### Alwoodley Medical Centre

### PPG meeting 11th May 2017

**Date:**  11th May 2017

**Present :** Keith Reynolds (KR); Dr. G. Manchester (DrM);

 Vicky Taylor (VT); Hilary Rhodes (HR); Michelle Whittaker (MW); Liz Locke (LL); Carolyn Holroyde (CH); Jane Bradshaw (JB)

**Compiled by:** Carol Stevens (CS)

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| **Item** | **Minute/Comment** | Action |
| **1** | **Apologies** were received from :-Margot Clemens (MC); Dick Killington (DK); Christine Crowson (CC) |  |
| **2** | **Approve minutes of the March Meeting**The minutes of the last meeting in March were approved |  |
| **3** | Matters arisingIntroductions were make around the table for the benefit of Vicky Taylor, who is now in post as Deputy Practice Manager. It was clarified that Jayne Tait is the Business Manager.Two new names have been put forward as wishing to join the group. Margot will be requested to invite them to our next meeting on 6th July 2017KR expressed his feeling that he didn’t think the group should become to big to be unmanageable. | **MC** |
| **4** | Action PlanIssue 1 – Booking appointment & telephone issuesJane Tait had already requested receptionists to hand out Patient forms for online access to encourage its usage.The PPG requested that the telephone message should be amended to advise “You may be asked the nature of your problem, in order to be directed to the correct clinician” – The PPG also advised that the TV screen is scrolling too much information, in a very small format which renders it ineffective – could we simplify* **VT/JT – are to agree key messages and feedback to the PPG upon impletementation**

Issue 2 – Waiting times in receptionThe time to wait, displayed on the patient log in screens is still showing incorrectly.* **VT – will look into this and get it corrected**

Issue 3 – Experience in reception areaThe PPG still feel that privacy at eh reception desk is an issue, compounded by the lack of direction to queueing patients. Whilst the PPG acknowledge patients may ask to talk in a private space, there are still concerns.As requested at previous meetings, the PPG would like the practice to consider a queueing system.* **VT/DrM – to investigate further & cost**

With regards to the discrepancy between the screen and room signage, VT advised that new signs are going up and the screen will now match them.Issue 4 – Car parking and signageVT confirmed that car park signs are being arranged, although the council will not permit any to direct to the Centre, and the signs at Adel will be amended to reflect Alwoodley Medical Centre.Issue 5 – Patients’ awareness of services/optionsThe online survey was in place with few responses so far. The PPG asked if it would be possible to put nurses appointments onto the online booking system. * **VT – will look into putting nurses appointments on the online system**

Carolyn continues to support the website and to create and produce the newsletter, with many thanks from the group for her continued work for the practice and PPG.Issue 6 – Ongoing patient feedbackA virtual Patient Reference Group is in the process of being formed, with approximately 12 willing patients identified so far. However it still needs setting up and running so perhaps a lead member of the PPG will be required.* **PPG – consider member/sub committee to run Virtual Patient Reference group**

Some PPG members feel that we need to increase our group to aim to broaden the representation of the patients in our practice. This would give enough members for smaller sub committees to run specifically targeted actions, such as PPG publicity; membership;Caring hands etc.This issue may be useful as a separate agenda item at future meetings.Issue 7 – Other suggestions for new servicesDrM advised that the practice does not have any intention of offering any further services, as he fells it is not appropriate, there are no funds and no room available. Therefore no change for the foreseeable future.Harrogate are looking to extend their services with Orthopaedics, urology and gynae. DrM advised the GPs cannot refer directly to Harrogates services in AMC for orthopaedics but have to follow the process required by CCG regulations, but they can refer to Gastro & audio directly. | **VT/JT****VT****VT/DrM****VT****PPG** |
| **5** | Discussion of points raised with, or by doctorsDrM explained to the PPG the difficulties the practice has in dealing with patient access. Two doctors are required each day to cover an ever increasing phone list, and this equates to 36 “lost” appointments. There can be 100 to 160 call to make each day upto 3pm, but delegation is not really appropriate due to the risk of making clinical decisions when not medically qualified. This system is open to abuse and fills up the saved “urgent” appointments, of which there are approximately 40 each morning and afternoon. Rarely are few telephone appointments not used.There are still 3 week waits for routine appointments, but it is not possible to book more in advance as the system does not allow it.DrM confirmed that Adel is still used and staffed. DrM highlighted the changing trend for each patient to attend GPs more frequently than previously. ie. in 2010 4 visits a year was average compared to 6 times a year in 2017.There is no identified reason for this, it may be cultural and DrM confirmed that no more doctors are currently being recruited at AMC, and that we are in fact fully staffed.The number of missed appointments still remains high, but AMC do try to enforce the 3 strikes and out policy, although this may not always be appropriate. |  |
| **6** | Caring HandsCS advised that an initial subcommittee, is to meet with a PAG member currently running this service at another practice, straight after this meeting. |  |
| **7** | NewletterCH is on track with producing the newsletter |  |
| **8** | Connect Well UpdateJB advised that approximately 50 referrals have been made since January, and that she sees each patient around 5 or 6 times – mainly in the Medical Centre but also by phone and/or at home if necessary. One service user preferred telephone support only.JB is in the medical centre for three sessions a week and deals mainly with chronic issues/health and mental health.JB is now able to access Emis and therefore book patients straight in, which is easier to integrate as medical information is available and GPs can refer straight in. Positives are that the service is local and as an example the WBC can use IAPTS (mental health) leaflets, and therefore talk through what will or may happen next with patients. JB is seeing a whole range of ages and diversity.The Connect Well steering group are asking JB to work with them on creating an information leaflet for the city. | **CS/JB** |
| **9** | CQC ReportThe CQC report is available online to view and Alwoodley Medical Centre is rated as “Working towards outstanding”. |  |
| **10** | PPG TrainingKR advised that he and DK attended an event for PPGs and they were pleased to relay that our PPG is more active than many others attending. A list of training events was circulated for anyone who may be interested. |  |
| **11** | **AOB**A PPG member who has been on the North Leeds CCG Patient Assurance Group, advised that this will be changing into one citywide Patient Assurance Group. Further information was not available at the time.JB advised that the MoorAllerton Partnership is contacting organisations locally, as its aim is to identify local issues and look at resolving them. A good conection to make.* **CS expressed an interest and will investigate**

LL had received an email regarding a counter clock for the website, but the PPG felt this was not an issue and not needed. | **CS** |
| **12** | Date, time and venue of next meetingThursday July 6th 201712.30 – 2.00pm@ Alwoodley Medical Centre* **VT to book the room out**
 | **VT** |