**Notes – Meeting - Loughton Surgery PPG – Monday 29 October 2018**

**Present -** Stafford McGuiness, Margaret and Peter Fitch, David Hatchard, Ken Turner, Susan Gornall, Pat Bagshaw,

Practice - Dr Lakhvinder Larh, Dr Seb Moutafis, Jaz Larh, Carol Grunbaum

Apologies – Michael Higgins, Jill Caldow, Carol Davies, Vivian Ward

1. ***Notes from the last meeting***

The question of the *scales in the waiting room* had been raised – (this had been in connection with adding the issue of obesity to our list of topics of interest).

It was confirmed that there was one in the waiting area – and it was intended to be used for the empowerment of patients. The scales not only measured weight, but height and BP. Then it printed 2 copies of the results – one for the patient and one for the Practice.

*However* – it emerged that the processes attached to this were NOT clear.

You have to get a (FREE) token from Reception to use it, and you have to put your own name on the print-out for the Practice, and hand it to Reception. It seems like a good idea – but needs some guidance about its use.

It was agreed that there needed to be some publicity about this for patients, as this seemed to be new information to most of us!

*Muddy pathway*- the Practice reported that this work had been carried out – (a visible improvement – having a non-slip surface, a rail and lighting).

This was work on the Surgery’s own site. The Practice felt that they could not wait for the architects to plan for this, and decided to get it done.

However, the issue of the pathway from the car park to the Surgery and the various (unofficial) cut-throughs was also discussed.

It was agreed that although many people use these unofficial paths – they are *not* on Surgery land and their ownership is unclear – it seems to lie between the Forest (City of London Conservators) and Loughton Town Council (we have been discussing this for at least the last 4 years). A previous member of the group had been actively pursuing this matter but he had died.

We were unclear what to do about this, but agreed that the Surgery needed to demonstrate that it could only advise that people using the car park should go to the Surgery by the official footpaths.

The Practice thought that putting up a notice in the car park would be a good idea (and need to find out how this might be done)

*Accuracy/any actions to note*

Nothing noted

*Any items for AOB*

A member of the group had asked that the issue of the muddy path, and its dangers should be raised – including the access from the Car Park (see above).

Emergency appointments – what has happened? (AOB)

1. ***Further progress on Phone problems***

Dr Larh reported on the progress to date. He felt that progress had been made – and explained the various methods used to monitor the efficiency of answering the calls and its monitoring.

They had in place now (electronically) a ‘dashboard’ showing how rapidly calls were answered, so that the Practice could see what was happening and pick up problems. They thought this showed that the average waiting time for calls was 1 to 1.5 minutes

In addition, 3 screens were now functioning in Reception for the staff to see what was happening in relation to calls answered and calls waiting.

More Reception staff had been appointed – and more dedication of function had been established too – (separation of ‘front of house’ roles from other Reception work – a previous issue).

This specification of role had been extended to admin staff more generally too.

Some discussion followed.

Anecdotal evidence was given of much longer waiting times (beyond the time which could be accounted for by the averages shown). People seemed to have very different experiences – but there was some general agreement that the situation had improved.

It emerged that there were two lines and two numbers into the surgery – unknown to many present. We wondered if there were different experiences on the different lines – and if there was confusion among patients about the two numbers, as different numbers appeared in different locations.

These two lines were supposed to be interchangeable – are they/could they be brought together more effectively?

As a result of all these discussions – we agreed to conduct an experiment in phoning both numbers for a period of time (and at different times) to see what happened – and test out the data the Practice was accumulating – (many thanks to David Hatchard for volunteering!)

Someone asked about the ‘call waiting’ facility - which we have discussed previously.

It was there, but was switched off – and the general feeling was that it was not unduly helpful in this situation. This issue arose from comment about the repeated message (‘staff are busy at present but will answer….’) when you phone and are hanging on. There were mixed feelings about the efficacy of this.

Someone asked about the message when you phoned to say ‘try after 11’ for results, etc. A brief discussion was held about whether that was useful or not – generally thought it was – and it was thought useful to use as many ways as possible to ‘nudge’ people to do this.

The Practice thought it would be useful to try to build up a picture of the times when many calls were made – some analysis of the ‘busy’ times (although it would appear to be fairly random).

1. ***Any Practice developments?***

Staff

First, we asked how were the Surgery coping with the increasing pressures on GP Practices and generally how were the staff coping, as clearly the quality of the provision for all patients is dependent on how the Practice is doing.

The Practice had had feedback from their salaried GPs in particular that they were feeling some stress from the increasing workload. They now have 8 salaried GPs (of whom 1 FT), and 2 Partners – and this is an increase in provision. There are currently no locums.

The Practice had looked at how to respond to this issue – and have already increased admin staff to help. They have decided to try to appoint a Practice based pharmacist, taking advantage of an initiative to incorporate chemists into Practices and there is a small fund available into which to bid.

We asked about staff absence – generally not seen to be a problem at present.

There was a brief discussion about the division of the Drs into two teams – set up when the two Practices joined. This was to try to ensure the best way of giving continuity of care – which many people prefer.

Flu jabs

What about the flu jabs at the Surgery or at the chemists?

The Practice did not think there was a problem about which people chose.

Was there enough vaccine – especially given that 3 different vaccines were needed this year?

Again, the Practice did not report that there had been a problem – so far.

Why was there not a ‘Walk-In’ day this year?

Practice thought that this had often seemed to be a bit chaotic, so asked people to book an appointment at the designated clinic sessions instead.

At present these were running 3 weeks ahead (inconvenient for some – and fuelled the idea that there might not be enough vaccine). The Practice said that they would put on extra clinics if there was demand for them.

Alzheimers Society – Family Navigation Service

Dr Larh reported the receipt of a letter from the Alzheimers Society about this provision – and it would be important to publicise this among patients.

(They will forward this to me for circulation among the group – and we can consider how best to spread the word about this - maybe have a rep at the beginning of a meeting for 10 mins to talk about it?)

1. ***Future activities/speakers***

Proposal that we join the National Association for Patient Participation – (NAAP) – last Bulletin forwarded to you with the Notes of the last Meeting

The National Association looks at ‘best practice’ in PPGs –- looks at research- shares ideas – is an ONLINE presence. If we join we will all be able to access this provision online.

We discussed this and AGREED that we should join.

The Practice has agreed to pay the subscription and Ken Turner agreed to be the nominated representative and to make the arrangements – (many thanks!)

Speakers

After discussion, we agreed that we would get a speaker from ‘Healthwatch’ first - (Margaret Fitch agreed to try and get this established now that we had dates – thank you) – and that we would ask them to explain what they do – and what are they doing in this area. This is a body with some clout – but don’t seem to be very active in this area.

The following topic would be ‘Care’ and we would seek a speaker for this for the May meeting (once we knew about the ‘Healthwatch’ arrangements).

1. ***AOB***

Emergency Appointments

A member outlined a problem which had occurred in trying to make an emergency appointment - (had been told to phone back after 4pm – next round of emergency appointments available - on the day – but was then told that all the appointments had gone).

The problem was that they were not then offered a telephone appointment or access to an appointment on the ‘hub’ – (a provision outlined at an earlier meeting). Also not offered the chance to speak to the Practice Manager.

At the least a telephone call should have been offered.

Practice will speak to Reception staff about this

1. ***Date of next meeting***

February 11

May 13 (unless events require a meeting sooner)

Pat Bagshaw

November 2 2018