**Brook Lane Surgery**

**Patient Participation Group (PPG)**

**Minutes of the meeting held on Thursday 28th February 2013**

**Those present:-**

Michele Sharpe (MS) - Chair

Carolyn Hill (CH) - Practice Manager

David Woodley (DW)

Lawrence Jackson(LJ)

Jill Sadler (JS)

**Apologies received from**

Adam Prebble (AP) and resignation; Jill Durnell, Susan Barton.

**Minutes approved – matters arising:- LJ contacted Amazon for advice setting up an online survey for the surgery in the future and appropriate software. They suggested Survey Monkey as a possibility. MS to ask other surgeries, who already have such facilities, at the next area meeting for further advice.**

**JS informed the meeting that hospital taxi services have restarted and that First Bus are investigating further extending bus routes, to include the hospital and the surgery.**

**The Patient Survey**

**There was considerable lively discussion about the findings of the survey held in November. MS commented on the positives :- \* There was a high level of satisfaction with face to face meetings with medical staff – 80% +. \* The comments were very positive about the care and attention received.**

**Responses to the staff in reception were mainly positive .**

**Negatives- \* Telephone service – often not able to get through; \* Waiting times to speak to someone in reception – queuing; lack of lunchtime service in reception. \* Waiting room needs to be brighter and speaker system needs improvements, including visual announcement of patients to go to doctors/ nurses.\* More appointment times needed – weekend appointments – are they a possibility?**

**In mitigation :- The survey began just at the time when registration was at its height for new patients from Locks Road surgery. Those patients were attending for their flu jabs and first appointments, therefore the waiting room was full! Brook Lane originally had 10,000 patients on roll, which has now increased to 11,200 in a very short time. Little notice was given to Brook Lane that this was likely to happen. Many staff worked long overtime hours to register the new patients and a new computer system had just been introduced in the two weeks before.**

**In response to questions concerning weekend appointments CH explained previous surveys showed that while people want longer hours during the week ie. early mornings and later evenings, the weekend was not as popular once it was pointed out that no blood tests, access to labs etc were available then. JD had set out a number of issues resulting from the survey – access being a key issue: Patients access by phone; getting an appointment within 48 hours to a doctor; updating the telephone system; more reception staff made available to answer phones.**

**We initially decided on three main foci for further discussion.**

1. **Access through telephone**

**CH agree this was a main issue – but mainly a ‘people’ problem. Few people use the computer to make appointments, however many more do use the system for repeat prescriptions. JS asked if lunchtime could be staggered for reception staff to provide a servce then, Other tasks are completed at this time, however it might need to be considered in the future. There was further discussion about more phone lines and a queuing system rather than just engaged signal. Action – CH**

**In order to improve the service at reception an extra 3 staff have been employed. They will be deployed to answer telephones – 2 lines and particularly support front of desk, so that there is minimal queuing time in the surgery or waiting on phones to speak to staff. They have completed their training and will start reception tasks from March 4th. ( extra hours provided – 54)**

1. **Seeing Doctors within 48 hours**

**Everyone acknowledged the problems there have been with the influx of so many new patients. More doctors have been employed as of now and from May there should be a full complement of partners and other doctors in addition to more nursing staff. This will provide an extra 121 appointments per week and should be sufficient. Although the subject of further open access times was raised, no conclusion was reached and the effect of more medical staff employed will probably make this unnecessary.**

1. **Announcements**

**Mention was made of the poor quality of sound equipment and thus ability to hear when the appointment is called. Was there a possibility of a moving sign – a visual announcement especially for the hard of hearing.**

**Action:- CH – to research pricing**

**Delays – exceptional delays as a result of Doctors attending an emergency are announced as a matter of course.**

**The ‘sign in’ board informs how many patients are in front of your appointment.**

**Brook Lane appointments at Fareham Community Hospital**

**These began in January and most initial problems ironed out – though still some issues with the IT link. (action to be taken this coming week Three consulting rooms available and more use will be made of these rooms when there are more doctors at Brook Lane – there is insufficient space on original site for all. Reception staff at the hospital are a little reluctant to help surgery patients – CH to follow up.**

**Locks Road closure.**

**While Brook Lane has already registered 1,200 patients from the surgery, it is possible that more will apply before the end of the month ( March) when Locks Road finally closes.**

**Local Physiotherapy**

**There is a possibility that Brook Lane may lose its Physio service on site as a result of changes in provision and funding. We await further information.**

**Queuing – dealt with earlier.**

**A.O.B**

**Car Parking - no real solution; the main problem occurs at Open Access clinic on Mondays.**

**Next meeting :- Wednesday May 15th 6.30pm ( all meetings will normally be held on Wednesdays )**