



PATIENT PARTICIPATION GROUP

Minutes of a meeting 7th February 2018 at 6:30pm

Chair: Spencer Oates (Deputy Practice Manager)

Minutes: SO

Members Present: MK, PM, JA, CL, JM, JS, KS, SR, DR, TS, DH, JW, PH, CF

Apologies: Tim Williams (GP), SN

SO opened the meeting by thanking everyone for attending and confirmed group agreement with the content of the minutes from the last meeting.

1. New Practice Website

Sothall Medical Centre has a new look practice website. We still have the same website address www.sothall.net. After looking at our previous website it was decided that we could improve the look of this and also ensure it was easier to navigate for our patients. The new look website went live on Monday 29th January 2018 and we received positive feedback from members of our PPG regarding this improvement. The group were invited to contact Spencer if they have any suggestions for the website.

2. Staff update

We would like to welcome Dr Pip Fisher to Sothall Medical Centre. She commenced employment with us as a Salaried GP on Monday 29th January 2018 and will be working full days on Monday and Wednesday as cover for Dr Sarah Yacomini and Dr Jennifer Byford.

3. Diabetes Education Sessions

Due to the slowly declining numbers of patients that have shown interest in attending our Diabetes Education Sessions we opened it up to the PPG to help look at possible solutions, especially from an advertising point of view.

Currently we are utilising the following media for advertising the sessions:

- Facebook
- Website
- In-house Posters, including large screen
- Waiting Room information TV
- Text messages

The group highlighted that the use of text messaging was a good idea as this targeted those patients directly who may find the sessions beneficial. Prior to the next Education Session on the 8th March we would contact, via telephone, as many patients as possible with diabetes and invite them to attend the session.

Barriers to attendance at the present moment could be the weather, the time of year, dark nights and transport. All of which we don't really have any control over.

4. Social Prescribing

Michael (Practice Manager) and Spencer (Deputy Practice Manager) have hosted a meeting with Kathryn Taylor from Woodhouse and District Community Forum regarding looking at working together to improve the health and wellbeing of the local community. W&DCF provide non-medical interventions for the community, including: Dementia Cafes, support with housing and benefits, social isolation, diet and exercise classes, activity groups and various other types of social support and activities. The group was particularly interested in the work being undertaken regarding support for people living with dementia, and their families.

Some members would like further information regarding these services and would be very happy for W&DCF to attend the next PPG meeting for a chat about the services that are available, and to look at ways we can all work together for the benefit of our patients.

AOB.

a) Winter Infection and the use of hand gel.

One PPG member expressed the idea that with the increase in winter viruses would it be possible to make the hand gel dispensers more prominent in reception and in particular having a hand gel dispenser as you walk in the door to the surgery. It was also suggested that we could advertise the use of hand gel on the Patients Information Screen. This was a very good idea as it would remind patients to use the hand gel to try and reduce the risk of winter viruses being passed between patients. SO said he would look at ways to try and increase the prominence of the current hand gel dispensers at the surgery, including adding the information to the TV screen presentation.

b) Clinical letters – time taken for hospital to process.

Two PPG members raised the issue that they had personally been waiting for a long time for their hospital clinic letter to be received by the practice. SO informed the group that as many of the hospital departments had now introduced electronic distribution of their clinical letters, as soon as they had been typed and signed at the hospital end they were sent electronically and we received them immediately. As soon as these letters are received we process them via our in-house data processing system and any necessary information is recorded on the patient's record, and any actions are followed through. We are aware of the continuing issues with extended lengths of time to receive hospital letters but this does appear to be improving and many letters are now received within a few days of the patient being seen at the hospital. If any patient has concerns or are worried about the length of time taken for a document to be received then please contact the hospital to enquire about this. Failing this then contact the surgery and we would look into this from our perspective.

c) Length of time to receive test results.

One PPG member raised the question about how long it took for the surgery to receive test results back for patients. SO explained that this was dependant on which test was being requested. Many blood test results would physically be returned to the surgery

electronically within 24-48 hours but these then needed to be seen and actioned by a clinician, which could take time, as each result needs to be looked at individually and assessed clinically as part of that patients management plan, before any actions could be dealt with. This is why we ask our patients to wait 7 days before contacting the surgery for their results. We would however contact any patient directly a lot sooner for any urgent matters arising from their test results.

Certain tests such as swabs, urine, stool or sputum, take longer for processing by the labs due to these tests are very often used to detect the presence of a bacteria and these needed to be grown in the labs. These results can therefore take up to a week before we receive the results. Swab results can also be returned to the practice in multiple batches, each with the details of a particular test performed.

Other tests, such as ECG, X-rays and Ultrasounds requested by ourselves were dependant on the time taken for the hospital to analyse these and send us a report back. We do not have an indicative time frame for these tests.

Any test requested by and undertaken by the hospital, such as those requested by a consultant, would not be returned to us in the same way. The labs would send these results back to the requesting clinician. We could however see these results on ICE if they were required by the GP here at the surgery.

d) Telephones

It was highlighted that some patients had to attempt to contact the surgery on several occasions before there was call was answered. They have received an engaged tone during this process. SO explained that this was normal procedure as the surgery has 6 incoming lines and when these were being used the next caller would hear the engaged tone. Whilst this must be frustrating for patients it was also the best we could offer at this moment in time. SO would look into the fact that one or two members, upon contacting the surgery, would hear the ringing tone without the recorded message.

e) Staff photo board

One PPG members asked whether it would be possible for us to look at a board which displayed staff photos and names. SO explained that when this subject has been raised previously with staff members, some staff would prefer not to have their photos displayed in the waiting room, and this was their decision. SO informed the group that the new website included the function to add photos in the staff section and he would raise this with the clinical staff to see if they would be happy to do this. There would need to be an all or nothing approach with a full consensus otherwise this would not work.

There being no further discussions, the meeting closed at 19:30.

Next meeting Wednesday 4th April 2018, 18.30 at Sothall Medical Centre.