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| **Date: 28/02/2022**  **Time: 15:00-16:00pm**  **Venue: RRS** |

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| **Present** | **Initials** |
|  | **GD**  **PR**  **SH**  **LB**  **MG**  **NB**  **DM**  **PR1**  **AP**  **JJ** |

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| **No** | **Discussion, Status, Actions, Description etc.** | **Actions** |
| **1.** | PR welcomed everyone to the meeting and asked everyone to briefly introduce themselves |  |
| **2.** | PR presented the role of the PPG- see attached | Attached |
| **3** | PR highlighted that we were required to carry out an annual survey and asked everyone what the focus should be. |  |
| **4** | PR went through the official patient survey results <https://www.gp-patient.co.uk/report?practicecode=M85070>  PR asked everyone about their own experiences. AP stated sometimes she doesn’t get to see her usual GP and the new GP’s don’t know the patient’s history. GD stated that the information is on the computer but it can be difficult to find and it can sometimes take 20 minutes to look at everything. AP stated she had some prescription issues with a new GP and it hadn’t been done. PR stated many surgeries rely on locums who see patients without prior knowledge of the patient’s medical history. We are quite lucky we have a small team of regular GP’s.  LB asked whether we offer medication reviews annually. AP agreed that we do offer these but then the surgery doesn’t have availability to book an apts. PR asked GD whether reviews can be done without the patient. GD explained it would be difficult due to the number of patients that need this. PR asked if our in house pharmacist could do these. PR explained we had an in house pharmacist which patients could pre book any medication related queries with. PR told everyone he worked twice a week.  AP highlighted that when a patient calls they are not given a time frame as to when the GP would call. When we saw patients face to face they were given a specific time. AP stated she has missed several calls due to this. AP suggested we should inform patients an approximate time that the GP will call. PR asked GD for his thoughts on this matter. NB asked if this was something the reception could do. GD explained we could tell patients a very loose time.  GD explained that due to the high volume of calls, receptionists could not spend long on the phones to ensure we were answering all calls.  GD also explained that on the clinical system, the screen shows a list of patients that have been booked. The order of calling is sometimes based on the problem.  GD stated that GP’s were given messages i.e. pls call after 11 etc.  AP mentioned that other GPs don’t call again if they don’t get through. NB stated she has not had any issues and if we could tell pts that the GP would call i.e. between 9-11?  DM gave an example of when he wasn’t allowed to specify whether he wanted an am or pm apt-the receptionist did not offer the choice. AP stated it depends on receptionists some do and other do not.  MG gave an example of when she called in the morning but was booked in the afternoon which was quite confusing.  LB emphasized we should to ask for constructive feedback form the survey- would you prefer an AM or PM apt  PR stated if we offered a portion of F2F apts they would go immediately and those who needed an apt would not get one. | PR TO ADD |
| **5** | PR read out another result from the survey where we fell below average: **49% of respondents describe their experience of making an appointment as good**  PR asked everyone if we should focus on experience + choice in the survey- All agreed.  NB stated the call system is stressful  There was a brief discussion about the call system  PR explained how the call system worked.  AP stated she would rather wait longer rather than to be cut off.  Ask pts how long are they would prefer to wait in a queue- LB pointed out this was in the last questionnaire.  GD asked why the phone system was designed like that.  The cutting off is very irritating.  DM stated when they get a text from the doc to book an apt- they can’t get an appointment as can be quite worrying  PR will raise this in the meeting | Ask pts how long are they would prefer to wait in a queue-  PR to raise at next GP meeting for any texts sent out- can’t get an appointment |
| **6** | LB suggested that we offer a multiple choice questionnaire and a free text box. We should be very direct and ask simple questions i.e. Is it long enough – yes /no etc  PJ was concerned that if someone phoning couldn’t get an appointment t- the risk is worrying- reception need to check the patient’s notes.  LB commented that some patients might not want receptionists to look at their notes.  GD stated we need to know the reason for the appointment so they can prioritize who to phone first.  LB stated patients could give a brief reason i.e. chest pain.  PR suggested if offering an alternative apt i.e. nurse if asthma problem- all agreed | PR to add to reception meeting agenda |
| **7** | SH joined the meeting PR explained that we had been discussing patient experience. Receptionists were not offering patients the choice of appointment, GP, time etc..  SH stated we accommodated pts if they make a request.  LB mentioned that if the GP’s were to speak to 4-5 patients an hour- we would tell patients that they would receive a call between x and x hour.  SH said she would raise at next reception meeting  SH explained that the receptionists book in order of GP on the computer screen unless pts requests to see certain GP.  AP asked if we had any female GPs-GD explained we have 3 lady doctors who work part time | SH to raise at next reception meeting |
| **8** | LB asked if the automated message when you first call- could offer options- if you wish to speak to a particular doctor, if you wish to book an asthma pls book with nurse etc.  PR stated to enter in the survey.  LB suggested it would be useful if the surgery had a newsletter and she happy to work with someone to create it.    PR stated she would create 5 questions (all PPG member in agreement with 5) and email them to all PPG members to make any amendments/additions.  PR asked if anyone would have time to hand out questionnaires in reception  MG said she would be free on Thursdays  LB also agreed to do | PR to enter in survey  LB/MG to hand out survey in reception |
| **9** | PH asked what is happening with prescriptions- SH explained that Lloyd’s computer system went down last week and they were having some issues. PH stated she didn’t know what was happening and no one had told her it had gone down.  LB stated depending on which receptionist is working you could get different responses – poor communication  LB suggested inviting someone form Lloyds to next PPG meeting.  There was a brief discussion about prescriptions and LBasked how many ways were there to order a prescription.  Email  Online  At front desk  APP  LB stated there is a lot of ways to go wrong.  PR to do audit which email or online  PR asked whether we should include prescriptions in the survey- everyone disagreed and to stick to experience | SH to raise at reception meeting  PR to invite Lloyds manager to next PPG for 10-15 mins  PR to carry out prescription audit order methods |
| **11** | **AOB**  LB sked if we could do month or bi month meetings  PR asked if everyone was in agreement. All agreed.  There was brief discussion about the phone system  PH stated our surgery is 99% better than other surgeries  AP stated some surgeries you have to wait for up to 2 weeks for an apt.  Toward the end of the meeting DM stated if no one else showed any interest he was happy to be the chairperson. | All to agree if happy with DM as Chairman. |
| **13.** | **Date of next meeting: 4/4/22** |  |