

PATIENT PARTICIPATION GROUP  
MINUTES OF MEETING HELD 9<sup>TH</sup> SEPTEMBER 2015

PRESENT: Keith Davies, Barbara Gasby, John Carter, Bryan Hadley, Des Pattinson, Barry Parker, Dr Helen Ray, Dr Richard Burling, Judy Langford (Assistant Practice Manager), Julia Griffiths (Head Receptionist).

APOLOGIES: Keith Gasby, Lisa Luke (Practice Manager), Dr M Jordan, Dr C McGregor.

1. **Minutes of last meeting** – accepted as a true representation.
2. **Introduction of new PPG member** – Des Pattinson was introduced to the group.
3. **Update for Maple View** – Judy briefed the group on the two latest clinicians to join the permanent members of staff; Dr Kerry Walsh who has previously worked as a GP in Birmingham and Worcester surgeries. Her special interests are family planning and women's health. Sister Lynda Lewis has joined Maple View as Practice Nurse. She has worked for 7 years on medical wards and her special interests are; respiratory (Lynda is currently doing her COPD training), wound care and child immunisations.
4. **Newsletters and Notice Boards** – All members had received their copy of the practice newsletter (with the exception of Des, who is our newest member). The newsletter had photographs of all of the Maple View Clinical Team with brief profile descriptions. As suggested at the previous PPG meeting a notice board has been created in the waiting room with photographs and profiles of the clinical team.
5. **Door opening times** – Barbara Gasby raised the issue of the potential for delay checking in for the first appointment of the day if there is a queue in reception. This issue has already been addressed and we are now opening 5/10 minutes earlier to alleviate the situation. We have also introduced a line in reception for patients to queue behind to aid confidentiality and prevent the patient check-in screen being blocked.
6. **Feedback from Family and Friends cards and Suggestion Box** – We found four prescription requests and a sick note request in the suggestion box today! We will put a note on the front to remind patients not to put these in here as it is only checked once a week. There were two suggestions that have been received since the last meeting; a lady was not happy that her prescription request that had been requested through the chemist was not available when she came to collect it. On checking the system it was found that we had not received the request from the chemist so this was outside of our control. The second suggestion was for us to open earlier so that the clinicians could start on time. This has been addressed (see 5 above).

- 7. Online Access** – The group was asked if they had used the online access service. One member of the group had tried to access this and had experienced difficulties. Julia has reset his password and he will report back to let us know if this has been successful. Des suggested that it might be possible to contact patients who rarely visit the surgery by email to let them know of any new changes. Judy will look into this to see if it is feasible.
- 8. Telephone consultations** – Dr Ray raised the problem of patients not answering the phone when they are called during emergency list call-backs and then getting cross with staff when they realise that they have missed their call/s (the doctor will try more than once). It is also important for patients to realise that the time slot given is only intended as a guide and that they should remain by the phone until called. We have had cases of patients ‘taking the dog for a walk’ when they are on the emergency list.
- 9. Waiting room display screen** – Des raised the issue that sometimes it looks as though a patient has been called on screen but no one gets up to go through to the doctor. Dr Burling explained that due to the intense nature of the emergency call backs the doctors sometimes press the wrong computer button which looks as though a patient is being called through when really it is only information needed to let reception staffs know where they are on the list.
- 10. DNA’s** – The group asked if patients’ not attending for appointments was a problem. It was agreed that this is quite a big issue for us. We do log when a patient has not attended and if they do not attend on 3 or more occasions we send a letter. It is also a problem that some patients do not attend for their reviews and hospital appointments.
- 11. Doctor’s working day** – Dr Burling gave an account of the rigours of the average GP’s working day which the group felt would be helpful to relay to the patients via the newsletter. A sub group will meet to discuss how to do this and Dr Burling will give an outline of the working day for them to use.
- 12. Pressures from the Acute Trust** – Dr Burling spoke about how Primary Care sees 92% of the people accessing medical care and the hospitals see just 8% however, whereas the Acute Trust have money being poured in to increase resources, Primary Care is having the budget cut (at the same time as being asked to provide more services within the community to relieve the hospitals). Currently there are 5 specialities that doctors have been asked not to refer patients to within Worcester Royal Hospital.
- 13. Communication** – Barbara observed a case at reception where an elderly couple were asked if they could be home in 5 minutes to take a call from the doctor. It was agreed that this was not an acceptable suggestion and that this will be communicated to the reception staff by Julia. Judy intends to do a second session of communication skills and dealing with abusive aggressive behaviour for the reception team.

- 14. Aggressive behaviour** – There is a noticeable increase in aggressive behaviour towards reception staff from patients. Swearing and abuse is encountered most days by our staff which at times leaves them in tears. If we have made a mistake with a prescription we are willing to admit this and do our best to put it right but sometimes these things are outside our control. It can sometimes seem that the receptionists are blamed for everything which is demoralising and at a human level unkind.
- 15. Recruitment/Retainment** – Primary Care is also under pressure from the lack of availability of doctors to work within this setting. Most GP's are now part time (hence why patients see different GP's as holidays, study days and student training all have to be incorporated into their working hours) and those of retirement age are leaving and new GP's are not coming through the system. This is due to increasing pressures, unrealistic demands and the changing nature of the NHS.
- 16. GP Training** – Dr Burling described the training that the GP will do prior to working in Primary Care – 6 years basic training followed by 4 years advanced.
- 17. Consultant Prescribing** – The group asked why it sometimes occurs that the Consultant has suggested a drug to a patient and asked the GP to prescribe this, which the GP then refuses. This is due to the local Area Prescribing Team who creates a Formulary that GP's are expected to adhere to. This is to ensure that the prescribing budget allocated stays within limits. Sometimes drugs requested by the Consultant may fall outside of the approved list. In these cases the request will be sent back to the consultant for review.
- 18. Telephone Line** – Barbara mentioned that sometimes the automated response on the telephone line cuts in too quickly with 'we are experiencing a high volume of calls'. Julia will call the line to see what is happening with this. Any faults will be reported to Daisy Surgery Line.
- 19. Asthma/COPD** – Brian asked what the situation is regarding a nurse to cover respiratory sessions. Following the departure of Georgina the surgery have been trying to recruit a respiratory locum nurse to provide some sessions until our new Practice Nurse Lynda is fully trained. We have so far not been successful in finding anyone. We are collating a list of patients who are due for review and Dr Burling has raised this as an issue with the partners.
- 20. Doctors running over time** – The group discussed how patients sometimes become frustrated if the doctor is running late. It was agreed that the waiting patient may not be aware that the doctor may be having to deal with an extremely difficult situation such as; telling someone that they have cancer or dealing with a medical emergency. Perhaps an explanation of this could be included in the next newsletter.

**NEXT MEETING: Wednesday 9<sup>th</sup> December 2015 at 1pm, Maple View**  
SUGGESTED DATES FOR THE SUB-GROUP MEETING: 19<sup>TH</sup> OCTOBER OR 28<sup>TH</sup>  
OCTOBER AT 12.30? Please let Judy know if you can make either of these dates.