## **Daybook Patient Group**

## Minutes of a meeting held on Thursday 12 January @ 17.30.

**PRESENT:** H Sinclair, S Parkes, A Waters, D Baggaley, F Kieme, S Rodgers, M Hatton, D Hatton, A Marshall, K Marshall, B Quigley, N Raval, G Millar, S Lane, C Edwards

APOLOGIES: P Whitehead, A Doubleday & D Ward

New member HS welcomed CE to the group and welcomed back SL.

1. MINUTES: The minutes of the previous meeting were reviewed.

## 2. MATTERS ARISING:

Patient survey results to be discussed on main agenda. Campaigns for 2012 – to be discussed on main agenda. Patient Group notice board, HS thanked those members involved in the reorganisation of the notice board in reception.

**3. PATIENT SURVEY** – The PPG agreed the practice had included everything they felt should be in the patient survey as discussed at a previous meeting. The practice had asked patients to complete the survey by the following means:

- Via the website the virtual patient group members were emailed.
- PPG members had handed out surveys in the waiting room.
- The reception team had also handed out surveys for completion

The PPG confirmed they were happy that all means practical had been used to ensure the widest range of patients had the opportunity to complete the survey.

The survey findings were then discussed.

The response to Q5 - Were you able to get an appointment with a doctor more than 2 days in advance?' - 59% said they were and 25 % were not.

Also the response to Q7 – 'How easy have you found getting though on the phone'...... suggested that this was an area of concern.

The practice had, in the past, explored the provision of new telephone systems, but found that the patient would always have trouble getting through if they continued to ring at 8am in the morning whether they needed an appointment that day or not.

After discussion, it was decided that education of patients would probably be the best way to improve their experience.

Patients have been able to book appointments up to 4 weeks in advance for some years now, but still think they need to ring at 8am in the morning.

The fact has been widely publicised via the Jayex board, the website, the patient leaflet, on repeat prescriptions and on the Life Channel when it was available. Reception staff have also sought to inform patients whenever possible.

It was decided that a new 'push' to inform patients would be a good idea and the practice will run a publicity campaign over the coming months to make this happen.

The group also suggested the following be added to the next newsletter and usual media – 'try to ring later in the day if your call is not urgent or you are available throughout the day'.

Although respondents were largely happy with the current opening hours, the group felt regular opening times would be helpful and clearer to all . They thought 7.30am everyday would be acceptable. However the fact that phones aren't switched over until 8am may be problematic. If the opening times are stated patients presume phone access is also available. Perhaps we need to clarify appointments available from ...., phones from ..... when informing patients of any change.

SP will discuss with the doctors the suggestions around the alteration of opening hours and, if they are in agreement, will inform the PCT of the changes and advertise to the patients via the website, poster in the surgery, jayex board and newsletter.

The group also discussed the problems of wanting to see 'the doctor of choice' without resolution.

**4. DEMENTIA AND CARERS EVENT -** It was agreed to hold this event in March, HS will contact the Alzheimer's Society to see which dates they are able to send a representative. The group also discussed and agreed to ask if Dr Elliott would also attend and give a presentation on mental health awareness, HS will check he is also available. Possible dates are 19, 26 or 27 March. **Date now confirmed as Tuesday 27 March 1.30pm.** 

**5. EVENTS** – Future events were discussed. The group felt one centred around nutrition could be of benefit. SL suggested Surestart could be approached as could Health Visitors and Practice Nurse. This will be discussed further at a future meeting.

**6. FEEDBACK FROM NEIGHBOURHOOD WATCH MEETING** – HS recently attended a local meeting at their request. They felt the recent patient survey attached to emails was perhaps too long and to enable better responses in future would be simpler if the survey formed the body of the email, HS agreed as did the PPG. The neighbourhood

watch meeting felt speaker and events held by the practice was a good idea. A few of the members also filled out the virtual patient group member forms.

## 7. ANY OTHER BUSINESS

HS passed round copies of an Out of Hours Patient Questionnaire. The current provider's (NEMS) contract is due for renewal in 2013 and the survey is to enable a review to be carried out on the current out of hours provision. All agreed the survey was too long and would possibly put people off completing it and that some of the questions seemed inappropriate. Few PPG members have had experience of using the OOH service.

DB asked if there was anything in place to help patients who were not taking their medication as prescribed. Other than patient having dosettes or family help etc there was little the practice could do without being alerted to the problem.

The NNE CCG have invited members of PPG to attend Care Homes Task and Finish group. HS handed out a copy of the invitation, for any member wishing to join or for further information to contact Vicky Wright, her details are on the invitation.

**8 DATE OF NEXT MEETING** – Tuesday 28 February @17.30. This had previously been agreed for Tuesday 6 March but HS is on annual leave.