



**Minutes : Patient Participation Group (PPG)**

**Thursday 13<sup>th</sup> February 2020**

**5.45 pm – 7.15 pm @ Speedwell Surgery**

**Apologies**

Dr Mohbeen Dr O Akhtar Dr S Ahmed

**Those Present**

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

**Resignation**

After being on the patient participation group from the beginning (over 8 years) Mr Bostock has made the decision to resign. From all the team at Speedwell Surgery we thanked him for his help, especially with our CQC visits and his long standing commitment. Mr Bostock did express that in the future if we needed him he was only too pleased to help.

**Minutes of the last meeting**

**Telephone message**

Due to work load and time restrains, and complications we have not managed to add the message to the telephone as yet. The practice felt this was important with the help carried out around the care navigation work being done to help patient get the right service at the right time.

**Appointments**

We are still working hard on the appointment system and making changes as necessary. We have appointments on the day, but also have appointments that are released 7, 14 and 56 days in advance to help with reducing the appointment waiting time.

Lynda could only speak for Longwood but she had tried booking an appointment online on several occasions she could get an appointment 10, 14 or 4 days when she tried over a period of a 4 weeks.

The group questioned why the nurses appointments were not online. Dr Nazir explained that nurses appointments were a little more complex in that depending on what procedure

you were coming for depended on the time allocated, so it wasn't as easy to add nurses online. This is something we may need to look at in the future giving that everything is going digital.

### **Patient questionnaire feedback**

1. Lynda attended the surgery on 3 occasions for us in January 2020 and handed out 75 questionnaires. (75 as this was our bench mark previously)
2. She handed them out personally and also spoke to a lot of patients
3. She found patients would openly speak to her and were happy to comment on the surgery and staff etc
4. There were only 5 patients who did not want to participate, of which 3 could not as they hadn't got their reading glasses with them or could not read English very well
5. Lynda then collated all the comments and results and the summary came to the meeting.
6. The members read the results and the following themes came were
7. Appointments – main issue was length of time making an appointment to see the GP
8. The notice board – too overcrowded – not clear information – having a “meet the Practice Team” notice board and staff having ID badges. Opening times displayed. Posters in different languages
9. First Impressions - found reception impolite and rude
10. Waiting room dark
11. The surgery presented the outcome of the first 16 questions giving a breakdown of the results. They felt this was not reported on in detail enough or gave an accurate representation of the result. Simon volunteered to help record these in a way that would reflective the results

Once the group are happy with the results recorded reflecting a true record these will be published on the website

The practice also agreed to summarise the findings and set out an action plan with outcomes and deadlines.

### **Updates From The Practice**

In previous meeting Dr Nazir had explained in a lot of detail how general practice was changing and working towards collaborative working and working in “Networks” and explaining what work was being done and the progress achieved for example a social prescriber and a network pharmacy. He explained about more funding coming into networks and hoping this will increase workforce by increasing pharmacists, first contact physios and mental health workers.

## Presentation

At the last meeting he explained he had a specific presentation about the Primary Care Network Data Pack which he would show them at the next meeting.

Dr Nazir ran through the presentation to the group.

In summary it describes the network's demographics and population overviews, with priority areas. Which in our particular network the six priority areas are

1. Obesity
2. Diabetes
3. Hypertension
4. Smoking
5. Depression
6. Emergency admissions for under 18s

He also discussed life expectancy for males 76.9 and female 81.6 which are a life expectancy rates below the national measure.

Date of next Meeting:- April 2020

