

Burton Latimer Medical Centre Patient Participation Group

Minutes of the Patient Participation Group meeting held on Monday 10th October 2016
at 6pm in the Conference Room, Burton Latimer Medical Centre.

Present	Cannon R Knight (RK) Chair Mrs M Jerram (MJ) Mr E Hammond (EH) Mrs J Finch (JF)	Mrs H Corbett (HC) Practice Manager Mr S Thomas (ST) Mr F McDonald (FM)	Dr R Child (RJC) Practice Representative Mrs D Mawby (DM) Mrs J Drury (JD)
In attendance	Mrs D Cox (DJC) Notetaker		

1.	Apologies and Welcomes Apologies were received from: Dr A Raja, Mrs J Read Welcome were made to: Mrs J Drury and Mrs J Finch, new members to the PPG Mr Patel and Silvana, from Lloyds Pharmacy	Action:
2.	Minutes of the last meeting The minutes of the meeting held on Monday 8 th August 2016 had been previously circulated and were accepted as a correct record and signed by the Chair. The minutes will be posted onto the website and the Patient Participation Group Notice Board following the meeting.	Action: <ul style="list-style-type: none"> DJC to post on the website DJC to copy and put onto Patient Participation Group Notice Board
3.	Matters Arising <ul style="list-style-type: none"> <u>Posters</u> <ul style="list-style-type: none"> DM commented that one of the new posters looked like a prison poster RK has also had those views expressed to him MJ was shocked to see all the notices had been put up. She felt that respect was a 2-way thing and that these posters have gone too far and that there was some frustration around them HC said that staff need to feel supported and had not been made aware about strong feelings regarding the posters. HC and DJC had looked at many and chosen the 2 <u>Telephone System</u> <ul style="list-style-type: none"> FM said that he was frustrated by the inadequacies of the current system with taking a long time to get through, a very long message and always being put in a queue HC reported that it had been agreed at the partners meeting today to upgrade the phone system and this will be in place as soon as possible. It would not be the answer to all the issues but would address many concerns. There will be the facility to record the calls HC stated that there are always at least 2 people answering the phone 	Action:

	<p>d. ST asked what the main problem was and how could it be resolved</p> <p>e. HC replied that a call management system will provide weekly reports which will help to identify any problem areas</p> <ul style="list-style-type: none"> • <u>CQC</u> <ul style="list-style-type: none"> a. FM asked if there was any follow-up to the visit and actions b. HC replied that this had all been completed as reported at the previous PPG and that we just wait now for the next visit which we may not get much notice of 	
4.	<p>Lloyds Pharmacy</p> <ul style="list-style-type: none"> • Mr Patel, Area Manager and Silvana Branch Manager gave a report regarding the current situation. • There has been some progress but not moved forward as much as would have liked due to several members of staff having pre-agreed leave at the same time over a period of 2-3 weeks • Now have 4 vacancies 3 of which have been recruited. 1 started today and others to start beginning of November • Pinch points have been identified around customer service, individual performance and lost prescriptions and progress had been made but fell back over the leave period • MJ said she had written to Mr Patel on 2.10.16 regarding incorrect meds being issued to an elderly couple but not had a reply • Mr Patel said he had not seen the letter. MJ then gave him a copy and he promised to look into the issues as a matter of urgency • FM commented that in conclusion the pharmacy was 1 short and it will take time to train the other 3 new members of staff • Mr Patel said that they will be trained at a different branch and staff from that branch would be brought into Burton Latimer to help. He would like to think that the new staff would be at Burton by beginning of December • ST asked if there was a target time for meds to be ready for collection • Mr Patel replied that the aim is that 24 hours after prescription is received from the Surgery the meds should be ready to collect • DM commented that she has seen an improvement both in efficiency and organisation and that the staff don't seem as pressured. • Mr Patel said that they have changed working practices which seems to have saved time and made for a more accurate service • FM said that staff seem to be looking on the computer then looking through the prescriptions (which seem to be in no particular order) and then talking to the pharmacist. • Mr Patel said that the issue around the holiday had had an impact but the situation was more controlled now • DM asked why there appear to be no permanent pharmacist • Mr Patel said that recruitment for this was ongoing and that the 	<p>Action:</p> <ul style="list-style-type: none"> • HC to continue to meet with Silvana to discuss any issues • All PPG members to feed back any problems to HC • DJC to add as a permanent item to the agenda

	<p>same locum and relief pharmacist had been in place since June</p> <ul style="list-style-type: none"> • HC said that she will continue to meet with Silvana and encouraged all PPG members to let he know of any issues as and when they arise. <p>Mr Patel and Silvana left the meeting at 6.30pm</p> <ul style="list-style-type: none"> • ST asked if HC could provide a quarterly report for the PPG to keep them up to speed with any developments • HC said that she will as has plans to meet with the Pharmacy manager on a regular basis 	
5.	<p>Flu Jabs</p> <ul style="list-style-type: none"> • RK commented that all seemed to go well • DM said what a lovely atmosphere there was • FM asked why they were held on a Saturday when most of the people invited were over 65 • HC replied that we are told we have to hold Saturday clinics and there was a good turnout but does not have the figures yet. The car park was busy but soon resolved as patients did not stay around for long • MJ asked what happened if a patient went to the pharmacy for their vaccination • HC said that we do get notification from pharmacies of patients who have seen them but we will not be paid for the vaccines not given at the practice • EH and MJ commented that they had gone elsewhere as persuaded to by the pharmacist but that they were not aware that the practice received funds for this • HC said that is why there is such a drive to support the surgery and the income is quite substantial and asked all to support the surgery in the future 	Action:
6.	<p>Patient Survey</p> <ul style="list-style-type: none"> • RK thanked MJ on behalf of all in the PPG for her sterling work in compiling, organising the rota and summarising the Patient Survey for 2016 ➤ <u>Summary of points made:</u> ➤ Frustration at getting through on the phone ➤ Phone message is very long ➤ No appointments available once Patients do get through ➤ Have to see Nurse Practitioners (NP) and then see GP why not GP first ➤ Lack of confidence from one NP ➤ Helpful to publish guidelines of what a NP can do ➤ Work to be done on who decides a patient sees a NP ➤ Would it be a good idea to have different times to call for different clinics? ➤ Lack of understanding around on line booking – not enough GP appointments appear • RK commented that he had only ever seen 1 GP appointment to book and asked if the availability could be 	<p>Action:</p> <ul style="list-style-type: none"> • DJC to attach the draft as appendix A • DJC to email extra date to all members • FM to feedback on Town council Facebook page • HC to see if there is a way to see how many patients who see a NP then get passed to a GP

	<p>for more than 3 weeks in advance.</p> <ul style="list-style-type: none"> • RJC commented that the slots are decided 2 months in advance but that there is a problem with booking too far with increasing DNAs • JF commented that once they are booked the problem will just be moved to 4, 5, or 6 weeks in advance ➤ Reception staff give missed messages saying that they cannot do things when they can ➤ Receptionist staff came out well but appears to be 1 or 2 who need training in certain areas. • DM thought that all Reception staff should be able to cope with anything that they are asked and if they are unsure then they should be able to ask someone ➤ Self-check-in board was used in a vast majority of check-ins • FM asked why it would not work if you were over a minute late • HC stated that she has been now been able to change the time tolerances to cope if patient's are up to 20 minutes early or 5 minutes late • ST said that while he was doing the survey in the waiting room he had made a note and not one person had a problem with the self-check-in • HC said that all reception staff will help patients to use it, they just have to ask • MJ needs more time to work on question 7. • JF offered to help • MJ said thank you and will let her know if any help needed • RK suggested an extra meeting to properly go through the result and a date was set for Wednesday 16th November at 5pm with a 'no later than' finish of 7pm • JF commented that she had asked a receptionist for a feedback form to make a positive comment and she looked horrified thinking that JF wanted to make a complaint, point of the tale is that we should remember to tell staff when they do well • JF asked if the idea of a Facebook page had been explored to combat the negative comments on the Burton Latimer group site • FM said that the Town Council was looking at the same and would feedback how they get on • JF offered to investigate best practice use of Facebook by other practices and come up with a proposal • JF asked if there is anyway of analysing how many patients seen by the NP then get passed to the GP • HC will see if this is possible • MJ asked who decides whether a patient sees a NP or a GP • RJC replied that if a patient asks to be seen on the day they will be seen by the duty clinician team which means an NP in the first instance who will then consult a GP if necessary • ST Patients need to be educated as to the way the 	
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	<p>system works</p> <ul style="list-style-type: none"> • JD gave example of her experience and suggested that it was not a good system • RJC replied that the system works well and patients will all be seen by a clinician on the day 	
7.	<p>Dates for 2017</p> <ul style="list-style-type: none"> • RK asked if all were happy with the present diary of every other month. No comments were made to the contrary • DJC asked if there was a preference for which Monday of the month as it would help her if meetings could be moved from the 2nd Monday due to PCC commitments • MJ and FM asked for not the 1st Monday as they have Town Council meetings that week. • All agreed the 3rd Monday of the month was a good compromise 	<p>Action: DJC to propose list of dates for 2017</p>
8.	<p>Behaviour of Patients – draft letter (Appendix B)</p> <ul style="list-style-type: none"> • DM asked for clarification as to who would receive these • HC replied that hopefully not many would be sent • RK added that although signed by the chair they would not see who the letter was to be sent to • FM said that he wasn't in favour of such a letter being sent • RK replied that the idea was that it would be amended from patient to patient • MJ said that she would like examples of what behaviour would instigate such a letter being sent • DM said that she thought that if a letter was necessary then it should be individual to that patient • ST suggested that it could be used as a template • DM asked if there is a panic button behind reception • RJC replied that yes all computers have a panic button on them to call other staff in the case of a medical or other emergency • JF noted that there was no reference made in the draft to what the trigger was for the behaviour • HC stated that the idea of the letter was for it to come from the PPG in support of any actions the practice may have taken. This needs more discussion time and so suggested that it be held over for future meeting 	<p>Action: • DJC to add proposed draft as Appendix B</p>
9.	<p>Any other notified in advance business</p> <ul style="list-style-type: none"> • None 	<p>Action:</p>
10.	<p>Date and Time of Next Meeting Patient survey - Wednesday 16th November at 5pm – 7pm in the Conference Room, Burton Latimer Medical Centre Full meeting - Monday 12th December at 6pm in the Conference Room, Burton Latimer Medical Centre</p>	<p>Action:</p>

There being no further business the meeting closed at 7.20pm

Signed _____ (Chair) Date _____