

Highcroft Surgery Patients' Participation Group

Minutes of the meeting held on Wednesday 24 June 2015

1. **Present:** Chris Foster (Chair), Bernadette Cocking, Ted Cocking, Jo Croft (Staff), Arnold Harris, Claire Wood.
2. **Apologies:** Steve Jones, Peter Pelling.
3. **Minutes of the Last Meeting:** Minutes of the meeting held on 27 May 2015 were approved as a true record.
4. **Matters Arising:** These were deferred to the main agenda.
5. **Appointment Booking Survey**
 - Chris presented a paper summarising the findings of the survey, drawing attention to the 'findings' and 'implications' section of the document. She expressed concern regarding the question of 'accessibility' in relation to the terminology and wording used.
 - There was a question of who booked appointments, which was related to the category of patient noted as 'Other'.
 - Reviewing 'findings', it was noted that hardly anyone interviewed booked appointments on line. However, it was agreed that the survey was not broad enough to give an accurate picture of the numbers doing so. In fact more do book appointments on line than was shown. (to be reviewed)
 - There is a high demand for appointments. On each weekday from 8am. 5 phone lines are manned by staff.
 - Local practices are suffering both shortages of funds and numbers of G.Ps.
 - Regarding the suggestion of an automated number system to convey the progress of a queue, it was observed that this idea was disliked by many patients who would pay increased telephone charges while waiting for a reply.
 - The Practice currently uses the doctor led triage system, which is working well at the moment. Patients may wish for a telephone conversation with a doctor not a visit to the surgery. Can we induce more patients to use online booking?
 - Regarding the dissatisfaction recorded, it was questioned whether there could be a way of showing patients that something is being done to improve the appointment system. It was noted that some practices have a newsletter. Highcroft Surgery does not currently publish one. It was suggested that one could be printed and left on the desk to show what is being done and other information. It would be impractical to print copies and distribute them to all 12000 + patients.
6. **Informing patients about the PPG**
 - Chris informed the meeting that she has forwarded an e-mail to the Practice containing information about the PPG for inclusion on the Practice website.
7. **Planning for an A.G.M.**
 - To increase attendance at an A.G.M., one PPG invited a speaker from PALS. This proved successful.
 - Our PPG could invite a representative from PALS to speak prior to the business of the A.G.M.

- It was agreed that the A.G.M. should be held on a Wednesday evening from 6 to 8pm.

8. Coffee Morning

- Chris has contacted the leaders of Stenhouse and Daybrook PPGs regarding a joint coffee morning to extend patient knowledge, publicise the work of PPGs and hopefully to recruit more active members. They will take the suggestion to their next committee meetings.
- The PPGs could provide cakes and biscuits for the coffee morning.

9. Practice Matters

- In addition to the additional GP staffing recorded in the minutes of the last meeting, we were informed of the arrival of a new registrar in August. (Registrars are in this context medical students monitored by a practice partner.)

10. Chair's Report

- The 'Voice for Health' public meeting was a success, providing an opportunity for patients to ask questions.
- 'The Patients in Control' Workshop was well attended.
- At Hospital, the Outpatients Reception check in screens are good but many older patients prefer a face to face reception.

11. Reviews of Prescriptions

- Patients do not understand that this does not involve patient participation, reviews being carried out by doctors. Something which might be explained in a newsletter/poster.
- It was reported that one patient had a delay of a month in obtaining a repeat prescription and was given inappropriate advice by a receptionist regarding the medication.
- There may have been problems regarding prescriptions following hospital discharge. The normal practice is for a letter to be sent to the patient's doctor. However there have been cases where the hospital has prescribed a drug not available at a community level and in such a case the Practice has no power to prescribe.

12. Date of Next Meeting; Wednesday 29 July 2015