

MINUTES OF PATIENT GROUP MEETING
HELD ON WEDNESDAY 18 JANUARY 2017

PRESENT Nigel Hallam (Chair) Park Surgery
Jane Wharton - (Practice Manager) Park Surgery
Michelle Bennett (Dementia Champion) Park Surgery
John Flinders – Park Surgery
Richard Davey – Park Surgery
Gail Davey – Park Surgery
Rosita Dowdall – Park Surgery
Dr Adam Tooley (Park Surgery)

APOLOGIES Victor Hall (Park Surgery)
Lesley Hall (Park Surgery)
Pauline Briggs (Park Surgery)
Mary Shaw (Park Surgery)
Barry Wood (Park Surgery)
Mary Vukajlovic (Park Surgery)

This was a short meeting following the Joint Patient Group Meeting primarily to discuss actions from the last meeting.

Patient information screen – Jane reported that the screen has only worked intermittently since it was installed due to technical challenges. The suppliers (Numed) are in talks with our IT Department to work through the problems. Jane has, therefore, not been able to set it up properly yet and it only has basic information so far. We hope to have it up and running effectively soon.

Dementia Champion – Michelle our Dementia Champion attended the joint meeting. Unfortunately, although invited, the other Practices did not send anyone along.

CQC – Jane reported that we achieved good in all areas overall with a couple of outstanding features relating to work we have done on Chronic Kidney Disease (CKD) in developing a leaflet for patients, and Atrial Fibrillation (AF); we carried out some random checks with a new device on patients who attended the flu clinic to check for symptoms of AF. Any patients identified at risk were called in for an ECG and we have picked up some new diagnoses of AF as a result.

Both Nigel and John were interviewed by CQC inspectors. Nigel sent a lot of accompanying paperwork of minutes and surveys. The summary of our full report states that there was evidence of close partnership working with the patient participation group (PPG) who undertook annual patient surveys to gather feedback from at least 500 patients each year to obtain a wide range of views on the quality of services provided.

The full report can be accessed via the CQC website.

Survey Action Plan

Jane has now had the opportunity to discuss the survey with the doctors and staff and put together an action plan (below);

Although the majority of patients were happy with the service they received from the triage doctor during the survey week (118 out of 126) the survey and comments received did raise some issues that the Practice felt it was important to address:-

- Some patients waited a long time for their call back

Action - We now have a second doctor supporting the triage doctor on busy days (Mondays and days following bank holidays).

- Patients reported difficulty getting through on the telephone

Action – (i) we are employing an additional receptionist who is currently shadowing staff and will be officially employed on 1 February 2017.

(ii) we have carried out a full review of all administrative staff and reception cover. In future there will always be a third receptionist acting as back up and available at busy times (this was previously only the case at peak times, but changes to the appointment system and increased workload mean that this is required throughout the day).

- Patients bypassing triage - it was originally anticipated that all patients would be triaged in some way before being either offered an appointment or call back. It seems, however, that while appointments are available they are being given to patients who ask for them whatever their problem and whether or not it could be dealt with over the phone. The result is that patients who could have been dealt with over the telephone are being seen in person and some of the those being triaged (because all of the appointments have gone) actually need to be seen.

Action – Full Practice Meeting at the end of January for GPs and reception staff to discuss the appointment system in detail and make any amendments required.

Other Business

Self-assessment – Nigel and Jane were asked by the CCG to complete a self-assessment relating to the Patient Group, covering areas including; funding and finance, leadership and governance, planning and evaluation, terms of reference/job descriptions. The purpose being to assist the CCG in devising training programmes for Patient Groups. It seems that they had some resistance from Practices originally and they sent several pages of notes to instruct in how to complete. Both Nigel and Jane sent in their reports, but we have not had any feedback yet.

Action – Nigel will chase up Claire Haynes up for some feedback.

Next meeting – needs to be in March if possible as Nigel had planned to review the constitution, etc. It was agreed for this to be held on Wednesday 22nd March. Rosita is not able to attend (Jane will let Pauline know that she will not be available to pick her up).

Nigel had said that he will no longer be Chair from March onwards. However, he would be willing to carry on for another year providing that he does not have to do all of the survey work due to time constraints because of his other commitments. This could be passed to Mary our Vice Chair. Further discussion around this will take place at the March meeting.