

TADLEY PATIENT PARTICIPATION GROUP

Minutes of a meeting held on Monday 11th August in the Conference room at Holmwood Surgery at 6:30 p.m.

Attended by: Paul Woodgate (Chair), Hayley Bone, Val Turnbull, Claire Chambers, Alan Chambers, Gill Tomkins, Peter Parsons, John Davis and Hazel Metcalfe

1. APOLOGIES

Apologies were received from Kate Hebden (Wright), Derek Heath, Matthew Burden and Lorraine Burden.

No Practice staff were available to attend this additional committee meeting.

2. MINUTES OF THE MEETING HELD ON 02/07/2014

The minutes were agreed as a true record.

3. MATTERS ARISING

There were no matters arising.

4. DNAs (Appointments not kept by patients)

Since the previous meeting statistics had been made available to the committee by HW and AC proposed thanks to her on behalf of everyone. PW summarised the on-line debate that had taken place between members, thanking individuals for their contributions, both in the form of personal opinions and research papers. He then opened the discussion. Main points to note were:

- AC suggested the Practice DNA results were common to all booking systems e.g. airlines and data could be interpreted in various ways. The 'spike' reported on the graphs supplied by HW were subsequently found by her to relate to telephone appointments which were not logged as completed by GPs (reported by HM) and therefore not DNAs at all HW to be asked to confirm the difference this would make to totals.

- HW had also reported to HB that text appointment reminders can be replied to, to cancel unwanted appointments. Patients will be made aware of this when the system has been tested.
- PP wanted to be sure that pursuing DNAs was a priority for the doctors. HB had discussed this with Dr Caren who said that on a busy day they provided a catch-up time but other admin time was provided. JD suggested the numbers would not be displayed so prominently if the doctors were not concerned.
- There was a discussion initiated by GT on respect and responsibility between doctor and patient. One local practice sends letters of varying degrees of formality resulting in removal from the list but neither the committee nor Dr Caren supported this at present. However, it was noted that, whilst patients lose their appointment slot if ten minutes late, doctors are often running significantly later than ten minutes which implies a lack of respect for patient commitments or transport arrangements. Whilst conducting the recent survey HB had observed a patient with mental health issues walk out when she could no longer cope with the extended wait for her appointment. HB and HM had recently spent several days completing surveys with patients at each surgery. Details from the survey will be available at the next meeting.

Issues around the delivery of blood test results to patients were aired. The group consensus was that being told to make a non-urgent appointment leads to a period of anxiety whilst waiting for this. Also, the default position should be that all results are communicated to the patient asap.

PW proposed deferring the question of DNAs to the September meeting with further actions being:

- PW to offer to attend a Practice staff meeting for a few minutes to ask for views on DNA as a priority issue and for more precise data. Doctors to be asked to make an individual response.
- PW to seek suggestions to determine other issues in which the PPG might become involved.
- PW to ask doctors for their views on the distribution of blood test results and the length of appointments related to need.

- CC and others will investigate the wider NHS picture regarding DNAs at GP level.
- PP will forward the Nebraska report to all.
- JD will use membership of other medical bodies to canvass methods of approaching the reduction of DNAs.

5. NHCCG PPG meeting

To be attended by GT and PW who will determine the role and relevance of this meeting to local groups and report back. PW is specifically interested in practice provision across the area and funding available via this group.

The legitimacy of the PPG committee was discussed after AC questioned this. It was felt that the fact all other patients had the opportunity to become involved and that our legitimacy came through action. We are aware that we are not representative of the patients so considered ways to resolve this. JD suggested exit interviews from patients leaving the area and HB felt new patients would bring ideas from previous practices used.

CC reminded of the need to support all patients and cited the confusion over the pharmacy (a private company) and the dispensary which some members admitted to sharing. JD explained that you can use the dispensary if you live more than a mile from the surgery.

Action: HB will share with PW and GT copies of minutes and information from past meetings.

PW and GT will report back at the next meeting.

6. MEMBERSHIP OF THE ASSOCIATION OF PPGs

Membership costs £60 for the first year and £40 p.a. subsequently. HW had confirmed that the Practice will pay this. It was agreed that the organisation looked to be a useful source of information (napp.org.uk)

7. AOB

There was only one item, from AC, who asked members to consider ways to communicate as the e-mail list is proving cumbersome.

Action: all to consider

The Chairman thanked members for attending and closed the meeting at 7:25 p.m.

DATE OF NEXT MEETING - Wednesday 24th September at 6:45 p.m.