**HIGHCROFT SURGERY**

**Patients’ Participation Group**

**Minutes of the meeting held on Wednesday 2nd. December 2015**

**Present:** Christine Foster (Chair), Helen West, Jacky Bucknell, Claire Wood, Peter Pelling, Steve Jones, Arnold Harris.

**1.** The Chairperson welcomed everyone and introduced new members. The meeting was informed that the Practice doctors were impressed by the PPG work on the ‘Influenza Immunisation Morning’. Members were made aware of the staffing pressures affecting the Practice.

**2. Apologies**: Bernadette and Ted Cocking, Pat and Brian Fisher, P. Leavesley, Diane Kerrison.

**3. Minutes of the last meeting:** The minutes of the meeting held on 9th. September were approved as a true record.

**4. Matters Arising:**

* The number of telephones available and the number of staff manning

the phones at one time from 8 a.m. was queried.

At this moment Dr. McKeating joined the meeting bringing a cheque for £274-26, the sum raised by the sale of cakes etc. by members of the PPG Committee on the occasion of the Influenza Immunisation Saturday morning session.

Dr. McKeating kindly stayed to participate in the agenda item ‘Practice Matters’.

**5. Practice Matters**

* The Practice Manager was no longer with the Practice and adverts for new staff will be published shortly. The Practice is considering the appointment of a part time Business Manager and an Administration Manager to replace the

post of Practice Manager.

* It was felt that there was a communication weakness in terms of feedback from PPG meetings to the Practice Management and from the Practice Management to the PPG. Dr. McKeating said that he would be happy to take up issues.
* It was reported that the PPG section of the Practice Website was not fully up to date e.g. the constitution was not that currently in operation.
* The meeting reviewed the results of the **Triage Study** carried out on the morning of the Influenza Immunisation session. There had been 155 replies with the following results:- Happy with the System of Triage 121

Unhappy 34

Concerning the Telephone waiting time (i.e. the time taken by patients to connect with Reception Staff) the results were as follows:

Less than 10 minutes 37

Between 10 and 20 minutes 26

More than 20 minutes 61

31 replies did not record waiting time. Many patients found that getting through on the telephone was their chief concern and could be very frustrating. A number of patients gave up. Some tried on a following day but some with more urgent problems sought alternative treatment perhaps at the Urgent Care Centre (formerly the Walk-in-Centre). One issue raised was the problem of communication with patients with mental health issues (cf).

Clearly some patients did not understand the term ‘triage’. It was felt that an alternative name could be adopted and other steps taken to inform the patient body. A number of recommendations have been included in the Study Report.

Patients under 18 years of age and those over 65 are always seen.

Dr. McKeating pointed out that Triage was not necessarily just for urgent cases but for any more routine ones as well.

* Issues of staff patient communication were raised. Dr. McKeating said that further sessions of staff training are scheduled.
* It was suggested that a Practice Handbook with advice and guidance for patients could be made available.

Dr. Mckeating left to deal with other urgent matters.

**Other Matters**

* Accurate recording of data by staff in hospital.
* A patient had reported a problem with heating in Room 23 when she was being examined and felt very chilled.
* Delay in Hospital reports leading to problems of appropriate medication being prescribed. There was also one report of the old medication prescribed when the information about a change had apparently already been received at the Practice.
* A patient’s appointment made well in advance had been cancelled.
* A young person with issues of Aspergers syndrome and AHDH had to phone many times from 8 a.m. onwards and when finally through to reception had difficulty in appropriate communication with the receptionist who presumably felt that this was just a rude patient and rang off. This may have been understandable but the event raises issues. On this occasion had there been opportunity to book an appointment on line in the following day or two, there would have been no problem. What, however, might the consequence have been had the problem been significantly urgent? Is there a way of flagging up the patient’s name and issue quickly?
* A dementia patient’s carer had brought in a form for a doctor’s completion and although the carer called in again to ask about it, it was stated that it was still unavailable after a number of weeks.
* Again mention was made of long delays in making appointments with some doctors and concerns about continuity of treatment.

**Date of next meeting** Subject to confirmation the next meeting will be on Wednesday January 13th. 2016