

3rd SPRING HALL PATIENT PARTICIPATION GROUP MEETING

Wednesday 13th June 2012 at 13.30

Patients and staff in attendance:

Dr Seema Nagpaul	GP
Tracy Worrall	Deputy Manager
Julie O'Grady	Receptionist
KH	Patient's partner
JH	Patient
PD	Patient
VB	Patient
BH	Patient
MA	Patient

Dr Nagpaul started the meeting by introducing everyone and thanking them for taking the time out of their busy schedules to join us at the meeting. She explained that this is the third group meeting and we had held and so far we had held them all at different times to try to accommodate all of our patients.

Dr Nagpaul reminded the group of the ground rules for the group which are, To be polite to each other, and to listen to each others frank and honest opinions. Anything which is said will not be held against you and would not impact on your care with the practice.

The participation group is not a forum to discuss personal complaint the normal complaints procedure should be used for that, however personal experiences will be useful in helping us improve our surgery

Dr Nagpaul explained that we would like to develop our group moving forward and formalise it. She suggested that we could promote a chair person or a patient lead who could work with the surgery to develop the agenda's for the meetings. The patients present at the meeting didn't feel they were in a position to take on the role and it was agreed to see how the patients at the next meeting would feel about it. In the meantime it was agreed that if any patients had suggestions for the next agenda they could contact either Tracy or Jools at the surgery to have it added.

Dr Nagpaul discussed the changes at the practice which had happened as a result of the previous meetings.

The flooring has been changed on the ground floor, including the GP consulting rooms and the nurse's rooms from carpet to the more hygienic and hard wearing vinyl.

The notice boards have been tidied up and old posters have been removed where possible.

The fish tank has been cleaned out and some new fish have been introduced.

Dr Nagpaul advised the meeting that the surgery would be joining the CQC (Care quality commission) from 2013. She explained that this is a commissioning group which is set up by the government to uphold the quality standards in public buildings. This includes general practice, care homes hospitals dentists etc. They will take into account the services we provide, our communication with patients, disabled services and cleanliness. The surgery is already working towards our compliance with this new commissioning group.

Dr Nagpaul discussed the results of last year's questionnaires and explained that overall the results had been very good, and as a surgery we were extremely happy with them. We had however noticed that the question which asked if the patients were happy with the triage system had been split 50/50 with patients who either loved it or hated it. As a result of this and discussion with the group we have already altered the appointment system to 2/3 of the appointments being pre bookable by reception. One of the patient's explained she had tried

to book a pre bookable appointment but the earliest one had been for 3 weeks ahead which she had felt was too long, the receptionist had then put her down for a triage call and an earlier appointment had been arranged. It was agreed that this had been handled correctly and is in fact how the triage system should be used, given that the receptionist are not medically trained and can not decide what is appropriate to wait for an appointment and what is not.

Dr Nagpaul did however explain that the fact that we now have appointments which can be booked up to 4 weeks in advance has resulted in the practice having more appointments wasted with patient's not attending. The example she gave was the previous Saturday am at Boots, the morning clinic had been booked with 15 appointments 6 patients did not attend. Of the six who failed to attend 5 of those had booked the appointments in advance.

One of the patients asked if the surgery still did home visits. We explained that GP's do still do home visits but it is only possible to do home visits on the totally housebound.

One lady explained that she is not a patient of ours but was the partner of a patient who she had attended with. Her partner is wheelchair bound. She said her surgery is currently nurse led and she does not even have a GP, She said that as an outsider looking in she felt the practice is working very hard at our patient care and she felt that our communication skills with associated services (district nurses etc) was excellent. Dr Nagpaul agreed that we did have some very good working relationships with our district nurses and health visitors and having a duty Dr available each day helps. She also explained that our computer system helps as it is the same system that the district nurses and HV and community nurses used etc allowing us to see immediately what is happening with the whole of the patients care.

One of the patients asked Dr Nagpaul how she felt about GP commissioning and if she felt it would help or improve patient care. Dr Nagpaul explained that she could see the positives and negatives with commissioning. The negatives being that time spent away from patient care on the role of commissioning but she hoped that one definite positive would be all of the services working together more as a team.

One of the patients suggested that maybe the surgery could use music in the surgery rather than the radio as she felt the constant chattering was very annoying.

Dr Nagpaul asked the group if they felt that moving forward there were any ways they would like to get more involved with the surgery. She suggested a few ideas from helping out at flu days directing patient helping with coats etc. another suggestion was if they could give up an afternoon to help patient's fill out questionnaires or even to help man a health promotion event at the surgery. A few of the patient felt they would be happy to help with events like these and Tracy took a note of their names.

It was explained that the surgery has tried several different ways to invite patients to join the group. We have tried personal invitations and sending a text out to every single patient on the system who has a mobile telephone number we also have sent an email to every patient on the system with one listed. It was suggested that we could try arranging the next meeting now which would allow more of the members time to put it into there diary and hopefully we would find we would have a more positive response. Dr Nagpaul suggested that if anyone present know anyone who may be interested in getting involved then they could pass on there information to Tracy to contact. 'bring a friend'

It was agreed that the next patient participation group meeting would be held on **Tuesday 4th September 2012 at 6.30pm.**

Minutes from this meeting will be on the notice board in the surgery and a copy will be sent to all patients who have previously attended a group meeting.

A copy will also be placed onto the practice website at www.springhallgrouppractice.co.uk