

Appletree Patient Participation Group (PPG) **Minutes of the 10th Meeting, 26th October 2011**

Attendees: Steve Leather, John R Meggitt, Terry Kelly, John Beavis, Dr Ruth Hewitt, Dawn Payne, Wendy Palmer, Suzannah Macken, Marian Chesters, Betty McKeggie, Ann Martin, W Stuart Holmes, Maxine Cheesbrough, John Raw, Margaret Raw, Martin Thorne, David Greatorex, Jenny Humphreys, Philip Mucklow.

Apologies: Mavis Boardman, Elena Whinfrey, Theo Portlock, Mrs Wheeler, John Rowlands

1. Matters Arising from the Minutes of the 9th meeting, 28th September 2011

i) A meeting with William Gilbert Primary School PTA has been arranged for November 14th to give information about Appletree PPG; a meeting with the Men's Club is planned.

ii) The coffee morning at Appletree for carers (date 12th Nov, 10 AM) has been proposed as a good opportunity for a PPG presence and focus group opportunity, volunteers needed, Margaret Raw has generously agreed to coordinate this effort.

iii) Regarding the survey being designed for the patient reference group, it was suggested that as well as denoting Duffield and non-Duffield as the address of responders, Little Eaton should be a specific option also based on the large number of patients residing there.

iv) Regarding the implications of the Data Protection Act on the targeting of patients with a survey on the services provided by Appletree Medical Practice, it has been established that provided the survey is from the practice and not the PPG there is no problem.

v) There is now a Patient Reference Group area of the PPG website as a means of patients feeding back to the practice independently of the PPG (<http://www.appletreemedical.co.uk/ppg.aspx>).

vi) Contact for Holbrook Village Magazine has been passed to Steve Leather (from John Meggitt) and an email has now been sent to suggest a PPG column.

2. Flu Clinics

i) Dr Ruth Hewitt passed on her thanks from herself and the other Partners to the members of the PPG for their presence and help at the flu clinics and for the summary provided as to their findings and experiences there. There is intention to enact on the suggestions where at all possible.

ii) Most of the feedback obtained at the flu clinics held so far was very positive and is posted on the surgery notice boards, also see end of minutes for the summary compiled by Margaret Raw.

iii) Thanks also from Steve Leather to John Rowlands and the car parking team – much good feedback from people was obtained on this.

iv) The provision by PPG members of direction at the entrance door was gratefully received e.g. directing for flu jab or general surgery, there was no perceived problem of running both simultaneously.

v) Little Eaton had approximately 400 clinic attendees so the PPG members concentrated on talking to a small proportion for best results. There is an intention to run the flu clinic at Little Eaton in two tranches next year to reduce the number of people attending in a short space of time.

vi) John Meggitt noted that there was some difficulty with a wheelchair gaining access at Little Eaton surgery which has highlighted that the presence of a wheelchair access ramp at the rear of the surgery is not sufficiently well signed – Dr Ruth Hewitt suggested an additional sign on the front door of the surgery directing wheelchair users to the rear.

3) Discussion Groups to ‘brainstorm’ for the Action Plan

The PPG broke into 4 groups for the brainstorming of the following topics:

1. Access and means of travel to the surgery.
2. Care and quality of the treatment received.
3. Environment and the suitability of facilities, cleanliness, parking.
4. Communication, how patients receive information on the practice and their healthcare.

Each group was asked to briefly describe two of their points with the group. The ideas coming from this discussion were:

To set up a ‘medical fayre’ style event for next year’s carnival week (Duffield and Little Eaton) to support health promotion remit of the PPG;

To enable telephone consultation with a doctor, the PPG would liaise with practice staff to produce awareness aids/promotional material;

For Appletree to broadcast available transport schemes;

To clarify what holistic care is available on the NHS and also Home Care services;

The installation of an adult outdoor gym on practice grounds was suggested to facilitate the taking of exercise by patients;

The production of an A-Z glossary of where to go for the various services e.g. cancer, age concern, and bereavement, 2-3 pages in length;

PPG volunteers needed to update the PPG notice board;

The installation of a Suggestions Box in the surgery – either for the PPG to look into or comments to brought directly to the notice of the practice.

Written notes were taken away by John Raw for compilation, distillation of those which fit the PPG Terms of Reference and further discussion by an Action Plan 'working group' (as volunteered that evening) to be presented at the next PPG meeting – Wednesday 30th November 2011, 7 PM, Appletree Medical Practice. For this meeting we will be joined by members of the Arthur Medical Practice PPG (Horsley Woodhouse) for sharing ideas.

Analysis of survey undertaken by the P.P.G. during Influenza Event at Appletree Medical Practice on October 8th 2011

This survey was carried out by John Beavis, Terry Kelly, Margaret Raw, Maxine Cheesbrough, Wendy Palmer and Marjorie Whitby on behalf of the P.P.G.

Over 100 patients were briefly surveyed, men and women, mainly in the 65-90 age range about how they felt about the service they received from the Practice. Busiest time **0930 – 1030 hours**.

Positives

About **70%** of the patients were **happy or very happy with everything in the Practice**, some saying **'brilliant'**. They thought the arrangements for the 'flu jabs were **very well organised** and about **20%** of patients only attend the Practice for vaccinations. They commented about the good **car park** arrangements.

1. Five patients mentioned that it was a greatly improved service over the last 2 years and one patient mentioned 'user-friendly' access to information via the computer.
2. Women (92) mentioned that she really appreciated the doctor coming to see her in her home.
3. One woman mentioned that she liked the 'triage system'
4. Couple said that it was a good practice and did not mind being seen by a training grade.
5. Some patients commented that they were pleased to have someone greet them and show them where to queue at the 'Influenza' session.
6. One woman mentioned that she liked the new gadgets in the Surgery
7. One woman mentioned the 'good after care' following a stroke

8. Patient thought Information Screen works well.

Problems

1. Appointments.

- a. Difficulty getting appointments via the **reception staff** mentioned by 4 patients with questions like 'are you ill'? - resulting in self-medication.
- b. Difficulty in getting the **doctor of your choice** mentioned by 6 patients. There is a desire for **continuity**, so that the doctor can get to **know** you and that you do not continually have to **explain** your condition. This is especially relevant for an **annual check-up**. Concern at different doctors (especially temporary ones) giving **different medication** for same perceived condition. It is a **long** waiting time for **popular** doctors.
- c. Patients thought **phoning** for an appointment was a problem. **Woman (90)** No-one answers the phone in the surgery! **Couple (70+)** said difficulty in getting through at **0800** – they wait a long time and it is **expensive**. Woman waits for appointment **too long** - did not like the **Triage system** as it (a) **takes a long time** (b) may be **inconvenient** and (c) **not** in a **private place** when they call back. **Couple** said getting an appointment is **too long**, sometimes **7 days**. There is **difficulty** in getting an appointment at a **convenient time, range of 1-2 weeks ahead**, and **via the reception staff**. It is a problem for elderly people, who cannot get through **quickly** and **give up** and phone **999, 0800 too early** and will not be on the phone for as long as **10 minutes**.
- d. Man would like to have appointments on a **Saturday** as he works away from home. Woman would also would like to be able to see the doctor then.
- e. Woman, who is carer for her mother, would like to be able to make an appointment for her mother the **evening before**, so that she can inform work.

- f. Woman (35) **deaf** would like to be able to make an appointment on the **internet** instead of going to the surgery.

Doctors

1. Woman thought **registrars** needed more supervision
2. Concern about **continuity of care** seeing different doctors leads to '**loss of effectiveness**' of treatment.
3. Do not know their '**named doctor**'
4. Woman (80+) Needed a **doctor** to come to her house fairly quickly – waited **2hours** for triage doctor – too late – got ambulance – admitted to hospital for 2-3 days.

Other Comments

1. Bicycle rack – think we have one but needs notice.
2. High backed chair for disabled – think we have 2.
3. Gel for hand washing – we have some but need notice.
4. Pleased that they have changed from saying 'one problem at a time'
5. Communication between hospital and surgery slow – MRI scan took 6 weeks.
6. Prescription not always at the chemist.
7. Blood test feedback – does not like being told by the receptionist.
8. Would like '**minor surgery**' done at the Surgery.
9. Set of seats at 'flu session made a useful one-way system and somewhere to sit.

10. Needed a **notice** to separate 'clinical' patients from those receiving jabs

11. Useful to have someone at the **entrance** to sort out queries.

Margaret Raw October 2011