

PATIENT PARTICIPATION GROUP 2014.

Minutes of Meeting held on: 2ND DECEMBER 2014 at 5.30pm

Issue raised	Points discussed and Actions raised
Attendees	Mrs Janet Robson- Business Manager. Mrs Lesley Westgarth- Operations Manager. Patients: TT, GD, BF and new member AHW.
Apologies	AK and KG All of the patients who elected to be part of the group but communicate via email- these minutes will be emailed to them.
Business from last meeting and new items	<ul style="list-style-type: none"> ❖ JR spoke group about the Prime Minister's challenge fund initiative from which Darlington GP practices have been awarded a share of funds to look at and implement pilot schemes to improve appointment access for patients ❖ Drs Walden, Harrison and Riley are now very established within the practice and have very quickly built up a patient base ❖ Dr Kitson is sadly no longer at the practice. He has made the decision to return to his dermatology specialism and his military work rather than working in General Practice ❖ We are currently recruiting for a Nurse Practitioner to fill our vacancy which would provide us with increased appointment availability ❖ LW explained that back in April the practice implemented a full restructure of the administration team. This was intended to give responsibility for key areas to new managers and allow JR to concentrate some of her time setting up Primary Healthcare Darlington- a business incorporating all Darlington GP practices allowing them to work together in some areas which would benefit all of the practices ❖ 2 new full time Receptionists recruited ❖ Gill Lodge, our Head Receptionist, is retiring at the end of the year. Kim Segger has joined us as Gill's replacement and brings with her a wealth of experience and knowledge from her previous role as office manager at Parkgate Surgery ❖ TV screen in waiting room now displays useful information for patients relevant to our surgery rather than the public information programmes previously running on it

<p>Progress of last year's patient survey action plan</p>	<p><u>Lack of appointments/need for locums</u></p> <ul style="list-style-type: none"> ❖ Prior to Dr Kitson's departure we had been back up to full GP strength again without the need for locums. Had to rely on locums again commencing from October ❖ Unsuccessful GP recruitment campaign due to national GP shortage led us to decision to recruit a Nurse Practitioner – recruitment in progress for this ❖ Dr Mathieson has reduced some of his CCG commitments in order to see more patients <p><u>Improving waiting time for patients in waiting room</u></p> <ul style="list-style-type: none"> ❖ delays often unavoidable due to unexpected emergencies due to the nature of our business ❖ Clinics for locums and more recently qualified GPs now have "catch up breaks" factored in to them to reduce delays to patients <p><u>Promote surgery Carelink Worker and carer facilities</u></p> <ul style="list-style-type: none"> ❖ We continue to update and promote this facility by use of carer information board in entrance lobby and information provided on website ❖ New Head Receptionist to take over as carer link worker in association with DAD <p><u>Promote website</u></p> <ul style="list-style-type: none"> ❖ All letters sent out from surgery to patients now have our website address on them ❖ One off message printed on prescriptions <p><u>Promote system online</u></p> <ul style="list-style-type: none"> ❖ Information on website, in newsletters on TV screen, waiting room notice board and on prescriptions advertising the facility ❖ 360 more patients have registered for this facility in last 8 months
<p>Action plan to identify and aim to improve 3 areas</p>	<p>The group discussed and made suggestions regarding 3 key areas to endeavour to improve or highlight awareness.</p> <p><u>Appointment availability</u></p> <ul style="list-style-type: none"> ❖ Recruitment of a Nurse Practitioner rather than a GP will provide far more appointment availability due to cost factors ❖ New weekend clinics being covered by some of our GPs providing weekend appointments between 8am-2pm for patients who work during week, work away or due to carer requirements cannot be seen during week ❖ Trial to vary GP Partners clinic times to provide later appointments ❖ Some "on call" days where full day is covered by one GP now split into morning and afternoon sessions to be covered by different GPs - therefore eliminating on call GP being unavailable for routine appointments for the full day

- ❖ Use of highly skilled Advanced Nurse Practitioner locums in addition to GP locums allows more appointment cover as they are less expensive
- ❖ Trial for some pre bookable appointment slots to be released 2 days in advance and some 2 weeks in advance instead of all of them being released 4 weeks in advance and being quickly booked up

Encouraging patients to make best use of Pharmacy/Pharmacist for minor ailment treatments

- ❖ Use of posters throughout surgery advising patients how their pharmacy can help with minor ailment treatments(e.g. hayfever, head lice, infant teething, sore throat, thrush, earache, headaches, diarrhoea amongst others)
- ❖ Leaflets handed out to patients during consultation if appropriate
- ❖ Advertising on TV screen to inform patients that most minor ailment treatments from pharmacy are free for any patient exempt from prescription charges who is registered with a GP practice within Darlington and that they can be seen at the pharmacy without an appointment
- ❖ When surgery fully booked receptionist to remind patients to speak to Pharmacist for minor ailments as they can often help
- ❖ Use surgery newsletter to promote this service

Improving services for visually impaired patients

LW advised group that she had spoken earlier to new PPG member AHW for advice and suggestions as she herself is visually impaired.

- ❖ AHW coming in in the new year to speak to admin staff to advise how they can best assist our visually impaired patients
- ❖ Suggestion from AHW to paint door of wheelchair accessible toilet bright green to stand out
- ❖ AHW has provided a copy of RNIB- top tips for healthcare professionals for all clinical staff
- ❖ Newly registered visually impaired patients to be offered a walk around introduction to the surgery to see how they can best be helped.
- ❖ Staff to be advised to introduce themselves as name badge cannot be seen
- ❖ Visually impaired patients to be advised of any new information/services relevant to them when they come in to surgery
- ❖ AHW asked about us looking at costing for “talking newspaper”

Friends and family test	<p>JR spoke to group about friends and family test. from Dec 1st patients will be given the opportunity to provide feedback by answering 2 simple questions</p> <ol style="list-style-type: none"> 1. how likely are you to recommend our practice to friends and family if they needed similar care or treatment/ 2. if we could change one thing about your care or treatment to improve your experience what would it be? <p>This feedback is given via two new wall mounted boxes located in the waiting room and corridor.</p> <p>The results are to be sent off each month to NHS England.</p> <p>The question form also asks for feedback regarding the out of hours service as we are also obliged to feed back any comments received about this.</p>
CQC inspection	<p>JR advised that it is fully expected that between January-March 2015 all Darlington practices will be fully inspected by the Care Quality Commission (CQC) who are the regulators of health and social care providers. The practice will be given 2 weeks notice of the date of the inspection and highly likely they will wish to speak to a PPG member.</p>
AOB	<p>Suggestion from GD and BF to look at possibility of having car park painted with designated parking spaces as current ones very difficult to see.</p>
Next meeting	<p>Approx 3 months time</p>

Hard copy of minutes signed by Mr T. Taylor.