**Highcroft Surgery Patient Participation Group**

**Minutes of the meeting held on 15 April 2015**

**Present**: Chris Foster (Chair), Ted Cocking, Peter Pelling, Ian MaCleod Brudenell, Jo Croft (Staff), Arnold Harris.

**Apologies**: Bernadette Cocking, Ann Elphick.

**1. Abusive Patients**

* The Practice is attempting to improve the appointment system by appointing new doctors. Two have left the Practice recently.
* The use of CCTV and recording of phone calls is under consideration.
* This has been a very bad week for incidents of abuse of reception staff. Staff have felt threatened.
* There have been instances of swearing at staff during phone calls.
* Two incidents involved spitting at staff were reported.
* The chief issue resulting in such inappropriate behaviour is the difficulty in obtaining appointments.
* The Easter Bank Holiday did make the situation more difficult. It was noted that there will be two more Bank Holidays in May.
* There may be occasions when staff have not displayed empathy with patients but this does not excuse abuse.

The meeting agreed:

* 1. that Chris will write a letter to convey our support for staff.
* 2. that Chris should raise the issue at a meeting of local practices and possibly People’s

Council.

* 3 that Highcroft PPG should discuss it at a future meeting at a time which will enable staff

to be present.

* 4. Other issues: unclear directions about prescriptions given by Hospitals on discharge. It

was agreed that this should be followed up appropriately.

**2. Working with other Practice PPGs**

* The sharing of meeting agendas and minutes together with the holding of common meetings was raised. These suggestions were favourably considered. However it was pointed out that one local Practice had displayed no interest in the project.

**3. Appointments Survey**

* The comments recorded during the survey were recorded. (See later in these minutes.)
* There were 50 interviews recorded, 34 for doctor appointments and 16 for nurse appointments.
* In this survey 56% expressed either dissatisfaction or that the appointment system needed

significant improvement.

* The sample was small and dissatisfaction could be greater.

**4. Booking Appointments**

* Patients rarely book online: bookings offered are too far ahead. This system does not work

as it stands.

* Jo Croft agreed to find out how many do book online.
* Ian agreed to review the use of triage.
* Members should e-mail Chris with comments regarding ‘waiting time’ for appointments.

**5. Annual General Meeting**

* We are obliged to hold an Annual General Meeting.
* To render this viable, we need to recruit more members of the Group and raise public awareness of the Group and its activities.
* A Saturday morning session to publicise the Group was suggested. Arnold agreed to make enquiries regarding facilities at Arnold Methodist Church
* The AGM should be held at the Arnold Medical Centre.

**6. Future developments**

* Delegation of tasks-minute taking, representation of the Group at external organisation meetings etc.
* Publication of a newsletter to keep the patient population informed.

**7. Date of next meeting** Wednesday 27 May at 5.30pm.

**Comments about the Appointment System**

**Compliments**

* Doctor appointments:- Surgery ‘provides a fantastic service’

‘ same day appointment-saw doctor-works well for me’

‘ happy’

* Nurse appointments:- ‘happy with surgery-same day appointment’

‘good experience on the whole’

‘getting a letter though the post re. the asthma clinic-good service

**Complaints**

* ‘waiting three weeks is too long’
* ‘8am. phone time is difficult-not happy’
* ‘8am. phone time is too difficult-miss being able to make an appointment for later in the week’
* ‘sometimes difficulty to get an appointment on the day’
* the doctors are every time one hour late (for the due time of the appointment’
* ‘when I want to see a doctor-don’t want to wait 2-4 weeks-I worry-and I am liable to forget’
* ‘hard to book around work’
* ‘hard to wait a month to see a doctor and two months to see a nurse’
* calling at 8 difficult and not always practical’
* ‘particular doctors booked up’
* ‘booking (system) needs improvement’
* ‘to see a doctor had to phone as an emergency’
* ‘difficult to see a specific doctor’
* ‘too long between (routine?) appointments’
* ‘waited too long to see a specific doctor’
* ‘difficult to see the same doctor’
* ‘found booking a routine appointment one week ahead hard- told to book an emergency appointment on the day’

**Ideas**

* ‘clearer door signs’
* ‘signs not big enough’
* ‘error on blood form-had to rebook’. checking details?
* ‘issue over follow-up appointments relating to continuity of care’
* ‘could we know that the doctor is running one hour late before setting out’
* ‘we have more telephone receptionists’ [we already have five lines in operation]