**LEYTON HEALTHCARE (LHC)**

**MINITES OF PATIENT PARTICIPATION MEETING HELD 27TH APRIL 2016**

Those Present: 6 patient representatives

Dr Dinesh Kapoor (DK)

Sue Crabbe, Practice Business Manager (SC)

Caroline Paul, Clinical Practice Manager (CP)

Member of the group agreed to meet briefly before commencement of the full meeting to discuss issues for further discussion with the wider group. It was agreed that future meetings will continue to be structured this way. 6-6.30pm Patient representative meeting followed by 6.30 – 8pm full meeting with Practice staff present.

**1.Minutes of previous meeting**

Agreed as a true record of events.

**2. Appointment of Secretary**

Unfortunately, the Chair, RS, was unable to attend. This item will be deferred until next meeting.

**3. Premises update**

SC gave an update in relation to premises. The lift is now repaired although the Practice feels that their landlord, Leyton Orient Football Club, is very unhelpful and the future for the Practice is not good if they remain in the Polyclinic building. The landlord is reluctant to provide adequate services e.g. window cleaning, emergency lift repair etc. and this is unlikely to improve. SC advised the meeting that the Practice has expressed an interest in the new development planned by London Borough of Waltham Forest for the Score building and the Bywaters site opposite the Polyclinic. 730 residential properties are planned, a school and community facilities. SC has written to Waltham Forest CCG on DK’s behalf to express an interest in being part of this redevelopment.

**4. Topics for discussion**

Waiting time for appointments – patients representative felt that the wait for appointments was sometimes excessive. There was a general discussion regarding the number of appointments available and the different types of appointments that the Practice tries to offer (face to face, telephone, triage, skype) The Practice currently has 8 GPs working in the Practice. Dr Kapoor confirmed that the clinical team meet twice weekly and issues relating to access to appointments and other practice improvements are regularly discussed. The Practice tries to manage its DNA’s (Did not attends) and uses a letter process to advise patients that continual missed appointment could result in removal from the Practice list. The group discussed other ways of managing this problem. Would charging appropriate patients to be seen solve this problem? 15 missed appointments each day are equivalent to a whole GP session. There was much discussion about this topic. Demand for appointments is significant, despite 100’s of appointment being available each day. The Practice tries to offer nurse appointments for minor ailments that need to be seen same day. The meeting discussed the minor ailments scheme that operates with many local pharmacists whereby patients can receive free medication if they are on benefits without the need to make an appointment to be seen at the Practice. Demand for appointments is by far outweighing capacity and Leyton Healthcare’s Practice list size (as are all Waltham Forest Practices) continues to grow. Practices are not allowed to stop registering patients without a formal list closure. Funding is tight in most practices.

At the last meeting, SC had explained to patient representatives how funding streams to practices function. Despite this, the practice is prepared to recruit another GP but the lack of GPs looking for work in General Practice is making it difficult to recruit, hence the Practice’s attempts to manage demand in other ways. Retention of staff is also difficult as Waltham Forest is a high cost area in which to live. DK confirmed that in the past, many doctors working within the Practice joined as trainees and then remained with the practice as permanent staff. The Government has promised additional funding to Practices but to date this has not been forthcoming and the Practice continues to try to manage within current resources. Patients often complain that they have difficulty ‘getting past’ reception. This is difficult, currently there are many new staff working in reception and they do work to protocol so a consistent service is provided. This said, mistakes can sometimes be made and sometimes additional training is needed.

DK gave his email address to those present in case they should experience any problems with the services offered by the practice. This was duly noted.

A patient representative asked if the Practice still undertook home visits. It was confirmed that this is still the case although it was only housebound patients that can request home visits.

A patient representative asked if the Practice had a catchment area. It was confirmed that this is the case. The Practice covers the majority of Waltham Forest. There is some flexibility if patients registered for some time, move slightly outside of the catchment area if they have been with the Practice for many years.

A patient representative said that she had spent 45 minutes trying to get through by phone. The Practice agrees that this is not acceptable but does find this problem difficult to deal with. There are 4 front line reception staff working throughout the day and in the morning a fifth reception works from the small interview room also dealing with calls. The Practice has looked at different ways of coping with the volume of calls. CP said she had tried various options over the years. First of all the phones were set up so callers heard an engaged tones but patients complained about this. Then a ‘please hold message’ was initiated. CP confirmed that she did look for a message to be installed that advised the caller where they are in the queue but this option had significant costs to install and was subsequently not pursued. The current telephone system is facilitated by NELFT and facilities available are limited. An alternative telephone system would be considered with additional functionality if the practice was to relocate.

A patient member asked about the disabled emergency pull cord in the public toilet. This cord has been ‘tied up’ and cannot be reached. Unfortunately in the past it was found that children/patients often pulled this cord setting the alarm off inappropriately. Only yesterday a further problem was encountered when two 16 year old were seen to enter the patient toilet and break the nappy changing unit from the wall. This will now need replacement. The Practice will review how the issue with the pull cord can be managed.

**Actions agreed:**

* Guidelines of private (non-NHS charges) to be display more prominently. BMA fees guidelines are normally used for photocopies requested.
* PPG members will look at ways they can support the Practice. e.g. discussion with patients waiting to be seen about service offered and their views.
* Doctors and staff languages spoken to be displayed in reception and on the Practice website.
* Terms of Reference for a PPG from the Patient Association were distributed to all present. It was agreed that it may be sensible to adapt this comprehensive document for use by the LHC group. Document circulated to all present for consideration.
* It was agreed that it would be useful to try and increase membership of the group. There were still some patients that had volunteered to be part of the group that are still to attend
* SC will give the group an overview of all the target areas that the Practice has to achieved each year to give a better understanding of Practice work.
* Review of emergency pull cord in disabled toilet

**5. Any other business**

A flyer advising of PPG networking events to be held in the borough was distributed to those present. All representatives welcome to attend.

DK said that he feels the group is the start of partnership working to improve patient experience. The Practice is in keen to use its patients’ experiences to help the Practice get better.

Group members felt that it was useful to see situations from the other perspective.

**6. Date of next meeting**

Wednesday 22nd June 18.00 Patient representatives 18.30 Practice members to attend.