

St Bartholomew's Medical Centre Manzil Way Oxford OX4 1XB
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<http://www.sbmc.org.uk/ppg.htm>

Patient Participation Group

Minutes v1.1 **of the meeting held on** **Monday 26th March 2012 at 6.30pm** **at the Practice.**

(LARGE PRINT VERSION AVAILABLE ON REQUEST)

Present:

1. Anton Glinski (Practice Manager)
2. Tia MacGregor
3. Nycky Edleston (Chair)
4. Gill Eltningham
5. Phillip Kelly
6. Sarah Lasenby
7. Jackie Scarrott
8. Paul Scarrott
9. Nick Walker (Secretary)

Apologies

1. Emma Moorby
 2. Shallo Chand
 3. Patsie Law
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Previous Minutes

The previous minutes were signed after minor corrections – Paul and Jackie Scarrott were added to the list of apologies received. A final version of these Minutes would be uploaded to the St Bartholomew's PPG web page.

PPG Group Photo Board

Passport photos were handed into Anton for this. The remaining ones would be collected at the next PPG meeting in May 2012.

PPG Group email

Yvonne [surname?] would email Nick the password for the SBBG email.

Appointment reminders by text

The Practice has now changed its airtime provider and the new number to request these reminders will be displayed on the St Bartholomew's website.

FACILITIES – INSIDE

Reception Area

The fans in the reception have 'do not use' stickers because they are missing their mesh guards. These wire guards have been lost. Once these have been found they can then be given their PAT (Portable Appliance Tested) certification and brought back into use, otherwise new fans will have to be bought.

Phone system

Quotations are now in for a new system and a report is being compiled for the Practice's partners to consider. The next PCT's Information Governance Policy deadline is the end of March 2012, but the decision on which system to adopt is likely to be submitted after this date.

FACILITIES - OUTSIDE

Cycle Parking

Anton is in the process of getting a quote for the repair of the cycle stand fixing. [UPDATE: this has now been successfully repaired]

Bollards

The repair to the damaged bollards on the Practice's curtilage are on the maintenance to-do list overseen by Anton.

Dropped kerb/wheelchair access

Paul pointed out an issue of vehicles parking across dropped kerbs, which makes wheelchair access to the Practice difficult. More enforcement by the Council and/or Police would be investigated. The dropped kerb area does not have yellow lines.

There is an ongoing issue with parking enforcement. The Practice Manager puts notes on windscreens of poorly parked vehicles or those parked in the car park but not on Practice business. Ideas for better management of the situation would be welcomed.

Bay markings in patient car park

The partners have agreed that they will volunteer to repaint the line markings in their own time.

Rubbish in the car park/grounds

Anton said that it wasn't reasonable to ask the evening cleaning staff to clear the external site during the darkness in winter months. There were safety and security issues to consider. The rubbish situation now that a new kebab shop has opened under the health centre would be monitored. It was noted that the Council has a statutory duty to keep litter to a minimum in public places.

Survey

Anton introduced the results from *SurveyMonkey* of the Patient Survey. 1600 patients had been texted to alert them to the survey taking place. From 18,024 patients, 37 responses (including those of the PPG Group members) had been received. An action plan would now be produced from the survey's results, and formalized for the SBBG PPG web page and Primary Care Trust (PCT). The PCT's deadline for this was tomorrow, Friday 27th March 2012, so a preliminary plan would be displayed immediately.

Several initial points were raised from feedback by respondents:

1. More publicity would be given to publicising PPG membership, on posters and on the Practice's web page;
2. Emergency clinic times would be spread more throughout the day;
3. The appointment text reminder option would be publicized more widely;
4. The 'did not attend appointment' (DNA) figures would be made more widely available.

The touch-screen self-service check-in device, although expensive, was seen as beneficial because it freed up the reception staff's time. Paul

pointed out that its current positioning means that it can't easily be reached from a wheelchair.

The issue of delays with appointments, and whether or not to advise waiting patients was discussed, but it is a complex issue. There can be delays for many different reasons. Putting the waiting time on the reception monitor might be difficult as that pc runs off a pre-set software loop. It was decided it would be helpful if receptionists told you if your doctor is running late. If patients are more than 10 minutes late there is no guarantee that the doctor will still see them – as is made clear on the sign on the front desk, it is entirely at the doctor's discretion. If you are more than 10 minutes late the self-check-in screen always refers you back to the reception staff.

Volunteers are always welcome to bring in magazines for the waiting area.

Being able to book appointments online was discussed – the issue of forgotten passwords is being resolved with the software provider and with staff training so that staff can reset a patient's passwords for them.

The surgery guarantees to provide access to a doctor within 48 hours (asking for a specific doctor takes longer).

The issue of patients who don't show up for appointments was discussed again. It was thought that the no show rate at the Brookes practice was lower than that at the Manzil Way site. Brookes has a walk-in clinic so no-shows are less of an issue. The no-show rate at Manzil Way has been as high as 30% of total appointments. The idea of a walk-in surgery at then Manzil Way site was discussed, but it was felt this wouldn't work as most patients want to see a particular doctor. It was noted that the Practice already does a Saturday surgery (bookable only), with one Doctor and a Nurse on at that time.

The concept of 3 no-shows and then imposing a sanction on patients was suggested, but the administration involved would be too great a use of staff time.

The problem of patients bringing multiple problems to a single appointment was discussed. Patients should really only bring one issue to an single appointment.

Reception Staffing

Anton announced that a new receptionist was being recruited. Gill asked if there was a place for mature receptionists. Anton said that the positions are

allocated to those who apply who fit the job specification criteria. Where the vacancies are advertised was discussed, and whether there are other opportunities for advertising vacancies that might attract suitable candidates. The reception role has seen quite a high turnover in the last few months. It can be a very demanding role at times dealing with all sorts of enquiries and more training, and finding/making time for training, would be looked at by the Practice.

Chair/Secretary roles of the PPG Group

There were no volunteers to rotate these roles. It was hoped that new members might be willing to have a go at these roles.

The meeting ended at 7.30pm

Date of next Meeting

1.00pm (sharp) on Thursday 10th May 2012 at the Practice.

Action Points from the SBB-PPG meeting held on Monday 26th March 2012 v1.0	
Nick Walker	Produce and upload final minutes of last meeting via Anton.
Nycky Edleston	Agenda for next meeting – call for items from group members and upload one week before next meeting
Sarah Lasenby	Dropped kerbs and parking enforcement around the Practice - write to City Council
Tia MacGregor/Anton Glinski	Survey – Action Plan
	Photo-board for PPG group
	Secure PPG email – provide password to Chair and Secretary
	Car Park – Practice partners' marking out of bay lines.
	Self-check-in screen – consider re-siting for wheelchair users
	Training for reception staff