Brook Lane Surgery

**Patient Participation Group (PPG)**

**NOTES OF THE MEETING HELD ON WEDNESDAY 4 NOVEMBER 2015**

Present:

Susan Barton – Interim Chair (SB)

Carole Bagley (CLB)

Lawrence Jackson (LJ)

Carolyn Hill – Practice Manager (CH)

Geoff Mason (part of meeting, arrived 7.00) (GM)

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| Item | Subject/discussion | Action |
| 1. | **Welcome**  CLB – although unprepared, agreed to take the minutes. *Is there anyone within the practice that could take the minutes?* CH will ask someone to do this in future.   * *What would happen if we didn’t have a Chair and someone to take the minutes?* Perhaps a virtual group? * *Do you think this PPG is useful?* CH replied yes but felt the Practice could use the group more. Need to look at ways of doing this. To be added to the next Agenda. | CH  SB |
| 2. | **Minutes of the last meeting**  These were agreed. |  |
| 3. | **Forthcoming Patient Survey**  *Having looked at the survey, how valuable is it in comparison to the National Survey and results?* CH replied that the Practice compares well to the National results and this is obviously a positive for staff.  As a basis for further discussion and decision making the Group reviewed the notes taken and some of the unanswered questions raised at the informal meeting held on September 30.  2. How are we going to get in touch with the wider random sample?   * *Could we not use text or email to widen the sample?* CH reported that we do not have email addresses for all patients and we don’t ask for email addresses on registration but perhaps we should consider doing this to generate an email list * SB suggested that contact with the virtual group was tenuous and responses not always forthcoming   4. Should we use the same questions?  Yes for consistency we would ask some of the questions we asked last time and focus on the questions which scored the lowest or where the scores were lower previously.  5. Telephone question – it was agreed to remove this question.  6. One illness per appointment   * To raise awareness that multiple appointments are available * To try to encourage Doctors to explain this to patients who wish to discuss more than one illness at a single appointment   7. Encourage the on-line booking system   * All agreed   8. Reception opening times   * Some confusion as to whether Reception was open during the lunchtime period – CH confirmed that Reception did not close for lunch.   9. Continuity of Care – carry forward to next meeting.  10. Appointment Reminder   * *Should we text patients to remind them of their appointment or ask them if they expect to be keeping it*? The Surgery is unable to accommodate this currently.   11. Accuracy of medical records   * Agreed   12. Mental Health   * *What provision is available*? CH stated that the Practice direct enquiries to ITalk, a National telephone service for mental health. * Access to the Mental Health Inpatient system is very difficult – the area is very poorly serviced.   13. Appointment system for the hard of hearing   * The practice calling system is set up to accommodate a patient’s hearing aid.   14. End on a positive note   * Yes we should end on a positive but what does the surgery want to know?   Deadline for questions: aim for September 2016 survey. | SB |
| 4. | **Patient concerns**  The following was raised:  From Geoff Townley:   1. *Why is the surgery still advertising for new patients (as per the website) when it takes two weeks to get an appointment?*  The Surgery cannot legally exclude people in catchment. 2. *How accurate is the information that is available for patients to view and what is the best way to amend any errors?* Not everyone is completely accurate but the website is regularly checked and amended when errors are found. You can also ask for amendments to be made by contacting the surgery. 3. *Is there an issue with misuse of the carpark e.g. postal workers?* Yes there is occasionally an issue but there is not much we can do. We have requested that the postal workers do not use the surgery car park but it is very difficult to police the situation. This has been discussed previously and volunteers have monitored the car park.   From Jill Sadler:  *How does Brook Lane fit in to the CCG’s plans for “Better Local Care” as outlined in their ideas for multi-speciality community providers – MSCPs?*  If he is available would the group like Dr McFarlane to come to next meeting to discuss a Primary Care Hub – local Service? All agreed. | CH |
| 5. | **Surgery Update**  CH reported that:   * Dr Taylor will be retiring at the end of April 2016. * Sue Bryant retired at the end of July 2015 but continues to work some sessions when available. * Dr Read, who is covering Dr Hazlehurst’s maternity leave, will be asked to continue on Dr Hazlehurst’s return. * Shortage of Doctors continues to be a problem but the situation should improve from January 2016. |  |
| 6 | **AOB**  *GM asked for information concerning Dialysis – is there any chance that a Unit could be fitted in Coldeast?* The local Unit for this area is Havant. Havant is stretched to capacity and there is a need for another Unit. There are at least 25-30 people who would use a service at Coldeast.  CH reported that a Dialysis Room was originally planned at Cold East but it never materialised. Renting rooms at is very expensive. SB agreed to raise the issue at the next CCG Area Meeting | SB |
| 7. | **Items for next Agenda**   * Dr McFarlane to be invited to the meeting * How best can the PPG help Brook Lane GPs – views please? |  |