DL)

APOLOGIES:
Mr Peter Butters - Chairman

In the absence of the Chairman Mr Peter Butters, the Vice-Chairman Mr Andy Wagner will Chair the meeting

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| **New Members** - Mr Ronald McEwan  
AW welcomed Mr McEwan to the meeting. Introductions to the Group were made. AW said that the meetings are very informative and that the Groups have been formed so that patients can help drive the patient care that is wanted. |
| **Minutes of last meeting.** Read and agreed. |
| **Actions from previous meetings** - None |
| **AOB**  
**Patients Satisfaction Survey** - Discussions of result of Survey  
SR informed meeting that Dr Birch was going to give a presentation.  
The Survey highlighted 5 areas below the benchmark:  
Q2 How easy to get through to someone at your GP practice  
The practice was 20 below the benchmark.  
Q3 How easy to speak to a Doctor or nurse on the phone at your GP practice  
The practice was 16 below the benchmark  
Q6 How easy is it to book ahead in your practice  
The practice was 20 below the benchmark  
Q34 Overall how would you describe your experience of your GP Surgery  
The survey showed we were 2 below the benchmark.  
Q35 Would you recommend your GP Surgery to someone who has just moved to your local area  
The survey showed that practice was one below the benchmark. |
The survey also showed 5 areas above the benchmark

Q1 How helpful do you find the receptionists at your GP practice
The survey showed that the practice was 14 above the benchmark
Q14 How do you rate the length of time you waited for your consultation to start
The practice was 13 above the benchmark
Q 12 How do you rate how quickly you are seen by any doctor
This was 11 above benchmark
Q20 How good was the last GP you saw at listening to you
This was 11 above the benchmark
Q22 How good was the last GP you saw at involving you in discussions about your care
Q25 How good was the last nurse you saw at giving you enough time
Q26 How good was the last nurse you saw at listening to you
Q30 Did you have confidence and trust in the nurse you saw or spoke to
All these questions were all 11 above the benchmark

In comparison to last years survey
Q1 How helpful to you find the receptionist in your GP Practice
The practice was 5 above in comparison to last years 2 above

Dr Birch said that the practice was aware of the major issues around the difficulty patients found when trying to speak to a Doctor or Nurse on the phone. As Q3 on the survey had highlighted by the practice 16 below the benchmark.

JW said she had never encountered a problem contacting the practice, but she did acknowledge that she always rang in the afternoon. The phones are always busy between 8am and 9am with patients ringing in for telephone access.

Action plan agreed with Patient Participation Group – Q3:

Dr Birch noted that from the results of the survey the practice had agreed that a new telephone system was required. The new system will have more lines which will help both Doctors and patients. This will enable Doctors to choose a line out which is not being used as a line into the practice by patients.

Also by having telephone assessments shared and staggered throughout the morning between GPs this should also ease the pressure on the telephone early in the morning.
The practice is looking to install the new system by the end of February, 2014.

Access – SR
The Clinical Commissioning Group asked practices if they could identify issues regarding Access. All the practice staff, Doctors, nurses had input into devising a list. The most common problems identified were put into a symptom list. The 6 most commonly identified were:

1. No enough late appointments after 5pm. This was identified by GPs and staff.
2. No enough early appointments from 8am to 9am. This was identified by both GPs and staff.
3. More telephone consultations. This was identified by staff.
4. Education of patients suffering with minor ailments, illness re self help. This was identified by GP, staff and PPG members.
5. Accessibility of nurse appointments – more needed. Staff and PPG members.
6. Premises – not enough rooms for clinicians. This was identified by GPs, staff and PPG members. The practice does not have enough consulting rooms and has now started staggering surgeries. Surgeries are now running from 8am, through lunchtime and into the evening.

With the practice nurses and HCA reducing their hours, the practice has now employed another Practice Nurse. She works a Tuesday morning, Wednesday afternoon and Friday afternoon. Her Friday surgery has appointments up to 6.30pm.

Dr Birch said that the telephone assessments had reduced the amount of face to face contacts. Dr Shaw said they were seeing about 30% of the patients from telephone access and that the patients were finding the opportunity to speak to a Doctor very popular. Problems such as sick notes and medication reviews could be dealt with over the telephone.

SR told the meeting that all under 5s are always given an appointment and that the practice is still tweaking the appointments. The practice gives 8.30am to 9.30am appointments out in advance for patients who want to book ahead.

SAS said that the Pharmacy First was now back up and running. Local Pharmacists have now been trained to deal with minor ailments. If a patient received free prescriptions they will not pay, or if they do pay for the prescriptions and the drug is cheaper to buy than the price of a prescription, they will sell it to them.

SR told the meeting that all under 5s are always given an appointment and that the practice is still tweaking the appointments. The practice gives 8.30am and 9.30am appointments out in advance.
SR asked RR if she had any issues she wanted to raise from the survey. RR said no.
ME said he would give the practice 11½ out of 10 for the services he has received.

SAS said she felt that the Women’s Clinics Dr Griffiths was now holding were very popular.

SR said that the CCG had a pot of money and were looking to install televisions in practice for health education and promoting self management of health problems.

SR thanked AW for his support and help setting up the appointments on line and the ordering of prescriptions. The practice was also from February going to go live with electronic prescription service. This will enable prescriptions to be sent directly to a chemist of the patients choice.

RR asked about SMS texting. SR informed meeting it costs £600 a year and that the practice had decided to put it on hold for a moment.

RR said she would like to spend sometime speaking to patients. She had attended one of the Saturday flu clinics and felt it had given patients an insight into what the PPG members do.
SR agreed and said she was happy for her to attend whenever she wanted.
SR asked the group if they were happy to sign regarding the actions that had been put in place. All agreed. AW signed as acting Chair.

ME asked the meeting if the practice had a defib on site. KY said yes we did.

SR asked if there was any other business. No further business.

SR thanked everyone on behalf of the practice for attending this meeting.

| It was agreed the next meeting would be held on Tuesday, 11th February, 2014 at 6.30pm. |
Appendix 3

Practice name: OLD HALL SURGERY.

New Local Enhanced Service For Improving Access To General Practice 2013/14

Patient Participation Group Ratification

The action plan and achievement against it have been discussed and ratified by Old Hall Surgery Patient Participation Group (insert practice name)

Signed ..................................................
Chair of Patient Participation Group

A copy of the minutes of the meeting is attached for information
Signed and dated 14-1-2014