

**PORTER BROOK MEDICAL CENTRE
PATIENT PARTICIPATION GROUP MINUTES**

Thursday 26th January 2012 at 6pm

Present: Dr Gurjit Barn GP Partner
 Susie Uprichard Practice Manager & Business Partner
 Natalie Phillips Patient Services Manager
 Kirsty Goddard GP
 Anne Baird Nurse Team Leader
 Leslie Green
 Emma Apsa
 Timothy Nelson
 Eileen Nelson
 Clare Rushen
 Raza Hussain
 Hana Hussain

Apologies: Judith Samways
 Catherine Morse
 Craig King

1. Apologies	Actions
Apologies were received from Catherine Morse and Craig King. Susie advised that Judith Samways, with regret, was resigning from the Group.	
2. Minutes Of Last Meeting	
The minutes of the meeting held on 1 st December 2011 were accepted as an accurate record.	
3. Matters Arising	
None.	
4. Welcome To New Members	
Raza and Hana Hussain were welcomed to the Group as new members.	
5. Group Business	
The following appointments were made (to be reviewed periodically): Chair Susie Uprichard Vice Chair Leslie Green Secretary Natalie Phillips Susie explained the need to establish a structure, and for patient representatives to take a more active leadership at some stage. In the meantime, the Group were happy for the Practice to lead initially.	
6. Patient Survey – Action Plan	
The Group agreed upon a definitive action plan following the patient survey: Booking Methods ~ Whilst the majority of those asked prefer to book appointments by telephone, 33% said that they would use the internet. The Practice will therefore explore the possibility of online appointment booking	Discuss with IT Manager

taking into account budgetary constraints and the impact on access. We aim to produce an interim report by the end of May.

Getting Through On The Phone ~ No action point, however it was agreed that we should come back to this question on future surveys.

'Urgent' Access (Within 2 Weekdays) ~ These actions were agreed:

- 1). Provide refresher training (based on appointment booking and duty doctor system) with reception staff.
- 2). Take our findings to the practice Access Group and Partners for further consideration.
- 3). Monitor the number of missed appointments and aim to reduce with the use of SMS text messaging (appointment availability should increase as the number of DNAs decline). Ensure reception staff update patient consent accordingly.

Booking Ahead ~ Not all of those surveyed were able to book ahead when they wanted to. We recognise that this may be the case for those wanting to be seen by a particular clinician, however, agreed action as follows:

- 1). Aim to ensure that the doctor's and nurse's appointments are uploaded onto the clinical system at least 4 weeks ahead as standard.

Confidentiality On Reception ~ Several actions were agreed:

- 1). Place a queuing line/ notice at the reception desk requesting that patients allow each other privacy.
- 2). Empower reception staff so that they feel confident enough to request that patients stand back if they feel it is necessary.
- 3). Install posters in the waiting area reminding patients that they can request to speak to a receptionist privately.

Reception Staff ~ Ongoing training and development. In-house customer care training over the next 6 months.

Waiting Time ~ It was agreed that the key issue is to communicate the standard length of time for an appointment so that patients are less likely to arrive late. We should also notify patients that they can request a double appointment if they feel it is necessary. Action:

- 1). Publicise the above on the practice website, TV screen, waiting room and practice newsletter.

Awareness of Website, Extended Opening Hours & Online Repeat Prescription Ordering ~ The Group decided that we should publicise the above more effectively by advertising on:

- 1). Posters in the waiting area
- 2). The bottom of prescriptions and recall letters
- 3). Back of appointment cards.
- 4). Continually in the practice newsletter.
- 5). A small PPG leaflet.

Opening Times ~ We agreed to verify whether our opening times (including extended opening hours) are adequately displayed by entrance doors.

Health Promotion Events ~ We will discuss which events may be suitable with clinicians, and aim to hold our first event within the next 6 months.

Natalie

Natalie/ Susie

Natalie/ IT Manager

Natalie to D/W responsible clinicians

Natalie

Natalie

Natalie to D/W Janice

Natalie to D/W Janice

All

<p>Group members should feedback to Natalie if they have any further ideas.</p> <p>Additional Comments ~ Waiting Room Too Warm - We agreed to liaise with our heating contractor to verify if an improvement can be made to the temperature control of our current system.</p>	<p>Susie to D/W Janice.</p>
<p>7. Practice News</p>	<p>All to note</p>
<p>SMS Text Messaging - The SMS text messaging service for appointment reminders is now in operation. The Practice intends to monitor its use and hopefully see a reduction in the number of missed appointments.</p> <p>Newsletter - Our first quarterly Practice newsletter was published towards the end of December. Copies are available to download from the website or pick up from reception. Consideration was given as to how we could improve its distribution; two further options were suggested: 1). Sending a text to those who have consented saying that the newsletter is available to download. 2). Enabling patients to 'sign up/ subscribe' to the newsletter online.</p> <p>New Registrar – Ruth Davidson has joined the Practice until April.</p>	<p>Discuss with IT Manager</p>
<p>8. Any Other Business</p>	
<p>Gurjit raised an issue surrounding 'record sharing' on our new clinical computer system. It was felt that this subject would require clarification from the IT Manager and so would be deferred until the next meeting.</p>	<p>Discuss with IT Manager</p> <p>Agenda item for next meeting</p>
<p>9. Next Meeting</p>	
<p>Date and time of the next meeting is to be confirmed.</p>	