

Hilary Cottage Surgery
Minutes of Patient Participation Group Face to Face Meeting
held on Wednesday 25th April 2012 at 2.30pm

Present:

Patients: Katy Archard, Frances Lawrence, Kathleen Pettifor, Mick Towler, Shirley Wood, Jane Wykeham-Musgrave, Celia Kennedy

Staff: Dr. Marie Aitchison, Diane Piatek (Practice Manager)

	<p><u>Agenda items:</u></p> <p>1 <u>Apologies</u> - Gill Northen; Tom Archard; Graham Young; Jan Fisher (Staff Representative)</p> <p>2 <u>Minutes of last meeting</u> – Agreed <u>Actions From Last Meeting-</u> <u>General Discussion Points:</u></p> <ul style="list-style-type: none">▪ Diane is in the process of collating this years' compliments, concerns and complaints statistics for 2011/12. The report will be shared with the group in due course. We are lucky to continue to receive many compliments and favourable comments. Frances asked how the Feedback Book located in Reception was used. Diane stated that it is well used by patients to document compliments and also concerns. However, some patients use this medium for documenting complaints when these are best reported directly to the Practice Manager. Any concern is responded to by letter if the patient leaves their name. The reports are used as a learning tool and circulated to all staff and further discussed at an annual review meeting.▪ Information for support / groups available- an area on our PPG notice board will be developed and Shirley will help Diane with this.▪ Audible bleep on the digital Display Screen in waiting room – this could be adjusted to alter the frequency of the beep but the control is behind the unit which is mounted above the door in the waiting room! The unit will need to be removed to adjust so this will be tied in with planned Summer premises works.▪ Water dispenser in the waiting room for patients – to be discussed as part of survey results. Diane has investigated costs & a suggestion was made whether a request could be made to the Fairford League of Friends to see if they would consider part funding this.▪ Possible breaches of confidentiality – patients being able to hear the Receptionist at the front desk. – to be discussed as part of survey results as music was not a popular option. Diane advised that white noise mufflers are inexpensive so it was agreed to trial.▪ As the Art displayed in the waiting room was well liked, to make a bigger display area the group was asked to comment on the adjacent cabinet displaying obsolete historical medical equipment - should this be removed to create more wall space to display art? The group felt that this was a well liked feature and would like it to stay.	
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	<p><u>Focus Areas Discussed:</u> Decide on short / medium / long term goals. Short Term:</p> <ul style="list-style-type: none"> ▪ Constitution – covered under agenda item no 4 ▪ Election of a Chair & Secretary – covered under agenda item 3 ▪ Production of a quarterly Patient Newsletter by the PPG – covered under agenda item 5 ▪ Frances to liaise with the Library regarding a link to the surgery website - Frances was thanked for contacting the Library – it was not possible to put a link on their computers but we could display information on their notice boards. ▪ Diane had circulated draft questions to all members for the patient survey by email based on the topics discussed at the last meeting (the Waiting Room / Appointments & Patient Support). – results covered under agenda item 7 <p>Medium / long term goals: – covered under agenda item 5</p>	
3	<p><u>Appoint Chair / Vice Chair / Secretary</u> Further to previous emails, Jane Wykeham-Musgrave was formally proposed as Chair by Diane Piatek & seconded by Frances Lawrence. Frances Lawrence was proposed as Vice Chair by Jane Wykeham-Musgrave and seconded by Shirley Wood. The secretary post remains unfilled – Diane Piatek will continue as acting for the time being.</p>	
4	<p><u>Formally Agree Constitution</u> A draft Constitution was circulated at the last meeting. This was formally adopted as proposed by Frances Lawrence and seconded by Shirley Wood. It was mentioned that this will be subject to change as Terms of Office needed to be included at some point in the future.</p>	
5	<p><u>Role of the PPG</u> It was discussed that a key role of the group was communication with patients both about the activities of the group and the services that the surgery provides. It was also felt that this forum is an excellent vehicle to open up communication between staff and patients on a number of issues from preventative medicine to flu campaigns.</p> <p>Some surgeries offer seminars run by health professionals for patients on specific health topics – would there be interest here from patients? This will be investigated and reported back. Also another local surgery has a regular health feature in a local community magazine - this is very popular in that area. This could also be tied in with patient Newsletters in the future. Mick Towler agreed to help with developing the Newsletter.</p>	
6	<p><u>Points of Contact</u> In the absence of a Secretary, Diane is to remain the main point of email contact for the group using the hilarycottage.ppg@glos.nhs.uk email address. The core group are happy to share emails & communicate between themselves if need arises. The virtual group will be communicated to individually or by blind CC for bulk mailers for data protection purposes.</p>	

7	<p>a) <u>Patient Survey Results</u></p> <p>Copies of the survey results were distributed in advance of the meeting. The group were disappointed in the number of responses especially as it had been opened up to all patients via the website and also made available in hard copy for people who came to the surgery. Mick Towler was thanked by Diane & by the group for helping with the survey by attending the surgery on two mornings to distribute hard copy questionnaires to patients.</p> <p>Usage of the Practice Website was discussed. Diane stated that usage seems very popular and provided the following statistics: 46,857 hits over the last six months (Nov 4333 / Dec 3906 / Jan 9949 / Feb 8926 / Mar 10686 / April to date 9057 – including 678 for repeat prescriptions) It was therefore very difficult to understand why uptake had been so low.</p> <p>Online appointment booking & text messaging reminders, although not a favoured service option based on the results of the survey at present, it was agreed that these topics would be open for discussion in future by the practice and the group.</p> <p>b) <u>PPG Report & Action Plan</u></p> <p>A draft report had been circulated by email prior to the meeting to all PPG members. Comments from virtual members who responded were fed into the group and an action plan was completed (see separate document). The Report & Action Plan were agreed by all. The completed document will now be circulated to all PPG members, displayed on the website & in hard copy in the practice & also circulated to staff. A copy will also be sent to NHS Gloucestershire.</p>	
8	<p><u>Appointments including Do Not Attends (DNAs)</u></p> <p>This topic had been discussed at length when discussing the results of the survey and completing the action plan. Dr Aitchison informed the group that staff changes in August 2012 will ease the availability of routine appointments. Dr. Ranulf Crooke has been appointed as full time Partner starting on 1st August 2012. Dr. Sabourin will then reduce to half time. This will mean an increase of 2 days of Doctor time. As we are a training practice a new GP Registrar will also be starting on 1st August. The practice has suffered with GP staff sickness over the last few months. Dr. McCleary had emergency surgery in Frenchay at the start of the year and is now at home and on the mend. A locum GP Dr. Hannah Deakin has been covering two of her surgeries long term for continuity for patients. Also other GP locums have been employed to cover leave etc and we do try to get the same person for continuity of care.</p> <p>Clinics running late together with the why this happens was discussed and Dr Aitchison advised that all GP clinic timings have now been adjusted to include catch-up time. The number of appointments available has not changed. Patients should now start seeing the benefit of this even though occasionally there will be circumstances outside of the GPs control which causes a delay. These are communicated to patients and apologies made. All GPs do follow the same protocol and try to give every patient the time they need during a consultation and double appointments are available to book should the patient wish to discuss multiple items.</p> <p>The number of patients who do not attend (DNA) their appointments were discussed</p>	

as these result in wasted GP and Nurse appointments. Diane agreed to collate a 3 month year on year analysis for further discussion at the next meeting.

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Patients attitudes to staff + GPs – how patients can help

Dr Aitchison, Diane Piatek & Jan Fisher were asked to share their experiences with the group. It was felt that this group will be able to help improve and strengthen communication between the surgery and the wider patient population.

Dr. Aitchison felt that a better understanding of what GPs do would help as seeing patients is only part of the GP daily workload. The doctors are aware that appointment availability and length of waiting times are a source of disquiet for patients and hopefully by working with the PPG we can endeavour to improve both waiting times and relationships with our patients. Feedback remains a valuable tool and it has enabled us to continue to improve our current appointment system including triage.

Jan fed Nursing Team views into the group by email. Points as follows:

1. Appreciate Patients arriving on time for appointments;
2. Patients do sometimes pro-long consultations by bring several problems;
3. Patients do not always value the nurse's opinion, and think the doctor knows best! Dr. Aitchison re-iterated that GP's often seek Nurse advice on up to date therapies for chronic disease, dressings etc.
4. Nurses provide more and more time in the way of offering services to keep people well / health prevention.
5. We have no A+E provision but patients often attend, expecting Nurses to suture or glue wounds, or hoping we can solve the problem to avoid going to Cirencester MIU or Swindon A+E for treatment.
6. Inappropriate bookings waste time, similar to above. Patients maybe do not give the receptionist enough information and the patient really should have seen the doctor or gone to A+E.

Diane reported that the Receptionists and Dispensers have a very varied, demanding and frequently stressful role and they are not always treated in a favourable manner by some patients. Patients do not always appreciate the range of duties carried out on a daily basis from answering the phone/ face to face contact/ dispensing & issuing prescriptions to dealing with all the back office administration in a busy practice. We all try as a practice to do our very best for patients with the resources that we have. We do encourage patients to document both favourable comments and any concerns in the Feedback Book so that we can continue to improve our service. We receive a large amount of favourable comments verbally.

AOB:

- Jane Wykeham-Musgrave thanked Diane for all her hard work in organising & running the patient survey and collating & distributing the results.
- Celia Kennedy runs the Fairford League of Friends District Nursing Team and she offered to be their representative on the group. This was unanimously agreed.

Meeting Closed at approx 4pm

Date of next meeting: 7th November 2012 at 2.30pm