



Bartholomew Medical Group Patient Participation Group (PPG)

Meeting Monday 20th January 2014 – 6:00pm

Present:	Dr L Wrightson (LW)	GP
	Dr T Nkomo (TN)	GP
	Paul Friend (PF)	Business Manager
	Helen Fox (HF)	Assist. Practice Manager (Chair)
	Denise Ewing	GMS Co-ordinator
	Trevor Langton (TL'ton)	Patient
	David Wall (DW)	Patient
	Roy Taylor (RT)	Patient
	Judy Wardrobe (JW)	Patient
	June Fletcher (JF)	Patient
	Susan Diack (SD)	Patient
	Mary Sarginson (MS)	Patient
	Malcolm Corke (MC)	Patient
	Daphne Corke (DC)	Patient

Apologies: Eileen Dunford
 Trudy Bradshaw
 John Frost
 Tracy Thornton

Minutes	Action	By
1. Welcome and introductions HF welcomed everyone to the meeting. There were no new representatives however those patient representatives absent at the last meeting were introduced to Paul Friend, the new Business Manager.		
2. Apologies As above.		
3. Agree minutes from last meeting The minutes of the previous meeting held on the 25 November 2013 were agreed as an accurate record.		
4. Matters arising PF informed the group that due to planned remodelling of the practice entrance to accommodate 'Out of Hours', the issue of improving signage with particular emphasis on directing visitors to the practice reception desk or the community desk would be addressed at this time.		
5. Changes 2014/15 PF had prepared a presentation regarding proposed changes to practices 2014/15. This included some information on the governments proposal to introduce a named clinician to care manage all patients over 75 and practice boundary changes allowing		

<p>patients to register at any practice. PF explained that further details would be shared when available. He gave the group an overview of the Quality and Outcomes Framework explaining that of the 1000 points available in 2013/14, 341 will be retired in 2014/15 and 238 invested in core funding of the practice. A further 100 points are to be used in a scheme to avoid unplanned admissions and the remaining 3 to improve the current Learning Disability scheme. Finally PF explained about the family and friends test, that funding for patient participation will be reduced and surveys produced nationally again although with PPG oversight.</p>		
<p>6. Patient survey results</p> <p>All the results from the survey now collated by TL were displayed in the presentation in charts and graphs and discussed by the group. In general the results show that patients are frustrated with their ability to get through to the practice on the phone, particularly first thing in the morning and with getting an appointment but after that they are happy with the service that we provide. The results at this point seem to highlight much the same issues as previous surveys have done. The practice once again expressed thanks to those members of the PPG who had been into surgery to encourage patients to complete questionnaires and to TL for all his work in collating the results.</p>		
<p>7. Update on appointment audit</p> <p>The practice has now completed its appointments audit with the aim of discovering if/where provision does not meet demand and if there is a pattern to demand. PF explained that results show that on the whole patients were able to obtain appointments on the days of the week they preferred.</p>		
<p>8. Action Plan</p> <p>The group discussed possible points to consider for the drawing up of a practice action plan.</p> <ul style="list-style-type: none"> Appointment availability - RT raised the issue of problems encountered due to rota availability when GPs are unable to rebook patients in for future appointments. HF discussed the practice intention to review adding GP rotas on a rolling 6 week basis rather than the current monthly system. Clinical cover has been increased within the practice to help alleviate demand for appointments by employing a new salaried GP and a practice nurse. PF discussed the possibility of introducing GP triage appointments to better identify those needing emergency urgent appointments. TL said this could have many benefits but MC pointed out that diagnosis over the telephone can be dangerous for anything other than minor illness and LW agreed strict protocols would be employed. SD asked about the possibility of the practice holding 'sit and wait' emergency clinics without the need for appointments but this was not considered practical due to numbers of patients at the practice. PF mentioned that the practice intends to improve the way it redirects patient to more appropriate providers including pharmacies to enable treatment without the need to see a clinician. Telephone systems - there was further discussion regarding difficulties in patients getting through to the practice at 8.00am despite extra staff being made available. SD and DW stressed the importance of patients being aware of their other options including ringing for pre bookable appointments, test results etc later in day. PF explained that the practice may introduce a greater self triage element to the phone system offering a choice of outcome according to patient needs. DW enquired as to the possibility of introducing on-line appointment booking, PF confirmed this was in hand together with possible use of text messaging for appointment reminders to reduce levels of DNAs. Alternative appointment systems - there are a number of other appointment 		

<p>systems being considered which may alleviate the current problems. The group was made aware that there will be changes in the GP contract next year and one of these is that we will not be restricted to offering ten minute appointments. This may be reflected in any changes we make.</p> <ul style="list-style-type: none"> • Staff Training - PF discussed the possibility of further 'soft skills' customer service training for reception staff although RT pointed out there were no problems with this 99% of the time. Training however, could be given to increase the information given out to patients regarding different choices and services available for example pre-bookable slots, extended hours appointments etc. 		
<p>9. Any Other Business</p> <p>All present agreed enough points had been discussed to form an action plan.</p>		
<p>10. Date & Time of Next Meeting</p> <p>The date of the next meeting was set for 6pm on 28 April 2014.</p>		