

PPG Meeting minutes – 22 Oct 14

Attendees: Ellen Houghton (EH)
Ann Smith (AS)
Brian Anderton (BA)

Sangeeta Kathuria (Manager and Chair of meeting) (SK)
Lorraine Dunne (Reception)

Thank you to those who attended the meeting on Wed 22 Oct 14. It has been noted that the turn out wasn't so large and I feel that it may be down to the fact that the meeting was in the afternoon. We have therefore decided that the next meeting will be an evening meeting and I will set this up sooner in the New Year.

We opened the meeting discussing the plans that we set out to achieve last year and how we dealt with these:

1. Out of hours information – we have tackled this by having the new out of hours information booklet that has been disseminated to patients via email, website and on the reception desk as well as being handed to patients who are housebound on home visits. This booklet holds all the up to date information relating to access to services when the surgery is closed.
2. Bike rack – we have decided that there wasn't enough interest from patients to justify this so we are not going to be going ahead with having a bike rack outside the surgery. However if interest builds up over time, we will reconsider this.
3. Waiting room seating area – Ann and Brian came up with a suggestion for the seating area to have a supporting structure to the back which Sangeeta is going to look into.
4. Blinds in the waiting room – we are going to look into getting the pull down blinds or something alternative covering to the windows as the current blinds are too dangerous. This was not done last year as we were not sure what alternative to go for.
5. Reception – we discussed last year how reception staff should be looked at and see how we can make even more improvements to the team. We currently have members of the team taking part in a one year NVQ for IT to further increase their knowledge of the IT in order to do more for the surgery and patients as well as Lorraine attending more training for her role as a HCA which has allowed her to grow in this role. Otherwise reception has been doing well even amongst the changes of staff due to maternity leave etc.

The following areas were discussed as part of the makeup of our next patient survey and our plan to make changes at the surgery:

Set clinics with the nurse

We discussed the idea of having set clinics for example a baby clinic at the surgery at set times of the week. We think it would be beneficial for our patients to be able to drop in to the clinic once a week with their baby to be weight, vaccinated and then speak to the doctor if needed. This could be extended to other clinics eg ear syringing or travel clinics however Ellen Houghton did rightfully point out that many patients who work, need flexibility to be seen at odd times. Hence having clinics for this group of patients may be a little restrictive. However we are going to put this out to our patients and see what their thoughts are. We can use the Acton baby clinic as a model to work with and see if the midwife or health visitor could help us in any way. Sangeeta will also speak to the nurse and see what she can suggest and what we could do to set this up.

IT system

Sangeeta discussed the fact that our current surgery IT system is quite outdated and the majority of surgeries in Ealing surgeries are switching over to a uniform IT system called system one. This new clinical system will enable patients to book in when they arrive at the reception on a self-checking screen and there will be other enhancements for example electronic prescribing with pharmacists and less paper trail as we can send emails and text messages rather than letters. Sangeeta is going to put this forward in the survey and gather information from patients to obtain their view on this too and will then look into getting the system changed to one that will make things easier for patients. This new clinical system will be able to be accessed at other walk in centres and clinics so patient data can be checked easily when the patient is in another location, without having to request the surgery to send faxed and paperwork to the doctor prolonging consultations. Ellen Houghton requested to see if we can have a TV in the waiting room with something for children to watch. Sangeeta will ask this in the survey.

Waiting Times for GPs and nurses

We discussed waiting times for GPs when patients wait in the waiting room for their turn. All the members agreed that they did not have to wait too long however we would like to see what all the patients in the surgery feel about this and if there is a problem, we will look into it. We discussed how patients who arrive very late should be asked to wait until the end of a surgery to be seen so that other patients do not have to wait too long. The members agreed that we have a good system in place in informing patients via reception how long they will have to wait and how many patients are before them in line.

Appointments and triaging

We discussed looking at perhaps having a GP triaging appointments in the morning and perhaps avoiding patients having to come in if the problem can be solved by phone. We will be asking this in the survey and see what our patients think of this. If a GP can do a prescription on the phone or blood forms etc. then it can prevent the patient having to come in. Lorraine also mentioned that we ought to put on the survey how patients feel about having to answer the questions “what is wrong with you?” when asked to book in for emergency appointments. Are patients comfortable about this?

Information guidance on community services

Sangeeta feels that patients’ needs more information on the community services eg district nurses, podiatry services, diabetic referrals, physiotherapy, retinal screening etc. where they get referred. There is so much more in the community in Ealing at present and it tends to get confusing for patients not knowing always where they have been referred or how to follow-up referrals or even where to go in the community when referrals have been made.

Brian Anderton suggested that reception should keep all the relevant leaflets for patients at reception and the GP can send the patient out to reception to collect this. We will ask patients about their knowledge related to the community services and we will look into doing more to help them know what to and where to go for their referrals.

We realise that many members were not at this meeting so we would like all the members who were absent to read the minutes and give us any ideas or suggestions on the points discussed above. Let us know if there is anything else of concern that they would like to have asked in the patient survey where they would like to see any changes at the surgery. Just email these to me.