

TADLEY PATIENT PARTICIPATION GROUP (PPG)

Minutes of a Committee meeting held on Wednesday 9th May 2018 in the Conference Room at Holmwood Health Centre

Present, Claire Chambers (acting chair) , Alan Chambers, Val Turnbull, Kate Wright, Gill Tomlins, Tony Wicks, Dr Hogan, Heidi Williams, Gillian Herbert, Karen Green and Graham Wright

1. Apologies:

Paul Woodgate, Hazel Metcalfe, Chris Backwith

2. Minutes:

Minutes of the meeting held on Wednesday 7th February 2018 were agreed to be a true record

3. Matters arising

WoW! Awards

Practice have discussed this and could not see how it could work fairly within the practice structure and have decided to hold off any implementation for now. It was considered that there was the potential for this to be divisive within the practice with potential for division between the patient facing teams and back office teams. CC suggested to have a short session at the beginning of internal practice meetings to highlight 2 to 3 people/events to recognize excellence. These could also be included in minutes and emailed to all staff.

CQC Inspection

Will occur within the next year, timing not yet known and will only have about 2 weeks notice. PPG committee members Hazel and Claire had assessed both Morland and Holmwood premises from a patient's perspective and have made a few very minor recommendations. They were very pleased with what they saw and the staff members that they spoke to. Noted that staff were welcoming and open to the group.

Happiness course

CC & AC attended a course series, more courses planned. CC took a small part in facilitating the sessions and has been asked to lead one session in future courses. 12 people attended course CC & AC attended, course is 6 x 90 minute sessions but will be 7 sessions in the future. Noted that the venue (Sainsburys coffee lounge) was not ideal and likely next session will be in the Salvation Army Hall. Next sessions will probably start 2 July but this needs to be confirmed. These will be advertised locally and patients who may benefit from the courses could be told about them and GP's should be made aware of the courses. Course is free, but book outlining the course costs £5 and is recommended for all participants. The course is facilitated by local churches but is not intended to be religious as such. They run these as part of their initiatives as it helps develop a sense of community. CC to contact Richard Harlow to confirm dates and advise practice.

CC has also run a positivity session for the practice teams, which has been very well received.

Actions: CC to confirm dates to practice
Practice to confirm date to all GP's

4. PPG website

AC has reviewed site in detail, found it to be very inflexible in terms of options for changing content. Text of the proposed revisions to the website was shown, after some discussion it was proposed by TW that the upgrade be accepted and uploaded. To complete the data required, KW to send HW details of any changes to Healthwatch Hampshire wording on "consumer champions" and AC to send HW the photo of the group.

Actions: KW to send HW details of Healthwatch Hampshire changes
AC to send HW digital copy of the group photo

5. Telephone system

TW commented that the phone system is a critical contact point for patients and must be excellent in all respects. TW also noted that there needs to be some interpretation on the part of a patient or carer in deciding whether to request an appointment/call back or to go to 999.

The new phone system does not have the technical capability of giving the caller information on their position in the queue to be answered, the queue counting for the triage system is done manually. Possibility of having queue position from the system is being investigated by the system supplier to see if an upgrade may be possible.

At times there can be long delays in answering calls, waiting time as long as 30 minutes to speak to a person to make an appointment have been encountered. GH noted that up to 5 people are answering calls in the morning. For urgent cases, the secretaries may be better placed to assist than the receptionists making appointments. The role of secretaries was explained in more detail. Minimum of one secretary is assigned to receiving phone calls, in busy times a second secretary is assigned. Up to 4 secretarial lines are available if necessary. None of the GP's has a private secretary, all secretaries act for all GP's. Definition of correct term for the secretaries is required and then incorporated into the messages. There is an issue of secretarial cover during lunch breaks, between 1pm and 2pm the secretary line is not available.

The GP's are starting to think about how the call back order from triage could be prioritized, currently call back is done based on the order in which calls are received.

TW noted that the wording of the messages and the routing of calls coming from the messages needs to be perfect. Currently there is some potential ambiguity in some messages. TW has offered to make a review of all the messages currently on the system and the routing path for calls to determine any disconnects or ambiguities. The system can be modified relatively readily so any issues detected could probably be worked on by the practice.

Practice noted that it is not an emergency service or an A&E service. Some patients are too demanding when their issue is non urgent, others are not demanding enough when they have an urgent issue. The receptionists are not medically trained and cannot differentiate or make decisions in these cases.

Actions: TW to review messages and routing of calls on the system, to work with HW to get the necessary data
Practice to look into secretarial cover during lunch breaks
HW to find the correct term to define the secretarial role and incorporate into the phone messages

6. Visit of Kit Malthouse MP

Very different feedback from different sources. The practice was concerned about the impression from the visit and that the impression gained by KM may not be positive. Feedback from those who have had comments from practice or KM:

GT KM very impressed with the practice, was surprised about the number of non medical questions directed to the receptionists
TW KM commented that a number of patients in the waiting area failed to check in with the auto system on arrival and then asked the receptionists why they had not been called for their appointment. Also commented that he considered it had been a good visit and he appreciated the hard work of the practice
JH there was concern from the doctors about some questions asked and the appropriateness of them
CC the attitude of KM during the visit and some of the questions asked not considered to be positive

Overall unclear whether some of the questions were intended to be provocative and whether a reaction was being sought by KM.

7. Practice update

- Another salaried GP is leaving the practice, the practice is seeking to appoint a new GP and a nurse practitioner. Recruiting GP's is not an easy task
- There is a focus on redesign of the teams to optimize the use of people.

- Several new receptionists have recently started with the practice. Still have 15 hours per week of unfilled reception time, which is being covered by overtime
- Losing one dispenser from dispensary. 2 new part time dispensers appointed and will start in June, should be totally familiar with practice by July
- To be a dispensing patient, the patient must live >1 mile from a pharmacy under new rules. About 3,500 patients from the 19,500 patient base qualify, previously was about 6,000. If a dispensing patient moves home, no certainty that they can continue as a dispensing patient
- Withdrawal of phone system for prescription repeats has gone smoothly with no issues reported. HM has talked to pharmacy about text message advice when repeats are ready for collection, 2 systems have been tried elsewhere which didn't work but the pharmacy will evaluate another system in a couple of months. The system will prevent unnecessary journeys and make it easier for the right bag to be located on the shelves, which are often full

8. Annual patient meeting

Meeting will be 4 July. Proposed to have the patient meeting for 1 hour, then have a PPG committee meeting directly after the patients have departed.

Proposed that in the notice of meeting that it mention written questions will be accepted, and also the possibility to submit written questions at the end of the meeting for any patients who have not had their question answered.

The new committee officers to be announced at the meeting. HW volunteered to handle nominations and accept votes for offices of Chair, Vice Chair and Secretary. Need to have this completed 2 weeks before the patient meeting (i.e., by 20 June)

Points for agenda:

- Practice news from one of the GP's. JH to advise which GP will do this
- Magazines
- Website
- CQC inspection, visit by PPG committee members
- Happiness group, mention of Richard Harlow attendance

TW proposed that one or two computers with large screens be in the meeting area with the PPG website shown

TW suggested a short item from the practice giving their perspective of the issues they face

9. A o B

- Agreed to defer discussion of doctor workloads and NHS discussion on patients being funded for getting their own treatment would be deferred to the September meeting.
- Tadley Treacle fair – notice too short to consider having a stand at this years event, but consider for 2019
- Blood tests – patients are encouraged to use Basingstoke hospital, but blood tests still available at practice. Booking of blood tests to be included in September agenda

The Chairman closed the meeting at 8:43pm

Date of next meeting 4th July 6.30pm (AGM to 7.30pm with committee meeting to follow)

G Wright
14 May 2018