

PILNING PATIENT PARTICIPATION GROUP

Chair: Albert George

Meeting: 12th April 2016

Present: Pamela Griffin, Robert Griffin, Carol Woodhouse, Mike Woodhouse, Sue Gibbons, Mike Gibbons, Sue Rogers, Linda Fraczyck, June Reynolds, Ann Matthews, Jackie Sanders, Tony Croft, Dr Tim Mitchell, Anita Bush, Sophia Earle (Practice a General Manager, Montpelier H.C.)

Minutes

1) Apologies for Absence

Celia Beale, Julia Edwards, Barry Sheppard, Neil Higginson

2) Matters Arising

- Volunteer drivers: AB reported that there are enough on the surgery list at the moment though more are always welcome.
- Patient Education Event: AB is trying to recruit Dr James Calvert, a respiratory specialist to be a guest speaker at the event in September; if he is unable to attend, Anita has secured confirmation that Louise and the respiratory nurse from the surgery will be available to speak instead.

3) Open Surgery

Some weeks ago AG canvassed PPG members for their opinions on the proposed changes to Open Surgery. There were messages of support for change, but some members were fairly upset too. The overall tone of email responses expressed cautious support for change.

Dr Mitchell said there was a need for change; patients were not getting a good service because the doctors are under pressure.

Some patients present with 3 or 4 problems; there are frequently over 40 patients waiting in open surgery at the beginning of the week. Dr Mitchell said that he is aware that the waiting time for appointments is too long resulting in more patients coming to open surgery: conversely there can be fewer patients waiting in open surgery later in the week and this can lead to under-use of GP resources. The current system is therefore inefficient.

How the new system will work:

AB said that the phone lines will be open from 8am - 9.30am. Sophia explained that, on phoning in, patients would be able to choose from a list of options, with one specific to the triage system and that more lines than at present are being made available.

There will be training for reception staff so that they ask key questions of the patient. If the patient's query is of a private nature they can speak directly to the GP.

GPs can prioritise calls - triage gives them more control to work in priority order and only they can make clinical decisions.

A GP making a call back to a patient will aim to have this achieved by 10am the same day.

One GP will be taking appointments directly surgery opens, the other GP will be operating the triage system until 10am; thereafter, he will take appointments too. This system should create more appointments, eliminating the need for patients to wait in open surgery for 2 hours.

Montpelier H.C. has shown that tel-triage works.

AB said that the tel-triage system goes live on 9th May and that patients will receive a mail-shot informing them of the change.

Dr Mitchell said that it was necessary for Pilning to merge with the Montpelier H.C. otherwise we risked losing it altogether; CCGs are still

encouraging smaller surgeries to merge, creating super-surgeries so we are fortunate to keep ours a personal and family-feeling surgery. Our surgery has 4,500 patients; 10,000 patients is the cut-off for viability of small surgeries so we need to make the new system work to survive.

AG said that we must give the new system a chance to work and requested that all group members pass both negative and positive to himself or HW. **Action ALL**

Dr Mitchell said that he wants Thursday afternoon opened again ASAP to offer more appointments to patients. He would also like another GP to relieve the pressure on Dr Wint as she often works on her own on Friday's.

4) Chairman's Forum

Nothing to report.

5) Practice Update

- AB reported that the Minor Injuries Service started in surgery on 1st April; patients can call in and wait, or phone for an appointment. A leaflet detailing a list of injuries that can be dealt with at this clinic is available at reception and will be published in In View. **Action HW**
- AB said that the new receptionist Helen is settling in well. Following a query from a patient, she also emphasised that any of the surgery staff living locally have to sign a Confidentiality Agreement; Dr Mitchell endorsed the importance of this.
- AG and TC expressed frustration at not being kept informed by the reception staff when appointments were overrunning their time slots. Reception staff should be proactive, telling waiting patients of delays. **Action AB**
- SG said that she was not given enough information from a receptionist when phoning to enquire where the closest minor injuries clinic was; receptionist to be given training re this point. **Action AB**

- JR was worried about personal information given when using the proposed e-consulting service; AB said that this information is protected. Dr Mitchell said he was not convinced that Pilning should offer this service.

6) Family & Friends Questionnaire

AB said that group involvement had helped; during February, group members visited open surgery, encouraging patients to complete a F&F form. As a result, more than 30 cards were received in Feb, though fewer were received in March.

AB said that feedback on the service given by the surgery was good in the main, with some negative comments relating to the long wait for appointments.

AG asked if other group members would be willing to visit the surgery to promote the completion of F&F forms; he suggested that once a month would be sufficient, once before and then after the triage system starts. TC has volunteered for this next. **Action TC.** AG said he would probably phone other members asking if they would do a visit. **Action AG.**

7) A.O.B.

- Virtual PPG: AB said that Neil is planning to register Pilning Surgery to the scheme; once up and running, all patients can have input into their experience at the surgery. For more information go to <http://practiceindex.co.uk/gp/myppg> and <http://www.myppg.co.uk/register>
- Fund raising: AB to try to obtain a price for converting the door from reception to the GPs corridor to an automatic opening type. **Action AB.** The group will then organise fund raising to contribute to the cost.
- Dr Mitchell told the group that money raised from book sales in the surgery had contributed to the cost of training a nurse in Nepal. The nurse had offered to repay the money on completion of her training;

Dr Mitchell suggested that instead, she could pass the money on to another nurse wishing to train.

Next Meeting

The next meeting will be on Tuesday 12th July at 11am.