**Wordsworth Patient Participation Group**

**Meeting held 18th April 2013**

**Minutes**

**Attendees:**

Renold Reid

Mina Pamer

Carmel Camenzuli

Manjit Kalsey

Mehrunissa bax

Michael Wilson

Thamarakanni Suppiah

Patricia Mitchell

Shamim Khan

Franco La Faci (Practice Manager)

Dr A Pople

Dr J Buscombe

Dr S Brandon

Monica Zenonos (Patient Participation Manager)

**1:0 Welcome & Apologies**

Apologies received from Pauline Ellis

GPs and Practice Manager welcomed to meeting

**2:0 Minutes of last meeting**

2:1 Minutes agreed

**3:0 Matters arising**

3:1 The survey was briefly discussed and it was acknowledged that there was a significant role for PPG to play in designing the one for the following year.

**4:0 Practice Surevy Discussion – action plan**

4:1 The action plan was tabled by MZ

4:2 Discussion on appointment system : FL began by explaining how the appointment system worked and the complexities of it. There were many factors to consider eg the number of people available on reception in the morning, telephone lines available, how appointment slots were allocated so that some were available for appointments booked 2 weeks in advance and some kept for same or next day appointments. In addition to which appointments needed to be prioritised according to medical need as the appointment slots were a limited resource. In the past it was found that 30% of appointment slots were not used for ‘medical need’ and were used for other purposes which did not strictly require GP services eg coughs and colds, letters etc FL also explained that the practice budget had also been cut by 10% because there was a dispute about the number of patients actually registered at the practice and this affects the size of the practice budget. The problem has arisen because of list cleansing exercises where patients are randomly written to by an NHS organisation called SBS and asked to respond on receipt of the letter to verify that they are patients at the practice. This resulted in about 1000 patients being taken off the list because they did not respond. However 600-700 of these patients should still be registered with the practice. This has resulted in additional work for the practice which then needed to prove that they should not have been taken off the list. The patients need to be re-registered and this is also creates additional work. All additional work for the practice affects the availability of people able to respond on the phone. Another consideration is that the practice has recently lost 5 members of staff and is in the process of recruiting and training new personnel. An additional consideration is the success of the new blood testing service that now takes place at the practice. As patients come in early to get the tests done, they often approach staff for other things and this also takes staff away from the phones. Additional issues include the technicalities of having 3 phone systems working at the same practice and the effectiveness of the communication between the sytems.

4:3 FL apologised for the deterioration of the appointment service but hopes the situation will improve as new people are employed and trained. However, there was also an acknowledgement that a lot of experience had been lost and this would take time to recover from.

4:4 A member of the PPG raised the fact that she had tried 80 times to get through on the phone line and that this had been verified by FL. There was then a discussion about how the system sporadically directs calls to other lines in the practice when the appointment system is overloaded and it has been difficult to pinpoint why this was happening.

* Action: MK to contact FL and see if his expertise can assist in resolving this issue.

4:5 FL suggested that in the future the appointment system may be eased with the addition of internet booking facilties but they were concerned about protecting patient confidentiality and making sure that arrangements were tight enough to assure correct patient identification.

* Action: RR and FL to visit other practices to see if they can get some ideas on how to improve workings of appointment system.

4:6 There was a discussion on what constitutes a non-medical appointment and it was explained that these were appointments where the patient could go elsewhere for advice eg nurse, pharmacist etc These appointments are often influenced and reliant upon patient perception , health beliefs and education. There is a need to look into non-urgent appointments and find ways to manage these.

* Action: PPG to have this as an agenda item next meeting to discuss more fully.

4:7 GP triage was discussed . This system can be very busy and GP on call makes about 50 calls a morning to triage patients over the phone. When the system operated all day the GPs would be working excessively long hours in order to make call backs. In order to maintain quality and patient safety, it was decided to operate this system in the morning only.

4:8 The issue of there not being enough appointment slots was explored. FL explained that the Practice has a high number of patients who move in and out of the area very rapidly. This transient opulation (about 1500 patients/annum) tend to have double the appointments due to high medical need, and are often less likely to agree to childhood immunisations and cervical smears. This then detrimentally impacts on the targets set for the practice and amount of funding it receives.

4:9 A question was asked about the amount of support provided to staff and how staff often seemed to lack compassion. Staff training in empathy skillswas discussed. MZ talked about the success of the recent staff training programme and thanked PM for giving up her time and providing valuable input into the training. FL and AP both talked about the stressful nature of the job and how they have tried to avoid new staff getting overloaded. They have regular monthly meetings and yearly appraisals. The loss of experienced staff has meant that there is less mentoring going on. The PPG wanted to know if staff had a chance for time out if a particular stressful situation arises and what happens in those situations. AP said the staff rarely fill out incident reports and the GPs will often write them for them and require them only to sign as they are aware that this could create further stress. It was important to get the balance right between support and performance.

4:10 FL and AP discussed the NHS Choices website. FL suggested he could show the PPG the practice website at the next meeting and it was suggested that the PPG could in fact provide or encourage some positive feedback on NHS Choices when appropriate, as it is currently dominated by negative experiences and this distorts the overall view of the practice.

* FL to show practice web site at next meeting

4:11 Complaints responses generally were discussed. The practice was apologetic about long delays in responses and explained that this was due to staff sickness. However, the practice were now starting to catch up on complaint responses. It was noted that acknowledgment letters were important and should really have been sent and could have been used to manage people’s expectations.

**5:0 Election of PPG Officers**

5:1 Non- PPG members were asked to leave.The PPG were asked to self-nominate or nominate another member for the roles of Chair, Vice-chair and Secretary.

5:2 Chair . Ron Reid was elected

5:3 Vice-Chair, Manjit Kalsey was elected

5:4 Secretary, Tamara Suppiah was elected with the proviso that other members of the PPG would help as she was not always available to come to meetings

5:5 RR suggested that the role of Treasurer could be discussed at next meeting when FL was present . Currently the account had £555 and RR and FL were the signatories. There had been some historic difficulties with the account but the problem now seemed to have been resolved however RR was not sure if FL had sent off the final forms .

* Election of Treasurer to be held at later date when FL present.

**6:0 AOB**

6:1MZ to meet elected officers before next meeting to formally hand over

6:2 Two members of PPg will be attending GP reference group at CCG and will report back to PPG about what happens.

* PPG aske dif MZ could distribute their contact details to other PPG members

**Date of next meeting : Tuesday 11th June 4:00-6:00**