



Minutes: Patient Participation Group (PPG)

Thursday 21st March 2013

7.00pm – 8.30pm @ Speedwell Surgery

Apologies

Ms Dee Haigh (Patient), Graham Purnell (patient), S Akhtar (patient) Dr Nazir

Those in attendance

Mr John Bostock (Chair, patient), Susan Lewis (Minute taker, Practice Manager Speedwell Surgery), Dr B K Jindal (Facilitator and Senior Executive Partner Speedwell Surgery), Amanda Greaves (Patient).

Minutes of the last meeting: Thursday 24th January 2013

These were read as a true and accurate record

Matters Arising

New Member

Amanda Greaves attended the meeting for the first time, Dr Jindal welcomed and thanked her for coming. Amanda introduced herself and explained a little about herself and explained her line of work and what she felt she could bring to the group.

Plan for the future

Telephone

Our existing telephone system is not as sophisticated as we need it to be to fulfil our standards and patient satisfaction so we are looking to invest over £4,000 for a new one. We felt we need to progress forward. We are still experiencing difficulty with our corridor music working. This is designed to provide background music to ensure patient confidentiality whilst in the consultation rooms with the clinician. This is still work in progress.

We also want to enhance the patient experience when ringing the surgery.

Appraisals

Dr Jindal and Susan have been appraising their staff all this week, and the main message emphasised to all staff is that when an incident happens or something goes wrong it's not about

blame, this doesn't mean the staff aren't responsible, but we need to review our current processes and see what steps we can take to improve and learn from the incident.

All receptionists prior to appraisal were given a copy of the patient questionnaire 2013 to enable them to be aware of the results and be able to discuss the comments and suggest solutions etc to any feedback good or bad.

Questionnaire

The patient questionnaire for 2013 was reviewed. This had taken place in February 2013. We have randomly surveyed 200 patients in a 2 week period. There were 101 females and 96 males. The results are on the website for all our patients to see.

We reviewed the questionnaire and the following comments were made:

Mr Bostock felt that the responses were very very good

How easy is it to contact the surgery by telephone? This is being addressed by the practice. A discussion ensued about having music on the radio and how at first it can be confusing for patients.

Appointments - Work is being done around appointments at the moment. The following changes are being discussed.

1. To have an on call Dr on each morning to take acute appointments , telephone calls, visits etc
2. All other GP's consulting that day will have 1/3 of their appointments "acute" on the day also
3. We hope this will help with the demand on appointments
4. The waiting room has been refurbished with new seating, and we are investing in new vinyl flooring to comply with infection control requirements – this will be in the next few weeks
5. Length of time to see the doctor? The practice acknowledged this is still a problem. Steps have been taken to try and reduce these. We are engaging our health care assistants to take patients in prior to consultation to take down their preliminary basic measurements such as height, weight, blood pressure. This then enables the GP's to concentrate on the high level decisions and engage with the patients better
6. Having S1 - the benefits of this system should improve our waiting times as well. We feel we have had the system almost a year and the aim now is to optimise S1.
7. The feedback about "the Doctor" was excellent, although Dr Jindal commented that there is always room for improvement.
8. The receptionists on the whole were good, but there had been comments about confidentiality issues, asking patients their DOB at the desk, and at times been less than friendly on the telephone. This will be discussed in their appraisal as discussed earlier
9. We felt the computerised check in system was still under review. We felt some patients either loved it or hated it. This we felt may solve the problem when patients arrive for their appointments not having to verbally give any information, the check in system does this automatically.

10. To achieve patient satisfaction we feel very passionate at the practice about keeping continuity. A patient is encouraged to stay with the same GP , so we can ensure continuity at all times. Amanda gave an example of having seen a GP on a regular basis, but due to unforeseen circumstances had to see another GP. She was very impressed by the fact that the GP saw her no problem, but requested she go back to her usual GP for her next appointment.
11. GP's are encouraged once they have seen a patient to make them a follow up appointment there and then or before leaving the surgery.

111

111 has been launched in March 2013. Dr Jindal explained the process and what pressures it may impact on the surgery. The surgery needs to think about creating capacity to deal with any patients referred by 111 who may need seeing that day. We hope the on call concept will take up this demand.

Changes

Dr Jindal from 1st April is semi retiring. He will be working 3 days a week. The final details of this have yet to be confirmed.

From 1st April 2013 Dr Omar Akhtar is joining the Speedwell team,. He will be working 3 days a week. He has been a GP registrar previously at the practice so he knows the practice and we know him.

Dr Haq and Dr Stiles are also changing their work patterns.

CQC

We are registered with CQC and working towards achieving the 16 components.

New Equipment

We have invested in purchasing new equipment such as ECG machines, blood pressure machines etc, we have also purchased 2 defibrillators, which over the next month all staff are having training on as well as updating their skills on CPR.

Date of next meeting: Thursday 9th May 2013