

# TWO RIVERS MEDICAL CENTRE, IPSWICH PATIENT PARTICIPATION GROUP (PPG)

Minutes of the Meeting held on Tuesday January 10<sup>th</sup> 2017  
at TRMC at 7pm

## **Present:**

Anne Walker (AW), Jo Hutchinson (JH), Sue Hayes (SH), Gill Lewis (GL), Jenny Pickering (JP), Jean Garnham (JG), Sally Gardiner (SG), Seamus McMillan (SM), Angela Harvey (AH), Dr Knight (JK),  
Dr Smith (KS), Michelle Fillbrook (MF),)

## **1. Apologies:**

Mark Cousins, Pippa Sheldrake, Helen Osborn

## **2. Minutes of meeting held on 1-11-2016**

These were signed as correct by AW.

## **3. Matters Arising, not covered by the Agenda**

- AW thanked the PPG members who had helped with the flu clinics
- AW thanked JH and HO for their work in designing the PPG banner
- Parking Eye – no further news.
- Name badges for receptionists. MF said that the reception team have now got name badges, and the rest of the Practice team will have badges soon. JH asked if the PPG could have slightly smarter badges, and LH will be asked to help, or JH to print JH
- Photo board not yet done. JH suggested it should be produced in house so that more rapid changes could be made when there are staff changes. KS may know a suitable photographer. KS
- Signage. The practice is still waiting for Apollo to remedy the signage, especially in the 2 waiting areas.

## **4. Practice report. JK and MF**

- The Practice has appointed a new HR and Operations Manager, working 25hrs per week. The work was previously done by a Consultancy. The job will fit between the roles carried out by HO and MC, and will release them to concentrate on their own workload.
- The Practice is soon to advertise nationally for at least 2 FTE GP's.
- There will soon be a changeover of Registrars within the Practice.
- Dr Lena Powell has now left TRMC for a career break in order to go travelling.
- The Practice has recently recruited a new Administrator/ clinical coder, 2 secretaries and a Practice nurse.
- There has been an accumulation of hard copy and email patient letters from the Hospital and other clinical sources, which has led to problems. A lot of work has been done to remedy the situation, and the backlog is now almost clear.
- Signage. The surgery is still awaiting improved signage in areas pointed out by the PPG .

## **5. Reception update. MF and JK**

Overall, MF thinks reception is working much more efficiently. Many of the receptionists, including the 4 new recruits, are now working split shifts to cover the busiest times, and MF has 3 receptionists on front desk whenever possible. On Monday mornings there are 11 reception staff on duty.

- Appointments. In December, the practice offered 8317 patient appointments, including 2551 urgent appointments.
- DNA's. There were 298 DNA's in December.

- The Patient Partner scheme whereby patients can cancel by phone is becoming better known. SM and JH asked if the cancellation option could be brought to the top of the “phone menu”.
- JH asked if patients can reply to appointment texts to cancel their appointment. MF
- Incoming calls – In December the reception team handled 12590 calls, including 628 on one particular day.
- Lost calls. There were 1313 ‘lost’ calls in December which compares favourably with 2212 in October
- Urgent appointments. In answer to a query from SH, asking how ‘urgent’ calls are prioritised, JK said that all these callers get contacted by a clinician and a decision is then made on whether the patient needs to attend the Practice or can be dealt with appropriately over the phone.
- SH asked about patients who have pressing, but not urgent need to see the Doctor in light of the shortage of appointments. JK agreed this is a difficult problem and is under discussion.
- The repeat prescription box is now on the wall at Reception, and MF has asked for Apollo to put a clear sign above it.
- MF has put bigger ‘zero tolerance’ posters around the Practice as there has been an increase in the number of patients giving abuse to staff.

## 6. Complaints and Praise. KS and MF

KS reported that there had been 13 patient complaints in November, and 2 complaints in December. These have all been dealt with except one which is not yet resolved. There has been some praise on NHS Choices website.

MF said that she often tries to nip patient complaints in the bud as soon as a receptionist makes her aware of a problem.

GL said that at her Practice, she deals with a lot of the complaints and gets help from the clinicians where necessary. GL, JK and KS all agreed that complaint handling is very time consuming.

JK thinks the new HR Manager will help with complaint handling.

SH asked if the lack of continuity of care was an issue for the GP’s as well as the patients. JK and KS agreed that continuity was not always possible and was often a problem for the GP in some instances.

## 7. Missed appointments letters and update.

(DNA statistics – see under 5) Reception.)

JK reported that he is preparing a system of letters for patients who DNA appointments and do not give an explanation. AW and JH have had sight of these and have suggested some amendments. These letters will all be signed off by the patient’s own GP. The Practice will monitor effectiveness of the letters, and any relevant trends.

- I. First letter will go out to anyone who fails an appointment without giving an explanation.
- II. Second letter will follow if patient fails another appointment, and this letter will be stronger in content.
- III. Third letter will suggest the possibility of removing the patient from the Practice list.

JH suggested that there should be a strict protocol for the above process, and that this process should be included in the Patient handbook. JK

SG asked if it was the new patients who failed appointments. JK said he was unsure of the pattern.

GL says her Practice has a very robust procedure in place. She usually finds that phoning the patient has more impact than ‘just’ sending a letter out, but that the whole issue is very time consuming. JK thought this idea was a good one, and will explore. JK

GL said that patient expectation is exploding alongside greater life expectancy. She believes that the younger patients see getting appointments in a timely fashion as a right, whereas the older generation value the appointments more.

## 8. Feedback on Open afternoon 14<sup>th</sup> December 2016

AW thanked all members of the PPG who helped stage the event. She also asked whether Mrs Taylor had been officially thanked. SH said that she had sent the photo to HO, and JK will check with HO that the letter had indeed been sent. JK

JK thanked the PPG members on behalf of the Surgery, and said that a lot of staff were off site on a CCG training course, but those who came to the event had enjoyed it. He was pleased with the turn out of approximately 300 patients, and asked for the PPG to repeat the event.

SM thought the booths for outside organisations were interesting and covered relevant topics.

SG and JH said the patients thoroughly enjoyed the tours of the building.

JP expressed disappointment that other clinical staff, such as a pharmacist and dietician, were not represented at the event.

SG thought it had been a useful event but thought it should be organised more robustly next time with specific allocation of 'duties'. She was disappointed that the event had not been able to achieve the aim of introducing the patients to other members of the clinical team whom it might be more appropriate to consult in some circumstances rather than a GP.

JG thought there had been too many exhibitors and that the event needed better signposting downstairs. She also thought that PPG members should have all been wearing name badges.

## 9. Future health Events

There was some discussion about potential topics for future Health Education events, including mental health. These included:

- Mental health (? Including dementia)
- Lifestyle, perhaps including a cookery demonstration, and health checks.
- Treating minor injuries
- Caring Agencies, including Age UK.

JP asked if the Events could be opened up to patients from other Practices, and JK agreed to this in principle.

There is to be a meeting for PPG members to discuss future events on Monday 23<sup>rd</sup> January at 3pm at TRMC

## 10. AOB

AW had been asked by 2 members of other PPG's whether they could come and observe one of the TRMC PPG meetings. JK had no objection to this as long as the observers took no part in the meeting.

SG heard from some Community and District nurses based at Ravenswood that they were disappointed not to have been asked to the Open afternoon. JK said they had not been deliberately omitted from the invitation list and would have been welcome to come along.

SM asked what percentage of patients who attend the "urgent appointment" slots have at least one secondary health problem which, if addressed by the GP during the appointment, could save on future appointments. JK says how the individual GP's address this depends on the Doctor and on the time available. Ideally he would like patients to have 15 minute appointments, but this is not possible.

JG asked whether the Practice had had the CQC inspection yet, and whether the PPG would be needed to 'give evidence' to them. JK said the Practice is currently in the process of filling in all the required documentation, and that he is expecting the Inspection to take place before Easter, with a 2 week notice period. The CQC Inspectorate would certainly require input from the PPG.

### Dates of future meetings;

Tuesday March 7<sup>th</sup> 2017, 7pm

Tuesday May 2<sup>nd</sup> 2017, 7pm AGM

Tuesday July 4<sup>th</sup> 2017, 7pm

Jo Hutchinson. January 11th 2017