

PPG Meeting Broughton Gate Health Centre – 08/02/2012

In attendance:

C [REDACTED] J [REDACTED] (Practice Manager)

J [REDACTED] L [REDACTED] (Clinical Lead)

C [REDACTED] H [REDACTED] (patient)

L [REDACTED] Y [REDACTED] (patient)

**Agenda**

**Welcome (introductions and apologies)**

**Recap and News from The Practice**

**Discussion re survey results**

**Action plan**

**Discussion re appointment of Chairperson and Secretary**

**AOB**

**Welcome**

Introductions and welcome to all. CH has attended 2 previous meetings. This is the first meeting for CJ, JL and LY.

CJ advises that 5 other patients confirmed attendance but had not attended. These patients will be called to enquire as to whether or not they would like to be a member of the PPG and informed of the next meeting.

**Recap and New from The Practice**

There has been no local news with regards to Broughton Gate Health Centre.

CJ updated members on staffing news – new appointment of Clinical Lead (JL) and of Practice Manager (CJ)

**Discussion re survey results**

CJ went through the survey with the members and discussed each result. Some were brought up and flagged for different reasons by the members:

**How often do you see or speak to your preferred GP?**

CH commented that percentages for "always or most always and a lot of the time" are lower than expected and disappointing and that it highlights the lack of continuity of doctor. CJ confirmed that she will be reviewing doctors sessions with JL and expressed that continuity of doctors is top on their priority list. CH asked that next time we recruit

we don't recruit a doctor for just one day a week. CJ stated that we can only recruit for the demand of the surgery and that if that demand is for 1 day a week then that is what we have to do. LY agreed that this was better than using a different locum doctor each week.

Generally how easy it is to get through to somebody on the phone at your surgery?

CH and LY commented that they had no problems getting through on the phone at all and that this has in fact improved in the past year.

How helpful do you find the receptionists at your GP surgery?

CH and LY commented that they have always found the receptionists to be helpful and have a sense of humour.

LY commented on the queue at reception sometimes. A patient turned up for their appointment late and by-passed the queue and then was seen by the doctor straight away putting all the other patients late for their appointments. CJ and JL confirmed that they would like to implement the 5 minute rule where if a patient is late more than 5 minutes for their appointment then they may not get seen – it will be a clinical decision whether they do or not.

JL also commented that he would be interested in looking at a self check in screen. This would reduce the queue on reception.

The last time you tried were you able to see or speak to someone within your desired timescale?

CH commented that he thought a result of 75.4% "yes" was impressive and better than he thought he would be.

What did you do on the occasion when you couldn't get an appointment that wasn't convenient?

CH commented about 12.3% going to A&E and how it was a high percentage and probably very costly. He questioned if there was anything we could do as a practice. JL and CJ stated that the majority of these are probably for the walk in centre but that CJ would investigate and try and get some more accurate figures from the PCT and that JL and CJ would need to do some analysis work on this to see if is something we can.

How long after your appointment time do you usually wait to be seen?

CH commented that he thought the results were good and LY stated that she has waited longer at previous surgeries. CJ and JL stated that we would like our doctors to run to time but unfortunately sometimes circumstances happen that are out of our control and it just takes one emergency in your clinic to push your whole clinic back.

Last time you saw or spoke to a GP at your surgery, how good was that GP?

CJ commented that we would like to strive higher on achievement (currently sitting at 4/5) CH commented that he feels if we used locums less and more permanent doctors that this figure would increase.

### **Action Plan**

CJ asked the members if there was anything specific they would like on the action plan.

LY stated that she was very happy with the surgery so couldn't think of anything.

CH and CJ both commented that top of the list should be continuity of doctors.

CJ to firm up action plan and submit to head office.

### **AOB**

CH questioned the list growth size. With the developments around Broughton area list size is going to continue to increase. Will more doctors be put on to reflect the increase of list size? CJ confirmed that there is a set amount of appointments we have to offer per week according to patient list size per 1000 patients and that as the list size grows the amount of appointment we should offer grows.

CH questioned costs. He has attended a meeting where they were informed that as of 1.4.2012 patients would be making decisions on where spending goes within surgeries and where we can cut costs. He would like to know cost per patient, prescribing costs and referral costs etc so that informed decisions could be made. CJ and JL were unaware that this was the case. CJ stated that commissioning groups made up of doctors and practice managers from each surgery would be making the decisions re funding and that there may be patient input but not on a final decision level. CJ will investigate some more and confirm back to the group at the next meeting.

Next meeting: Monday 26<sup>th</sup> March 2012 6pm