



Minutes : Patient Participation Group (PPG)

Thursday 12th September 2019

5.45 pm – 7.15 pm @ Speedwell Surgery

Apologies

Graham Purnell Dr M Mohbeen

Those Present

Dr S Nazir (Partner at Speedwell Surgery) Susan Lewis (Practice Manager, Minute Taker)
(John Bostock, Patient) (Lynda Bucci, Patient) (Simon Haigh)

Introductions

Dr Nazir explained Dr Mohbeen was on call and surgery was running late, he would try join us later.

Minutes of the Last Meeting: 12th September 2019

These were read as a true and accurate record

CQC

Dr Nazir informed the group we were having a CQC visit on Tuesday 17th September for most of the day.

He explained what they check for before the visit, in that they source information from various organisations such as the CCG in which they look at our performance and prescribing habits. They will review our website and review the current national patient survey and feedback from NHS choices .

On the CQC visit they have requested if members of the PPG can attend in the morning. John and Lynda have the capacity to attend in the morning at 9.30. Simon is happy for them to contact him on the telephone in the afternoon.

Action: Graham on annual leave at the moment, Sue will contact to see if he can be contacted on the telephone at a later date if needed.

Appointments

A long discussion ensued about hospital appointments and the NHS in general and how general practice had changed.

We explained we had an external company assess our appointments called Productive General Practice to try and understand our appointments and look at ways to improve it.

The partners felt the appointment system was still not working efficiently, (evidence from the survey, “offered a choice of appointment 55%”) and were going to take spend time out of hours looking at ways to improve it based on the information given at Productive General Practice and the survey.

The practice was planning on introducing more appointments for 7 days away or 2 weeks away and not just providing lots of capacity on the day. The practice may introduce telephone appointments .

The group aired their concerns about the experiences they had booking appointments etc in that it was several weeks before you could get a routine appointment.

Dr Nazir explained we have been changing the way we work with the appointments. The health care assistants have been delegated some of the work the nurses were doing that didn't need to be a qualified nurse, thus giving them more capacity to take on some of the GP's work that didn't need high level input such as managing stable long term conditions. We also have a in house pharmacist who manages all the prescription changes and requests.

The practice have had mixed feedback about this, as some patients feel and are used to always seeing the Gp for their care acutely or long term.

Dr Nazir explained about 111 and how they ring us wanting us to see patient within so many hours. We felt that most of these requests were inappropriate and put strain on the

appointment system. These use a flow chart to assess the care needed. Lynda asked if this was something our receptionist may benefit from. This was working progress.

Dr Nazir explained this was the way forward and in the future nurse practitioners will see patients , and even paramedics will carry out visits. It was part of the government's 10 year plan.

Dr Nazir explained about working in networks and explained a new role commencing called "social prescribing". These are employed by the local authority and will come into surgery and run surgeries maybe once a week/month for patients with social problems not medical, eg loneliness.

Dr Nazir explained to help the receptionist and navigate patients a message would be put on the telephone. Dr Nazir would like the group to look at the message first and comment

Action: Next meeting to discuss contents of message and obtain approval from the practice

Longwood Surgery

The group felt if a patient was asked their symptoms at the desk at Longwood they felt this may be an issue because it is so small everyone could hear. Dr Nazir acknowledged the problem and informed the group if it was something sensitive the receptionist would take them into another area to discuss.

It was suggested a glass panel be placed between reception and the waiting area to try cut down the problem of overhearing.

The members felt the check in system was also open to other patients seeing information.

Dr Nazir suggested we add in music at the surgery to cut the problem or install a television with useful campaigns and information on such as shingles, flus ect

Action: The practice to look at alleviating some of these issues

After the last meeting Lynda emailed a series of questions she wanted us to comment on. The practice responded to these and these were given out at the meeting for comment at the next meeting.

Date of next meeting:

Have the CQC visit then communicate how it went and then decide a date

Action Sue and the Group