

## PATIENT PARTICIPATION GROUP

Minutes of Meeting held on: Tuesday 3<sup>rd</sup> March 2015 at 5.00pm

Issue raised	Points discussed and actions raised
<b>Attendees</b>	Mrs Janet Robson - Business Manager Mrs Lesley Westgarth - Operations Manager Patients: GD, BF and KG
<b>Apologies</b>	TT, AK, AHW All of the patients who elected to be part of the group but communicate via email- these minutes will be emailed to them.
<b>Business from last meeting and new items</b>	<ul style="list-style-type: none"> <li>❖ As yet no date for CQC inspection, but expected to be this month. We are given 2 weeks notice and inspectors will wish to speak to a group representative</li> <li>❖ With effect from 2<sup>nd</sup> March Nurse Angie Gray now working as a Nurse Practitioner - has been qualified for some time but previously chose to specialise in other areas</li> <li>❖ Nurse Diane Adkins has taken over role of Nursing Team Leader</li> <li>❖ Currently recruiting for part time Practice Nurse</li> <li>❖ Sadly Dr Riley leaving us in May. She has been offered a partnership at another surgery and will be a huge miss to the practice</li> <li>❖ Currently recruiting for a GP to replace Dr Riley for 2 days as Dr Harrison is increasing her hours to reduce the shortfall.</li> <li>❖ Admin staff soon to be wearing a new bright pink uniform blouse</li> </ul>
<b>DNAs (did not attend)</b>	<p>JR asked for group feedback regarding ongoing problem with large number of patients who do not attend for booked appointments without prior notice of cancellation. Discussed at recent Darlington Practice Managers' meeting and is a problem for all practices. Suggestion made and agreed by group for us to send out letters, on behalf of our PPG group, to patients who persistently DNA. JR advised that Darlington practices are also going to put together a publicity/radio campaign to raise awareness of DNA issues and remind patients to cancel appointments so they can be given to other patients.</p> <p>LW advised group that in February alone we saw 4238 patients but had 344 wasted appointments due to patients not attending. Group reminded that in the waiting room we continue to display our monthly figures for patients seen and DNAs - which was a previous suggestion agreed by the group.</p>

<p><b>Progress update on 3 key areas to improve/increase awareness</b></p>	<p><b><u>Encouraging patients to make best use of pharmacy/pharmacist for minor ailments:</u></b></p> <ul style="list-style-type: none"> <li>❖ Posters now displayed in surgery window and in waiting room advising patients how pharmacy can help with most minor ailments, rather than seeing a GP</li> <li>❖ Leaflets in waiting room and also handed out during appointments by clinical staff, if appropriate</li> <li>❖ TV screen in our waiting room advertises pharmacy's minor ailment services, advises that most treatments are free for patients eligible for free prescriptions &amp; that patients can be seen by the pharmacist without an appointment</li> <li>❖ Receptionists advise patients to go to pharmacy for help with minor ailments when we are fully booked</li> </ul> <p><b><u>Improving services for visually impaired patients:</u></b></p> <ul style="list-style-type: none"> <li>❖ At the suggestions of one of our visually impaired PPG members the wheelchair accessible toilet door has been painted bright green to provide better visibility. (LW advised group many positive comments received from both patients and staff as patients who require this facility are aware they are looking for "the green door"</li> <li>❖ PPG member AHW has provided a copy of RNIB "top tips for healthcare professionals" information pack. Copies have been given to clinicians</li> <li>❖ Newly registered visually impaired patients are to be offered the opportunity to come in and have a walk around induction</li> <li>❖ Staff have been advised to introduce themselves to visually impaired patients who may not be able to read name badges</li> <li>❖ AHW going to come in to surgery to talk to admin staff on how best to assist visually impaired patients</li> </ul> <p><b><u>Appointment availability:</u></b></p> <ul style="list-style-type: none"> <li>❖ We have now recruited another Nurse Practitioner to provide more appointments than previously available with GP</li> <li>❖ During our current GP recruitment campaign we have been using Advanced Nurse Practitioner locums rather than GP locums as the lower cost allows us to afford more cover</li> <li>❖ Our practice and GPs are part of Primary Healthcare Darlington and are providing weekend appointments</li> </ul>
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	<p>for our patients who cannot attend surgery during the week due to working or caring commitments</p> <ul style="list-style-type: none"> <li>❖ We have ongoing trials to change times of clinics to provide later appointments.</li> <li>❖ Nurse Practitioner appointments are now available to accommodate patients who work full time and may need a later appointment</li> <li>❖ Previously our GP on call sessions would be covered by one GP for a full day. Some days have now been split in to half days and are covered by 2 different GPs. This helps to eliminate the on call GP being unavailable for routine appointments for the full day</li> <li>❖ We have now put in place a facility to release pre-bookable appointments on a more staggered basis, rather than all being released 28 days in advance. Some are now released 2 days in advance and some 2 weeks in advance.</li> <li>❖ Whenever possible receptionists try to establish the reason for the appointment, as often medication requests and repeat sick notes do not require an appointment. It also enables them to ensure that the patient is seen by the appropriate clinician for the correct length of time required, as instructed by our GP Partners (see complaints below)</li> </ul>
<b>Complaints</b>	<p>Group discussed 2 complaints which had been made as patients were unhappy at having the receptionist ask the nature of their problem. Group all in agreement that they felt that it was appropriate to try to ascertain the reason for the appointment where possible, to avoid potentially wasting both patients' and clinicians' time</p>
<b>Friends and family test</b>	<p>JR spoke to group about disappointing response to friends and family test, which has been in effect from Dec 1<sup>st</sup> 2014. Despite having 2 prominently placed feedback collection boxes we have received very few feedback forms. Group suggested GPs having some forms in their room and asking patients to complete them as they leave the surgery.</p>
<b>Comments from suggestion box</b>	<ol style="list-style-type: none"> <li>1. Patient happy with everything</li> <li>2. Asks for lights outside to be improved (at the time they were awaiting repair but since been carried out)</li> <li>3. Appointments later in day and on a weekend (see below)</li> </ol>
<b>Primary Healthcare Darlington update</b>	<p>JR spoke to group regarding latest developments for Primary Healthcare Darlington. Original funding ends March but has been extended &amp; weekend appointments to continue.</p> <ul style="list-style-type: none"> <li>❖ From April Sundays will be discontinued due to very poor patient response</li> <li>❖ Nurse appointments for dressings etc are also to be introduced</li> <li>❖ GPs will be working in association with Community Matrons.</li> </ul>

<b>Business still ongoing</b>	LW explained that when time and finances allow, practice will look at previous suggestions for: <ul style="list-style-type: none"><li>❖ improved markings for car park spaces</li><li>❖ possibility of “talking newspaper” facility for visually impaired patients</li></ul>
<b>Next meeting</b>	Approx 3 months’ time

Hard copy of minutes are signed by GD - Patient Group Representative