



## Bartholomew Medical Group Patient Participation Group (PPG)

**Meeting Monday 14<sup>th</sup> May 2012 – 6:00pm**

Present:	Dr L Wrightson (LW)	GP
	Dr F Thornton (FT)	GP
	Rebecca Clark (RC)	Practice Manager (Chair)
	Helen Fox (HF)	Assistant Practice Manager (Acting)
	Denise Ewing (DE)	GMS Co-ordinator
	Roy Taylor (RT)	Patient
	Susan Diack (SD)	Patient
	Trevor Langton (TL'ton)	Patient
	Judy Wardrobe (JW)	Patient
	Trudy Bradshaw (TB)	Patient
	Tracy Thornton (TT)	Patient
	Eileen Dunford (ED)	Patient
	June Fletcher (JF)	Patient
	Tom Lamb (TL)	Patient
	Mary Sarginson (MS)	Patient
	Mavis Vines (MV)	Patient
Apologies:	Jack Ewing	Patient

Minutes	Action	Action by
<b>1. Welcome and Introductions</b>  RC welcomed everyone to the meeting. Members introduced themselves as there was one new representative. RC explained that the GPs would attend in rotation therefore FT was present with LW.		
<b>2. Agree Minutes from Last Meeting</b>  The minutes of the previous meeting held on the 6 <sup>th</sup> February were agreed as an accurate record.		
<b>3. Review of Progress of Action Plan</b>  RC outlined how the report action points have been addressed: <ul style="list-style-type: none"> <li>One dedicated member of staff has been made available to answer phones between 8 and 9, Monday to Friday. SD asked if it was having a positive effect. RC confirmed that there had been no negative feedback and that it was proving to be less stressful for staff. SD commented that she had managed to get straight through after a bank holiday. TT questioned whether more staff answering the telephone had a negative effect on walk-in patients obtaining an appointment. RC responded that this could be the case if there was a long</li> </ul>		

<p>queue at the front desk but that in time patients may be educated to ring rather than to attend in person.</p> <ul style="list-style-type: none"> <li>• There are now an increased number of pre-bookable appointments of which some are available 14 days in advance and others 24 hours in advance. RC said that there have been some positive comments as a result, with patients being happy to wait a day for their appointments in order to be able to see the GP of their choice. There are no pre-bookable appointments available on Mondays or on Tuesdays after bank holidays where demand for urgent appointments is expected to be high.</li> <li>• Improving awareness of the Practice Extended Hours surgeries has been addressed in a number of ways. There are new posters in both surgeries, the Jayex board advertises the relevant information, the website carries all the details and the practice booklet is about to be reprinted with the same. TL'ton asked for clarification of the term 'eligible patients' used in the advertising. It was agreed that this refers to all patients with a valid reason for being unable to attend within normal surgery hours.</li> </ul> <p>RT also asked if the display time for the Jayex board has been increased as discussed at an earlier meeting and RC reported that it had.</p>		
<p><b>4. Consideration of Timescale for Repeat Survey</b></p> <p>RC proposed a minimum of 4 to 6 weeks to allow time for the Action Plan changes to demonstrate any effect. It was agreed that the re-survey would take place in the week commencing Monday 18<sup>th</sup> June and run for four weeks to achieve a similar number of returns (500). These will then be analysed here in surgery and a report produced by the end of August for the PPG to review in September to facilitate the drawing up of a further action plan. TL'ton asked for verification that the same questions would be asked and this was confirmed. RC asked for volunteers to come into surgery to hand out survey forms and RT, TT and TB offered their help. MS offered to do the same in the Old Goole branch.</p> <p>At this point TB raised the issue of seeking new members for the PPG, in particular in trying to promote a more diverse membership to better represent the Practice population. Various suggestions for advertising the PPG were made including Facebook, posters at The Courtyard and the hospital and by spreading the word. We will continue to display information about the PPG on our website and in the News Letter.</p> <p>It was also mentioned that the meeting time/day could be altered if this would make us more accessible.</p>		

<p><b>5. Consideration of Proposal for Front Desk Triage</b></p> <p>RC had been asked to put the following proposal forward for the group's consideration – should receptionists ask questions regarding a patient's problem in order to direct them to the most appropriate clinician? There was a mixed reaction. RT and JW felt that they would not find this a problem. RT expressed confidence in BMG's confidentiality protocol. SD thought that in time patients would accept this method. LW felt it important that questions were carefully scripted to help make the process acceptable. FT felt that it might not suit everyone and that the dialogue should not be too long. TT did not fully agree with it and TL'ton felt it would be a backward step as receptionists have traditionally been viewed as a barrier between the patient and the doctor. MV felt it may over complicate the appointment process. All agreed to leave this suggestion for the time being and possibly discuss further at a later date.</p>		
<p><b>6. Suggestions for the Next News Letter and Website</b></p> <ul style="list-style-type: none"> <li>• Publication of hospital DNA figures. It was felt that patients should be made aware of cost and time implications (RT). It was also proposed that we include DNA figures for the surgery for the same reasons.</li> <li>• Advertising the PPG group.</li> <li>• 'A day in the life of' section e.g. for a GP. (The GP's speciality could be mentioned here.)</li> <li>• Flu Campaign.</li> <li>• Information about being registered with the Practice as opposed to a specific GP.</li> </ul>		
<p><b>7. Any Other Business</b></p> <p>RT expressed thanks for RC placing his suggestion box for the hospital governors' meeting in reception.</p> <p>There was some discussion concerning the possible merger between the hospital and the college. No firm information was available but the group expressed concern and emphasised that it is important to keep the hospital.</p> <p>The meeting closed at 7:15pm.</p>		
<p><b>8. Date &amp; Time of Next Meeting</b></p> <p>It was agreed to hold the next meeting at <b><u>6:00pm on Monday 24<sup>th</sup> September, 2012.</u></b></p>		