

PORTER BROOK MEDICAL CENTRE

PATIENT PARTICIPATION GROUP MINUTES

Thursday 2nd October 2014

Present: Susie Uprichard Practice Manager & Business Partner
 Janice Ellis Patient Services Manager
 Dr Gurjit Barn GP Partner
 Dr Kirsty Goddard GP Partner
 Katie Wight Practice Nurse
 Raza Hussain
 Tim Nelson
 Charlie Khan
 Steve Joseph
 Dineke De Jong
 Sam Bussey

1. New Members	Actions
The Group welcomed Sam and Dineke. The Ground Rules and Terms of Reference were discussed.	
2. Apologies	
Apologies were received from Jenny, Craig and Eileen. Apologies were also accepted from the following new members: Robert Bragg, Sarah Jane Smalley and P J Hughes, all of whom are keen to join the Group but unable to attend this meeting.	
3. Minutes of the Last Meeting	
The Minutes of the meeting held on 20 th August 2014 were accepted as an accurate record.	
4. Matters Arising	
Queuing line at the desk – as suggested by Tim, a sign has now been placed on the front of the Reception desk in an attempt to get all patients queuing at the same side.	
5. Membership of the Group	
<p>Expressions of interest: Since the last meeting, there have been a further 8 expressions of interest to join the Group. Whilst this is very encouraging, there has still not been any interest from students or carers who remain unrepresented.</p> <p>Sam offered to talk to his friends who are students registered at the Practice to see if he can get anyone interested in joining the Group.</p> <p>Under the Terms of Reference, there is only room for 2 more patients to join the Group at this time. It was agreed that Janice would invite one of the patients who fell into an unrepresented group to join and one place would be left open in the hope that a student could be recruited. Janice will write to the other volunteers to thank them for their interest and inform them that they are on a waiting list.</p> <p>Access: Since one of our new members had been unable to attend the meeting due to problems getting down to the Meeting Room, the Group agreed that future meetings would be held on a rotational basis in the waiting room. Hand outs would be used as necessary. It was also agreed that more effort should be made to hold meetings on different days of the week to ensure that as many members as possible had the opportunity to attend.</p>	<p align="center">Sam</p> <p align="center">Janice</p>

Vice Chair Vacancy:

Following the resignation of Leslie Green, there is now a vacancy for a Vice Chair. Susie asked all patient members to consider if they would like to seek nomination for the role. Susie clarified that eventually the aim was for the Group to be patient led with patient members filling both Chair and Vice Chair roles. In the interim, the role of the Vice Chair was to support her as current Chair.

5. Key Priority Areas/Action Plan

Following on from the last meeting, further discussion took place on the key areas of priority for improvement and actions needed. As a result, the following Action Plan was agreed:

Running late for appointments – this has been highlighted as a concern in all 3 feedback sources reviewed. Some information had been produced by Adam, the IT Manager. From this, it appeared that the average wait was 7 minutes. Whilst this may not seem long, the cumulative effect of this may not be acceptable to some patients. It was acknowledged that different doctors have different styles of working and whilst some patients want a quick ‘in and out’, others choose to wait longer for a particular doctor as they know they will receive more time themselves.

ACTION POINTS WERE AGREED AS FOLLOWS:

- Obtain more detailed information on waiting times such as numbers waiting less than 5 minutes, 5 – 10 minutes, 10 – 20 minutes and over 20 minutes over a specific period.
- Devise and circulate a short questionnaire to get a snapshot of patients’ views on waiting times.
- Have a renewed advertising campaign on the ability to book double appointments when needed
- Review actual waiting times against patient comments within 3 months

Getting through on the telephone – This has been deemed to be a key issue on previous action plans. With the introduction of the new telephone system it is now easier to monitor call information.

ACTION POINTS WERE AGREED AS FOLLOWS:

- Include a question in the short questionnaire referred to above under ‘running late for appointments’ to gauge patient opinion on the phone service offered
- Continue to monitor the number of calls received, peak times, length of ring time, etc
- Investigate the possibility of reducing the length of the message giving options at the beginning of a call
- Review any areas for improvement within 3 months

Magazines in the waiting room – A common patient request from a number of sources.

ACTION POINTS WERE AGREED AS FOLLOWS:

- Run a short advertising campaign to get patients to bring in magazines
- Reception staff to vet material handed over and display as appropriate
- Review in 2 months

<p>Texting of test results – Requests to receive test results by text to be considered as an option for routine results. This would be more convenient for patients, reduce the number of phone calls into the Practice and the cost of sending letters. It was agreed that this action had to be clinically led.</p> <p>ACTION POINTS WERE AGREED AS FOLLOWS:</p> <ul style="list-style-type: none"> ➤ Susie to discuss possibilities/options with relevant clinicians and report back any progress within 3 months. 	
<p>6. Any other business</p>	
<p>Charlie wondered if it would be useful to have some form of recording equipment which could play messages to non-English speaking patients in the waiting room. Susie thought that the number of languages involved, together with the difficulties of maintaining recording equipment and keeping messages up to date, would make this unworkable. Whilst our website has a translation tool, it was generally agreed that it may be useful to have the Practice leaflet in some of the more common languages.</p>	
<p>7. Date of next meeting</p>	
<p>Wednesday 12th November at 6pm in the Waiting Room</p>	