**Brook Lane Surgery**

**Patient Participation Group (PPG)**

Minutes of the meeting 12 December 2012

Those present:-

Michele Sharpe (MS) - Chair

Carolyn Hill (CH) - Practice Manager

Jill Sadler (JS)

Lawrence Jackson (LJ) – Minutes)

**Apologies received from**

Jill Durnell

Tracey Plumridge

1. **Welcome**

MS welcomed everyone and opened the meeting at 18:30.

1. **Minutes from previous meeting and Matters Arising**

The minutes were approved and there were no matters arising.

**3 &4 Annual Questionnaire and Locks Road New Registrations**

MS explained that the annual survey is usually held in October but this year it was moved to November because of changes that were being made within the office.

Last year, the clinicians handed out the questionnaire to patients but, this year, members of the PPG asked patients to complete them. As PPG members are also patients, it put the clinicians at arm’s length from the proceedings.

Before the Brook Lane results can be submitted to the national pool, there must be a minimum of 280 responses because of the size of the Practice. Unfortunately, we do not yet have even half that number and so the survey must continue. Part of the reason for so few completed questionnaires is that only three members of the PPG gave their support.

CH said that the completed questionnaires must be sent away by mid January because it takes four weeks for the questionnaires to be analysed and the results returned. Those results must be included in the annual report she produces by the beginning of March, so the handing out and completion of the additional questionnaires must be done soon

MS observed that, next year, more time must be allocated to the survey.

The survey commenced at the point when letters were sent to Locks Road patients asking them to register with their new Practice. The timing of the letter was not known when the survey was organised.

The practice was trying to cope with new software, the telephones were ringing all the time and, because patients couldn’t get through on the phones, they were arriving in extremely large numbers at the counter to register. For these reasons, the survey could well produce negative responses.

CH said that approximately 200 new patients registered on the first day – the same number that previously registered over a five year period! At the date of the current meeting, 900 new patients had registered, which is quite a large percentage of the Locks Road patients.

Owing to the additional patients, it is now more difficult for a patient to make an appointment to see his or her doctor of choice, but it will not be possible to appoint an additional doctor until new patient numbers are known.

**5 Fareham Community Hospital**

JS asked when additional clinics will be started at Fareham Community Hospital to cater for the new patients from the Locks Road Practice. CH said that the clinics will start on 7 January 2013 if a decision is made to sign the lease, which will, initially, be for five years. However, it will be possible for either the hospital or the practice to give three months notice of intention to break the lease. This is currently in the hands of the solicitor.

MS said that the Red Cross will have a presence at the hospital but wondered what their role would be. JS pointed out that the Red Cross did have three centres: one at Warsash, one at Lee-on-the-Solent and one at Fareham Health Centre. The Warsash Red Cross centre closed approximately 18 months ago and they will also shortly be leaving the Fareham Health Centre.

MS asked how many rooms Brook Lane will be taking over and CH answered: three.

MS then asked how many doctors will be working there. CH responded saying that the rooms will not only be occupied by doctors as, depending on need, certain clinics will also be based there, e.g. a smear clinic or diabetic clinic. She added that they will have to be dedicated clinics so that adequate resources will be available.

CH added that, as any given clinic may be at either Brook Lane of the hospital, when a patient books an appointment for that clinic online, a way must be devised of making it clear where the clinic will be held. One solution would be for hospital clinic appointments to be bookable by telephone only.

**[N.B. Michele: I have just looked at the appointments site and, when an appointment is about to be booked, it is possible to choose, first of all, a doctor and then a site. Currently, the only site choice is Brook Lane but that could be expanded to include the hospital. Lawrence]**

JS asked if we would have our own receptionist at the hospital. CH said that, initially, we shall be using the hospital receptionist and after two or three months the situation will be reviewed.

The discussion moved to the possibility of the practice using patient volunteers for tasks that they could handle without having to hand a situation over to a member of staff. CH said that she will speak to the partners about the possibility but pointed out that, if an initiative failed, it would be very difficult to stop it, once started.

It was noted that, although the hospital is the *Fareham* Community Hospital, it is not close to public transport. It is thought that the nearest bus stop is at the Locks Heath Centre.

**6. Hampshire Health Record (HHR)**

MS asked CH if any more patients have asked for their medical details to be removed from the database. CH said that a few people have made that request but no more than 30. MS felt that it was very good that so few patients had withdrawn their medical record from the scheme.

MS reminded the meeting that those patients could change their mind at any time and their medical details would then be added to the database.

MS said that she had put details of the HHR in the magazine, at Tesco’s, at the local chemist and at the library at Locks Heath. MS said that, interestingly, the chemist at Sarisbury did not know about the scheme. The practice sent out a letter containing details of the database to 60% of patients.

CH said that, hopefully, patient details will be uploaded early in the New Year.

**7. Communicating which NHS service to use**

MS said that, in October of this year, as chair of the PPG, she attended a workshop in Winchester along with the chairs of other PPGs. The delegates at the workshop were put into groups and asked to discuss issues surrounding a particular topic (each group having its own topic) before reporting back to the whole group.

One of the main issues identified by all the groups was the problem of communicating information to patients. For example, how should a patient decide that a visit to see the doctor was or was not necessary? Also, how should a patient decide that it was necessary to call an emergency service and, when it was necessary, which emergency service should be called?

MS’s reason for including this item in the agenda is to establish if Brook Lane patients could make such decisions, what CH’s experience of this issue is and, if it is an issue, how patients might be educated so that they can make appropriate decisions.

CH responded that there are relevant leaflets in the waiting room and also a poster. However, it can be quite difficult for patients to reach a proper decision in the heat of a crisis.

JS pointed out that, out of hours, the telephone answering machine provides a helpful message.

MS responded that people at the workshop felt that, in theory, this was true for all their practices but it was not actually happening. In reality, patients were requesting the wrong service and this was not malicious: they were just uncertain what to do. This was true over a whole range of services.

CH said that, because QA Accident and Emergency unit is not on our doorstep, Brook Lane patients tend not to attend it inappropriately. However, the Portchester practices find that their patients *do* use the QA A & E inappropriately. This could, in part, be because an out-of-hours doctor can take up to five hours to reach a patient whereas the A & E is just up the road.

MS established that, currently, the practice is not charged for inappropriate use of hospital services but, in the New Year, it will be.

**8. Any Other Business**

MS understands that Whiteley practice has a virtual PPG. She wondered if such a group would be possible at Brook Lane when so many patients do not own a computer or do not wish to use it. The advantage of such a group is that it may have more patient involvement, something that is sadly lacking in our own group.

CH said that some of the virtual groups have hundreds of participants and she wondered how they are managed. For example, who looks at the hundreds of emails that must come in? MS said that the next time she attends the area meeting of Fareham Area Patient Participation Group she will ask her counterparts how they run their virtual PPGs.

LJ said that he received a complaint from a patient while handing out questionnaires. Some short time ago (actual date not specified), the patient, a lady, became ill and initially thought she would soon recover but was wrong. By the time she realised she needed the attention of a doctor the surgery had closed. She picked up a telephone number from the surgery telephone answering machine but claimed that the number was incorrect. She then went online and found another number which, she claimed, also proved to be incorrect. By the time she eventually tracked down a doctor she was very distraught. CH said that it is possible that the telephone message had been recorded incorrectly but the number on the web site is correct.

MS felt that, if the out-of-hours telephone message was incorrect, someone else would have complained. CH confirmed that the surgery receives between 10 and 15 out-of-hours calls every day.

The cause of the patient’s problem, therefore, remains a mystery. Unfortunately, we do not know the lady’s name but, as MS pointed out, she will, hopefully, look at these minutes and contact the surgery with any additional information she might have.

LJ then said that, at the risk of repeating himself, he wondered if the surgery could make more use of the internet and emails. He gave the example of Amazon, an online retailer, that keeps its customers informed at all stages of a purchase as to how its delivery is progressing. After the purchase has (hopefully) been delivered, Amazon then asks for the customer’s experience of the purchase so that both they and other customers can benefit from that experience. If the practice were able to work in a similar way with patients, systems that are working could be maintained while systems that are not working as well as intended could be improved.

CH said that the letters she receives from patients are usually complaints and so it may be difficult to get any positive results from such a setup.

LJ wondered if questionnaires could be completed online and the results later downloaded into an Excel spreadsheet for analysis locally. MS felt that, following the number of previous survey responses from people who didn’t wish to book an appointment online, there may not be sufficient people who would be willing to complete a survey online. MS then suggested that this be an agenda item in the next meeting because, overall (i.e. using both paper and online questionnaires) we might achieve a greater number of responses. Of course, we may have to wait for younger patients, who are more computer literate, to become adults before an online survey would attract enough people!

**Action: LJ to see if he can find out more about online surveys and if we might be able to host one.**

The meeting closed at 20:00.