

# Stoke Road Patients Participation Group

## Minutes of Meeting held on 31<sup>st</sup> May 2012

### **Present:-**

#### **PPG:-**

Paul Holliday (PH) – Chairman  
Peter Badham (PB) – Vice – Chairman  
Doreen Dyer (DD) – Joint Secretary  
Mollie Edwards (MO)  
John Coopy (JC)  
Peggy Dyer (PD)  
Mike Otter (MO)

#### **Practice:-**

Jaswant Gangotra (JG)-Consultant  
Dr Jim Moore (JM)  
Lester Pygott (LP)-Practice Manager

### **Apologies:-**

Carol Gardiner, Jill Hogg, John Grayson, Joy Merrell, Dr Tim Hardwick,  
Jane Tillotson

- 1) PH welcomed everyone to the meeting and introduced our new member Peggy Dyer. Members and practice staff introduced themselves. Peggy then gave a short resume, and agreed to send a profile summary to Mike Otter for the PPG member profile file. A surgery tour will be arranged with LP.
- 2) Minutes of the meeting held on 17<sup>th</sup> May were accepted.
- 3) LP informed the group that meetings are now posted on the website.

### **Consideration of The Patients Questionnaire Survey Draft Action Plan.**

#### 4) **ACCESS TO A DOCTOR**

- a) LP stated that installation of the new IT is causing considerable problems. Touch screen is not working as they would like. The system is able to indicate to patients how many people have checked in before them but not able to predict waiting time.
- b) Doctors are never ahead of time. It is not possible to inform patients of length of possible delays. It is their aspiration to be able to do this in the future.
- c) The Triage system is changing. In future, by careful and sensitive questions, it might be possible to triage patients by nurses instead of doctors . Instead of two doctors working on

triage, it will need only one doctor and one full time nurse, thus freeing one doctor to see patients.

Surgery is hoping to employ another full time Health Care Assistant. A formal audit will be carried out on the new system.

Dr Moore is delighted that patients are happy to choose nurses for some appointments. Practice is working on how and when referral to a nurse, as well as a doctor, can be professionally introduced. There is a plan to block off periods for patients who need to be seen within 24 hours. It is not feasible to give appointments of 3 or 4 months ahead, as it creates too many cancellations. Practice staff is streaming appointments. There is no lack of appointments. Appointments are fully booked. It is a question of supply and demand.

d) JG stated that on average, full time doctors working on the basis of 9 sessions in total, see 16 patients per session.

(e) JG asked why we wish to compare data with other Practices. PB replied that it would act as an objective comparison. Dr Moore raised no objection, and agreed that a benchmark process is important.

## **5. WAITING ROOM;-**

(a) PPG suggested having a photo gallery in the waiting room. LP said that this is possible, but would prefer to have photos of staff and PPG members on the television screen. Suggestion that the contents of the TV screen to be more flexible and engaging if possible. JG added that marketing strategy has been discussed by the practice. Mollie said that TV screen is not suitable for its purpose. Some people find it difficult to see and others experience difficulty to hear due to noises in waiting room. It was accepted that “silent television screen with subtitles” would be a good alternative.

(b) More current magazine to include health related magazines. Practice does not buy magazines. They are given by patients.

(c) Hot drinks is not recommended (for safety reasons) but Lester will look at the possibility of having a vending machine. **Action:- LP**

- (d) New Flooring:- Practice is hoping to have extension built, so at the moment it is not advisable to spend money changing the flooring.
- (e) A more user friendly waiting room was discussed. PH volunteered to write to the Head of Sixth Form at Bishops Cleeve Comprehensive School, inviting some of their students to assist with a "Makeover". **Action:- PH**

## **6) TELEPHONE ACCESS:-**

Practice is aware of complaints regarding unanswered phone calls. Although there are 10 lines, it is not possible to man all of them. Lester to contact telephone provider to look into the feasibility of "traffic information" i.e position of queue and waiting time. **Action:- LP**

## **7. PERSONNEL:-**

On the question of a more effective deployment of staff , especially during peak times, Lester/Dr Moore said that this is not easy to solve but they will consider it for the future.

## **8. EXTERNAL CONSULTATIONS:-**

The Practice is happy to include Paul and Peter in the July meeting with the external consultants, planning to discuss and advise on the Patients Questionnaire Survey results.

## **9) PPG ACTION PLAN.**

**After due consideration, with some minor re-draft modifications, the meeting agreed and approved the text of the Patients Questionnaire Survey Action Plan. Action, PH.**

## **10) CONSIDERATION OF THE STOKE ROAD SURGERY DRAFT TERMS OF REFERENCE.**

The current terms of reference, drafted originally by JG, and the sample terms of reference from The National Association of PPGs were discussed and modifications suggested. Subject to the final draft text being circulated by email, the amended terms of reference were agreed and approved. Items like a democratically structured PPG membership process, and the addition of a fund raising function were itemised. **Action PH.**

**11 ) Visibility of the PPG:-** Paul to talk to PPG member John Grayson reference Power Point presentation on Stoke Road Surgery website. **Action:- PH. PH and PB** are happy to disclose their personal contact email address and telephone numbers on the website. **Action:- PH/PB**

12) **NEWSLETTER:-** articles for the next Newsletter are due now. A) There will be an article on **ACCESS**. B) Chairman will provide an article for the Newsletter. **Action A:- LP Action B, PH.**

### **13) SHORT AND LONG TERM PPG PLANNING**

JG suggested a PPG business plan, for the short and long term. Paul, Peter, Mike and John volunteered to set up a PPG Strategic Planning Committee. Meeting Date is to be arranged. **Action, PH, PB, MO, JC.**

### **14) EXTERNAL FUNDING OPPORTUNITIES.**

Peter and Paul will liaise with Tewkesbury Borough Council about the allocation of any planning development gain funding. **Action:- PH and PB.**

### **15) A COMPREHENSIVE AND INCLUSIVE PPG MEMBERSHIP**

Peter and Paul proposed that we invite 2 new PPG members from a younger child parenting age group. Paul to write to the chair of governors of Cleeve Primary School, and Grangefield School, to invite 2 parent governors, who are also Stoke Rd patients, to consider joining the PPG. This proposal was much welcomed by the meeting. **Action:- PH**

### **16) AOB**

JG has letters of complaint for the PPG to consider. They are from members of the public, addressed to the surgery, and express concerns about Stoke Road traffic congestion. Copies were handed to PH. **Action PH. Arrange a meeting with Gloucestershire Highways in July.**

**Date of next meeting:- Thursday 20<sup>th</sup> September at 7.30pm at Bishops Cleeve Primary School**

**Future Meeting:- Thursday 22<sup>nd</sup> November. Same time and venue.**