**LEYTON HEALTHCARE PATIENT PARTICIPATION GROUP (PPG)**

**WEDNESDAY 16TH MARCH 2016**

**MINUTES**

Attendees 5 patient representative group members

Sue Crabbe, Practice Business Manager

Apologies Dr Dinesh Kapoor

Sue welcomed the 5 patient representative group members to the first meeting of the reformed group. Dr Dinesh sent apologies as he had become unwell during the day and was unable to attend.

**Contractual Requirements with effect from 1.4.2015**

Sue explained that previous DOH requirements were that a virtual (email group) was in place. This has subsequently changed and requirements now suggest a face to face group is the best way forward. Sue distributed full details of contractual guidance and a draft Terms of reference for consideration by the group.

**Terms of Reference (ToR)**

Circulated and reviewed. Sue suggested that these ToRs be used as a starting place subject to change as the group develops.

**Appointment of Chair/secretary**

RS was nominated for the position of Chair for future meetings. A secretary also needs to be appointed - for further discussion next meeting. Sue asked about the structure of future meetings. Would the PPG like a closed section for their group discussion and then perhaps for the second part of the meeting, practice staff could join the meeting to prompt joint discussion on various topics? It was agreed that this may a sensible way forward. Sue offered to feedback on various topics identified by the group to give further insight from a practice perspective.

**Any other business**

**Topics discussed during the course of the meeting**

**The lift** - remains a serious issue. The main lift has not been working for many weeks and although there is the option of using the back lift it is still very inconvenient. Sue explained that parts are expected from Italy although information regarding work completion is lacking. An update on landlord issues experienced by the practice was given. The Practice sublets from NHS Property who hold the lease with Leyton Orient Football Club (LOFC) A very poor service is given by LOFC and despite many years of trying to negotiate the problems with both NHS Property and LOFC, the practice struggles to get the improvements which are needed completed. There are issues with maintenance, plumbing, the lift, cleaning and window cleaning. RS offered to write to Waltham Forest CCG on behalf of the group. Consideration may be given to the involvement of local MPs if matters do not improve.

**Lack of Appointments** – the group raised concerns regarding the difficulties patients experience when calling for appointments. It is sometimes felt that reception staff can be obstructive to giving appointments. Sue explained that currently there are nearly 1400 appointments available each week (either face to face, telephone, same day, urgent) despite this the Practice often finds it difficult to meet demand. There was some discussion on funding for GPs and the number of GPs employed at the Practice to cope with this demand. Sue explained that the majority of GPs work a two and a half hour consultation session after which they commence paperwork which consists of reviewing test results, reviewing post and authorising prescriptions. Average session time per GP is 4 hours 10 minutes. The group asked for a list of clinicians and their various working times. Sue will arrange this. Topic for further discussion.

Current miss appointments total over 60 per week, equal to over 10 hours of clinical time.

**Test results** - The system for obtaining test results was discussed. Comments were raised regarding the length of time it takes to get results and the fact the patient has to call in to be told their results were acceptable. Sue explained the procedure for obtaining results. Clinicians should normally advise patient’s to contact the practice for their result in approximately 2 weeks from date of test. Once the result is received back at the Practice, they are sent to clinicians to view. The clinician then marks the result either satisfactory or abnormal if action is required. A ‘task’ is then sent to the reception/secretarial team who take the appropriate action which might be to contact the patient or chase a subsequent result. As a failsafe, the ‘task’ is not completed (filed) until the patient has received the result and all necessary action has been taken. RS commented that he waited a very log while and when he did not hear about his result he contacted the practice to be told the result was normal. Practice to view efficiency of procedures.

**Confidentiality –** issues of being overheard in reception were highlighted. The barrier system has helped the situation although comments were received about the possibility of whether a glass partition could be installed in front of reception to ensure patients waiting to be seen cannot overhear what is being said by patients talking to practice receptionist. There is a small interview room to the side of reception that can be used if patients want to discuss something in private although it cannot be guaranteed that it is free at all times.

**Promotion of clinicians** – a member of the group asked if the television in reception could be used to promote clinicians skills e.g. if a doctors has a speciality in a specific area. The group discussed the importance of not de-skilling GPs if specific clinicians have a particular skill in one area for example Dr Rashid in dermatology. Sue explained that it is better that GPs continue to see a mix of patients and perhaps call on a GP with additional skills to come into the consultation and explain best treatment/management. This way, the patient gets an expert option and practice clinicians are able to learn from others. Sue explained the difference between a GP with an interest in a particular area and a GPwSI (GP with specialist interest) who has additional accredited skills such as Dr Rashid.

**NHS Choices and Friends and Family** – summaries of feedback received were distributed to the group. For further discussion in coming meetings.

**Skype** – Sue advised the group of a pilot in which the practice has involvement. Dr Chetty undertakes a Skype session once a week for patients who wish to consult one of the GPs this way. Current session is held on Monday am and is proving popular with patients.

**Carers –** Carers project has been undertaken in past year by Practice. Practice has worked with Waltham Forest Carers to improve the service it offers to patients. Carer’s packs have been given to ‘carers’ and ‘cared for’ patients and the carers register has increased significantly over the year.

**Practice targets –** Sue offered to give some insight to the group in relation to targets and challenges faced by the Practice if it was felt this was a useful agenda items for a future meeting.

**Date of next meeting –** Wednesday 13th April 2016. Note: Unfortunately, Dr Kapoor has booked annual leave on this day and is out of the country – Sue to email/contact group and propose an alternative date as Dr Kapoor is keen to attend – Proposed date: **Wednesday 27th April 2016.**

**Attendees confirmed that they are happy for the Practice to share contact details amongst the group. These will be sent to RS as agreed in the first instance.**

**Many thanks to all of the patient representatives who attended the meeting.**

**Leyton Healthcare looks forward to many productive meetings in the future and is grateful for the commitment and support shown to the Practice.**