

Sidney House and The Laurels Surgery  
**Patient Participation Group Meeting**

Action

Minutes of a meeting held at The Laurels Surgery.

**29th November 2017.**

Members Present:- Vanessa Benson (VB)(Acting Chair), Bob Farrell (BF)(Secretary), Theresa Buck (TB), Barbara Carr (BC), Ann Martin (AM), Ray White (RW).

Surgery representatives:- Dr. Tom Cunningham Dr. Karen Hall, Beverley Jones (Practice Manager).

**1. APOLOGIES FOR ABSENCE.**

Dr. Siddiqi, Joyce Stringer, Lester Firkins, John Galley, Alan Harrison, Peter Elkington.

**2. INTRODUCTIONS**

It was accepted that as all present knew each other, formal introductions were not required.

**3. MINUTES OF PREVIOUS MEETING.**

The minutes of the meeting held on 7<sup>th</sup> September 2017 had been distributed by email and **VB** approved and signed them as a true representation of what took place at the last meeting.

**3.1 MATTERS ARISING**

**4.1 Retirement of Dr Simon Butcher from the practice.**

BJ advised members that there had been no reluctance on the part of the practice to talk about Dr Butchers departure. However, decisions had needed to be made as to the future operation of the practice, and since these had not been completed the committee had not been informed at that time. In addition, as part of Dr Butchers decision had been of a personal nature it was felt inappropriate to discuss the matter.

**8.3 Telephone System**

Dealt with under practice update.

Sidney House and The Laurels Surgery  
**Patient Participation Group Meeting**

Action

**4. PRACTICE UPDATE.**

**4.1 Organisational Changes to the Practice**

**BJ** advised members that the new appointment system had gone live as planned but that the number of phone calls received had been unexpected. Whilst many of the calls related to questions about how the new system would work in practice, the level of calls had gone from 750pw to a max figure of 1500pw during September/October, with a consequential rise in the number of complaints about the phone system and the length of time patients were waiting to speak to a member of staff. In addition, based on information provided by the telephone company, it was noted that abandoned call levels reached a level of 40-50% during this period.

As a response to these issues, the practice had increased reception cover by an additional 40 hours and reached a level where 5 operators/receptionists were being supported by 3 additional admin staff at peak times. However, call levels were now settling down and matters were being kept under constant review.

Members highlighted the difficulties of managing the reception desk whilst answering phone calls, highlighting issues that they had witnessed.....the practice noted these concerns but expressed a hope that the worst was now behind us. Members also expressed major concerns about the phone system itself citing several examples of very lengthy delays in gaining a response but were advised that the engineers had confirmed repeatedly that the system was working correctly. The system had been checked and re-checked to ensure its operation and the data it was producing was accurate.

Members continued to express their serious doubts and it was agreed that an independent engineer be invited to review the systems operation.

Additionally, it was asked if the engineers had re-checked the computerised "reminder" messages to patients, due to be sent the day prior to their appointments. Many members confirmed that they were not receiving such messages, despite being on the look out after raising the issue at the previous meeting. **BJ** confirmed that she had had this

**BJ**

Sidney House and The Laurels Surgery  
**Patient Participation Group Meeting**

Action

part of the system checked and having used a series of “*Mickey Mouse*” messages, was satisfied that the system was fully functioning. But in view of members concerns she would have the matter re-checked by the engineers.

*Addendum: 5/12/17 Following further checks by the IT service provider, it has been confirmed that the system has only been providing a random reminder service. Having noted and accepted that this was inadequate, the master PC has been moved to Hat Pev Surgery where it can be more closely monitored.*

Serious concern was also expressed at the way in which the whole process had been introduced, leaving PPG members totally aware of the major changes being introduced and in many cases, totally embarrassed by the barrage of questions and abuse received from patients of the practice.

**BJ**

BJ confirmed that the DNA rate had dropped by 99% since introduction of the new appointment system.

BJ also advised that despite 3 requests to date, and after a great deal of stalling, the CCG has so far refused all 3 requests to date for the practice to close its lists to new patients, despite patient/doctor numbers exceeding recommended “Safe Practice Limits”. This had given the new appointment system even more importance as a means of managing the pressure, whilst at the same time directing patients to the most appropriate person/professionalism.

**5. PPG NEWS LETTER.**

AN requested that her initials be noted as AN and not AC as previously shown.

It was suggested that the Newsletter might be used in the near future to provide patients with information on:

- a) who to refer to for what;
- b) the use of the telephone system.

Members were asked again for support in providing articles for

Sidney House and The Laurels Surgery  
**Patient Participation Group Meeting**

Action

incorporation into the newsletter.

### **7. Date of FUTURE MEETINGS**

It was confirmed that the next meeting would be held on:

WEDNESDAY 17th JANUARY, 2018 at 19.00hrs.

The meeting is for the Actual PPG and will be held at The Laurels Surgery, Boreham.

### **8. ANY OTHER BUSINESS**

**8.1** JG in his absence, had forwarded a message for consideration under A.O.B. He wished to stress that in his opinion, the PPG aims were to meet with practice staff on behalf of the patients – following recent events it felt as if the committee was being used as a means of completing a “box ticking exercise” on behalf of the CCG and NHS England.

Whilst members present agreed that this very much felt to be the case, the practice representatives stressed that this was not the case, and that the PPG had an important role to play in the development of the practice.

It was however accepted that recent events had left the committee in a difficult position, and that greater efforts would be made to close the perceived gaps.

**ALL**

### **8.2 Telephone response from GP's**

In response to a question, members were advised that GP's would make 3 attempts to contact patients following a request for a telephone consultation. If no response was received after the third call it would be treated as DNA “Did not attend”.

**VB** thanked all participants for their contributions to the meeting and brought the meeting to a close at 21.00 hours (9pm).