

Minutes of PPG Meeting held at Shinfield Health Centre at 11:30 on Thursday, 14 March 2019.

1. Present

Dr Faiza Akif

Louise Upton – Practice Manager

Lita Tuggey – Operations Assistant

Clive Upton – Operations Assistant

Mrs PB – PPG Member

Mr DS – PPG Member

Mrs EL – PPG Member

Mr AH – PPG Member

Mrs LH – PPG Member

Mrs TK – PPG Member (new)

Mr FB – South Reading Patient Voice Group (guest speaker)

2. Welcome

Dr Akif starts the meeting by extending a warm welcome to everyone and thanks them for attending. A special word of welcome is extended to the guest from the South Reading Patient Voice Group, Mr FB. Dr Akif invites everyone around the table to introduce themselves. Dr Akif says she was hoping for more patients to attend, hence the afternoon meeting, whereas before this meeting was held in the evening. Dr Akif goes on to explain the new staff structure implemented in the practice since the last PPG meeting, with Louise being the practice manager, and instead of having an assistant manager, two operations assistants have been appointed, namely Lita for Administration and Clive for Reception. Three other new members of staff have been appointed, namely Sandi to cover for Farzane going on maternity leave soon, Raluca who is mainly responsible for chronic disease management and online patient registration, and Janet who manages patient records.

3. Minutes of previous meeting

3.1 Dr Akif proceeds to confirm that we have now started the 7 day per week access to GP services, as part of the South Reading Alliance, and since the last meeting, we have implemented Tuesday evenings 18:30 – 20:00 and Saturday morning 08:00 – 12:00 at South Reading Surgery, as well as, Friday evening 18:30 – 20:00 and Sunday morning 08:00 – 12:00 at alternative practices within the West Berkshire Federated Services Group. So far the availability and attendance of these extended hours appointments at South Reading Surgery have been the best within the cluster.

- 3.2** Dr Akif confirms that some planning is still needed in relation to group consultations. All relevant staff members were not available when the first training session was presented, but we have requested to attend a forthcoming event, for which we are awaiting confirmation.
- 3.3** Mrs B asks if any progress was made with possibly advertising the PPG on the back of bus seats. Louise is still investigating this matter. Mrs K states her delight with this group and what it aims to achieve, since she did not know of its' existence before, and heard about it via text message. There is general discussion about whether the PPG could/should meet without anyone from the practice being present, or whether a staff member should always be present, and also how about the best way to invite more patients to attend the PPG meetings and become involved. Louise confirms that she invited 30 patients by text message to attend today – obviously we cannot invite an unlimited number of patients due to lack of space, etc. It was mentioned that other means of contact should also be investigated, however, electronic contact is the most cost effective. Mrs B mentioned that she had received feedback from patients saying they did not attend because of the SHC location being inaccessible, but would consider attending if the meeting was held at South Reading Surgery. Dr Akif confirmed that the surgery at South Reading could not accommodate any meetings of this sort, but perhaps other venues could be sourced.
- 3.4** The question of why the meeting is only held once per quarter is raised, and Mr B suggests that a meeting once per month or at least every other month would be more effective. It is left to the PPG to decide when the next meeting is to be held.
- 3.5** Mr H asks whether the pharmacist is now being employed, as was suggested in a previous meeting. Dr Akif confirms that although the pharmacist is really busy, she is not being utilised to full effect, yet. The doctor informs the meeting that we have recently visited a neighbouring practice in an attempt to learn from their experience regarding availability of clinical staff and how to optimise accessibility to the practice by utilising clinical staff more appropriately. It has been decided to train receptionists to route patient requests correctly to appropriate clinicians, by asking patients why they want to be seen, as it is clear that not all patient requests have to go to a doctor particularly, but that a nurse, HCA, pharmacist or even an administrator may have been better utilised.

- 3.6** Dr Akif also mentions that we are taking a step back and restructuring our appointment system. We have a problem with the high number of DNA's which currently computes to an average of 1 ½ hours per week of clinician's time being wasted on patients not arriving for their appointments, even though, in some instances they only made the appointment on the morning of that same day. So we are considering perhaps making more on-the-day appointments available, with fewer pre-bookable slots. A suggestion is made that, patients who habitually DNA, should be addressed in writing. Mrs H suggests we make provision for a walk-in and wait type of surgery, but Dr Akif explains that we do not have the capacity to manage this. Dr Akif expresses the hope that once we have implemented the proposed changes to the appointment system and the allocation of appointments, we would have evidence of a much improved patient experience within 6 months.
- 3.7** Louise addresses the meeting regarding the Friends-and Family Surveys. Our past attempts to encourage any feedback from patients have produced almost no results. So, we have now implemented a new system whereby a random number patients who have been seen on the day, is selected across all clinicians, and a text message is sent to them requesting feedback regarding their recent visit to the surgery. This was started mid-February, and to date we have had an increasing response, and we are pleased with the mostly positive feedback we are receiving. Most of the negative feedback refers to not being able to have an appointment sooner, which is a matter being addressed already. Mr B suggests we aim for at least 100 responses per month to have a realistic opinion poll, and that any less than 40 responses should be disregarded completely. He also suggests that we look at trends, as this seems to be a general conclusion amongst practices in a wider area, i.e. the focus of areas patients may provide feedback about may change from time to time.
- 3.8** The question is asked why SRS always seems much busier than SHC. Dr Akif explains that more patients are seen at SRS, mainly because the duty doctor for everyday is always based there, as well as, community services, e.g. smoking cessation clinic. Even patients, who would usually be seen at SHC, would be asked to go to SRS if they were to be seen by the duty doctor.
- 3.9** Patients are complimentary of the pharmacist, Punita, and find this service really helpful for consultation regarding their prescriptions and medicine.

- 3.10** Dr Akif announces that physiotherapists may be appointed to take appointments of patients suffering aches and pains – these clinicians will be part of the PhysioFirst initiative. They will then direct patients appropriately, as needed.
- 3.11** Dr Akif discusses the matter regarding the South Reading Community Group Facebook posts seen throughout the day, and of which we were informed of by a patient on our website. The open invitation to attend this PPG meeting went wrong and resulted in members of the community posting inappropriate remarks on the site. It is decided not to respond to these comments officially. Mr B suggests, in his opinion it would be correct to respond to all the statements and comments with solid facts.
- 3.12** It is put to the practice that a newsletter may be of value to patients, however the cost of this would be considerable, and communicating by electronic media could be used effectively. Unfortunately, a particular group of patients may not have easy access to electronic media, and a suggestion is made that a short newsletter could be attached to all prescriptions. Mr B states that this type of communication and interaction between patients and the practice should be driven more by the PPG and less by the practice.
- 3.13** Mr B then takes the floor and speaks on behalf of the Patient Voice Group for South Reading, and invites all other PPG members to join this group also. He has prepared some information leaflets which are distributed, and as he does not have enough for everyone, promises to provide these by email. He mentions that there is a National Association of PPG's and invites everyone to participate at this level, also. Dr Akif invites everyone to suggest more ideas on how to increase PPG participation.
- 3.14** The next PPG meeting is to be arranged by the PPG members.
- 3.15** Dr Akif thanks everyone for attending.
4. The meeting adjourns at 13.25