

Patient Participation Meeting

17th December 2019

Present: Wayne Penegar (WP) Chair, Lynsey Buckles (LB)-Mins, AM, IP, WPr, JB, RA

Virtual Member: SSB, LN

Apologies: SP, GN, KG, all GP's

Discussion	Action
Matters Arising	
LB To remember to change the messages on patient access when we don't have online appt's available and then put a reminder on to change the message back	LB To remember to change to the messages and then change them back
Posters in waiting area's-still need to be reviewed, outdated ones removed and suggestions made for updating.	AM & WPr to do this in January
Today's Discussion	
<p>Complaints and compliments Discussed complaints that LB is now actively collecting and circulating. Some lovely ones about the GP's were shared.</p> <p>Complaints discussed. Complaint regarding a scan report outcome not being communicated to the patient, the patient did call in to find out the result, but unfortunately a human error had occurred and rather than the report being seen by the GP it was filed directly into the patient's record. No harm came to the patient but awareness raised with administration staff.</p> <p>Member of the PPG shared a concern they had that had also been expressed by others she knew. She had experienced receptionists laughing and joking and ignoring patients-she told the group that 1 person she knows has left the surgery because of it. It makes her feel uncomfortable. LB acknowledged this and agreed this was not how we want patients to feel. LB highlighted that we do have a very cheerful reception staff team and this is often commented on by patients that in the last 5 years the staffing has really changed and made reception a much friendlier experience. LB also made a point that it is one of the most pressured and difficult jobs in the practice and that she wants her staff team to enjoy their job and their working environment, but not at the expense of the patients.</p>	LB will discuss this with receptionists at the next team meeting.
<p>Patient Survey PPG members redesigned the survey before giving it out this year. They handed out the Survey on Dec 5th & 6th in the surgery. Variations in responses as some people forgot to complete the back or cherry picked which answers to complete. Went through the results and the feedback as a group. Having children toy's available was a theme, having magazines and books available to read in reception was also a theme. -discussed the pro's and con's of these suggestions. There are a number of reasons why we don't supply childrens toys and remove the majority of magazines and books, this is predominantly to reduce any risk of the spread of infection and also due to the fact there is not enough space in the waiting area's.</p>	<p>Actions: leave sign up about drinking water all year. Another hand sanitizer to be available.</p> <p>LB to shorten the Voice message, keeping in only essential details.</p> <p>LB to do comparison with last year's survey and the national patient survey and feedback at next meeting.</p>
<p>Website The new website launched last week. Had quite a lot of activity on it already. Patients can now send messages for Dr's to read or for nurses or directly to receptionists. It has lots of functions and looks much better than our last website. LB had asked for the PPG's feedback on the template website before it was launch and let them know when the new website went live so they could have a</p>	<p>LB to add information on about when Phlebotomy services are here. PPG to let LB know of things that are incorrect or need updating. RA-to run the website past her</p>

<p>look in order to provide any other feedback. Discussed some suggested changes, but unfortunately all of the suggested changes were on sections we were unable to edit. As the piece of software has been purchased as a borough, all the practices in the borough have to agree for changes to be made to particular sections. Discussed the language and accessibility issues for those with disabilities.</p>	<p>team at work to feedback in accessibility issues.</p>
<p>Consultation on plans being considered for Reception LB explained that receptionists find it very challenging to do all the tasks required of them when they are also trying to assist patients face to face. One of the consequences of that is often the phone's take longer to get answered or when phones are being answered patients waiting to speak to a receptionist feel frustrated at having to wait. So to try to combat these issues we are considering moving the phone lines into the confidential room. The idea is to have two desks in there move the computers from the front desk area, so there will be 2 receptionists answering calls, emails, doing Dr's tasks etc and one receptionist on the front desk, dealing purely with face to face patients. All at the meeting felt this would be really beneficial and would support the plan if we proceed with it.</p>	
<p>Doctorlink We will be going live with Doctorlink in January. Doctorlink is an online symptom checker which is aimed at determining whether the patient needs to see a GP, a nurse, a pharmacist or go to hospital. On completion of the symptom checker, if they are eligible for an appointment they should be able to go directly online and book one of the specifically allocated Dr Link appointments. The information they have provided via the symptom checker goes directly into the patient record for the GP's reference. We are doing a soft launch and won't be proactively advertising it initially. We have poster boards to put up in the surgery when we do go live.</p>	
<p>Accurx has launched also This is a new texting system which all staff in the practice can use to directly text patients in real time. It has had excellent feedback nationally and we are now starting to use this. Reception and Secretaries have been trained and the Dr's and Nurses will be next to be set up and trained.</p>	
<p>Consultation regarding Condolence cards LB explained that some shared learning from being part of the PCN (Primary Care Network) has been around having more formal contact with family members of our patients who pass away and sending them information on bereavement and support services. We feel this would be a good idea and wanted to get the PPG's thoughts on it. All agreed this would be a great addition to the services we already provide for our patients.</p>	
<p>Joint PPG Meeting PPG members suggested the week of the 24th February (not the Tuesday or Wednesday ideally).</p>	<p>LB to take this to the next PCN meeting for discussion.</p>
<p>Date of next meeting: 9th March 6.30pm</p>	
<p>AOB Merry Christmas and a Happy and Healthy New Year to all our members. The GP partners and LB wanted to thank the PPG members for their support and hard work throughout the year, a special thanks to Wayne for chairing the meetings and co-ordinating much of the PPG's work. Also thanks to those who bought Mince pies, cakes and Prosecco for tonight's meeting! ☺</p>	