

# South Molton Medical Centre

## P3 Group Meeting

*Wednesday 26th June 2017*

*Staff Present: Maria Hosegood, Dr Jonathan Pike, Ruth Henry and Kirsty Penno*

*Patients Present: John Avens, Louis Hunt, Jayne Measures, Hazel Snow, Karin Barton, Andy Jarvis, Sue Dsouza, Jaquie Footman, Jane Kent, Julie Ayre, Vanessa Glover, David Goodman and Tricia Palk*

*Apologies: Anna Brayley, Judith Lister, Jane Penfold, Peter Churcher, Paul Ellis, Tony Lowe, Elizabeth Mount, Dick Barton, Caroline Wright, Ann Wilson and Margaret Althorp.*

### **Introduction;**

As this was the first meeting with the two patients groups combined, introductions took place and discussed how the meeting would run in future and what changes have been agreed:

Meeting frequency will be every 2 months

Role of the chair/secretary will be reviewed annually as this group is about the patients and therefore the practice does not have to take the role of chairperson and secretary. Current arrangements are to be kept however as the group is happy with this and they like that the practice chairs the meetings and provides secretarial support.

It is agreed that acronyms are not to be used during the meetings or the minutes as these can be difficult to understand and confusing for some people.

ACTION: KP/MH

### **Group Name**

It was agreed by the group that P3 would stand for Patient Practice Partnership as this summarised the purpose of the meetings and meant it could still be shortened to P3 as per the group's wishes.

### **Terms of Reference / Aims, Objectives & Ground Rules**

An overview of the current Terms of Reference / Aims, Objectives & Ground Rules was discussed and a hard copy had been provided through an email. These were accepted and agreed.

## **Build Project Update;**

The plans for the building were on show during this meeting and MH gave a brief update as to where we were in terms of the build. The planning application was submitted on the 19/03/2017 and we are awaiting their response; which has taken longer than expected due to a few minor issues. Main Build is due to start in the beginning of August and lasting 60 weeks until completion.

## **Patient concerns and feedback**

A concern was raised that the new building would not take into account the increasing population size of South Molton and whether this would put the practise under pressure. JP explained that guidelines allow us to get funding for the current population + 10% only, not for predicted population.

Another concern was that chairs have been put to the right side of the reception which reduces privacy for patients talking to the receptionists and making patients feel uncomfortable. Reception to move chairs.

ACTION: RECEPTION

Concerns have been raised about knowing where to go after checking in and sitting in the correct part for each clinician. MH to look at editing self-check in and reception to help direct the flow of patients with some examples being; East Wing, West Wing or Zone A and Zone B and whether this can be easily signposted above doorways or on walls or floors to help wayfinding.

ACTION: KP/MH

Keeping patients updated in terms of waiting times, and who's on and where needs to be reconsidered now we have no number system in place and patients are finding themselves confused as to where they are in the queue. Updates have already been made to self-check-in and managers will look into TV screens and other means to help keep patients up to date.

ACTION: RECEPTION/MANAGERS

Patients were unhappy about being asked to reason for the appointment time especially once they had seen a clinician and been told to come to reception to book for a 20 minute appointment, they feel that due to confidentiality and that someone has requested they make this appointment reception staff should not need to ask the reason why. JP explained that it is at the doctor's request that the reception staff ask patients for the reason for the appointment but that maybe if another clinician has requested the appointment that they send a communication to the reception staff to book the appointment without having to ask the patient.

However for all other appointment booking the reception staff will carry on requesting the reason but that it perfectly acceptable to say that you would rather not discuss it.

ACTION: MH/CLINICIANS

It was briefly mentioned that the sample bags are clear and offer no privacy for anyone bringing in a sample. However it was explained that the NDDH Lab send us the bags and they need them to be clear so it was unfortunately out of our hands, however patient can wrap it in tissue or put it in another coloured or opaque bag if they wish to maintain privacy.

A comment was made that there have not been enough staff on the ground to help direct patients and show them where they need to go and how to use the new system. MH admits that during the 1<sup>st</sup> few weeks extra cover was put in place but that it wasn't done for long enough. MH will look at this again especially when there are more changes to help transition patients

ACTION: MH

Telephone systems were discussed as it was brought to our attention that phones are not being answered quick enough and that during peak period patients are having trouble getting through to the surgery. MH acknowledges there are problems with the phone system as these issues are being resolved currently. The Reception manager will be asked to address cover and consider adding extra cover in during busy periods. MH to continue working on improving the telephone system so calls are answered efficiently and effectively with a patient centred focus.

ACTION: RECEPTION MANAGER/MH

Online system for booking nurse appointments It would be very helpful if this could be arranged, it would require some working out with notes on the system to say how long each appointment needs to be so patients don't book incorrect appointment slots. MH to look into this in more detail

ACTION: MH

Comment was made about the accuracy of the website, it currently states that no doctors work more than 4 days per week. It was suggested that maybe it could be phrased differently. JP explained that although some GPs may only work 2 days a week there is a vast amount of admin and paper work that is required and GP working days are generally 11 hour days. MH will review the website and consider this section to create the right impression to patients.

ACTION: MH

The final discussion was surrounding missed or Did Not Attend (DNAs) appointments that are causing lots of valuable clinical time for Drs, Nurses and HCA's. When the demand for appointments is great, and patients are waiting a long time for routine appointments it is causing concerns. It was suggested that maybe we could look into a reminder system or reception to ring to remind patients with very long appointments, which is already being done by reception staff when time allows

ACTION: MANAGERS AND CLINICIANS

Date of Next Meeting

August - TBC

Frequency; 2 Monthly alternating lunchtime and evenings to best suit all members of the now combined group.