

The Patient Participation Group (PPG)

Minutes of the meeting held on
Monday 12 May 2014
At Sunbury Health Centre

Present: Elleke Carling (EC), Brian Catt (BC), Dr David Gill (DG), Polly Healy, Diana Huntingford (Minutes) Neil Huntingford (NH), and Paul Thompson (PT, Chair)

Apologies for absence: Cllr Tim Evans, Dorothy Linter, Varsha Mandalia (VM), Helen O'Shea, Cllr Daxa Patel, and Jackie Sheehan (JS)

Minutes of the last meeting - these were agreed as an accurate record of the meeting held on 10 April 2014.

Welcome and purpose of the meeting - PT welcomed the patients to the meeting; he explained the purpose of these meetings and described the agenda. The core group also introduced themselves. PT explained that the minutes of these meetings are published on the website.

Matters arising from the previous minutes

- Location of Healthwatch posters: It was acknowledged that the posters are in the Health Centre but it is unclear if they have been displayed.
Action: *VM to be asked to provide an update at the next meeting.*
- Steve McCarthy: This matter was not discussed and is therefore carried forward to the next meeting.
Action: *PT to place on the agenda of the next PPG meeting.*
- Patient Survey: Whilst there is a 'loop facility' at the Health Centre for those with hearing difficulties, it is unclear how or if this supports patients when contacting the surgery by telephone.
Action: *VM to be asked to provide clarity at the next meeting.*
- Booking System - DG explained that the concerns previously expressed had been acted upon and consequently a meeting was taking place with the current telephone provider on 17 May with a view to finding, and providing, a better service.
- Notice board review: PT explained that a working group had now been established to review all of the visual information with a view to creating a more logical approach to how information is displayed at the centre. NH is leading this group and summarised progress to date:
 - NH has met with JS, the office manager responsible for information in the main waiting area and reception. Together they 'walked the building' and agreed that there is too much information currently displayed in the centre; it is daunting and tired.

- The lack of ownership of the building does prevent certain activities being undertaken, however a list of what could be achieved has been agreed.
Action: NH to place this information on the PPG website.
- An immediate action that would improve the aesthetics of the centre as well as the displaying of information is to address the very tired notice boards. NH recommended that one evening the notice boards are 'blitzed'; all information taken down; the boards stripped off the current material 'covering' them and painted. Thereby creating the opportunity for a new start and new approach.

This suggestion was warmly received and patients offered to help in the 'blitz' evening.

Action: NH to agree with JS an evening when the 'blitz' can be undertaken and to email the patients who had offered to help.

- Hand sanitiser: Since VM was not present at the meeting this item has been carried forward to the next meeting
Action: PT to place on the agenda of the next PPG meeting.
- PPG website: PT strongly encouraged those present to use the website since it is now live.
- SHC website: PT acknowledged that there is a need to improve communication between the two websites; however the link to the PPG site from the SHC website has not yet been established.
Action: This matter needs to be urgently addressed by VM.
- NHS submission: DG explained that he is currently awaiting guidance on the second stage of the bid process; it is anticipated that this will be received in June/July. In the meantime DG has had a meeting with local Cllrs, the MP and NHS England. All parties have recently attended a meeting at SHC and were noticeably shocked at the conditions. Further meetings have been arranged for 20 and 27 June.
- Waiting Room Screen: BC confirmed that the information about PPG is displayed.
- CQC Inspection results: BC urged those present to complain if something needs attention, otherwise such matters can't be addressed. DG asked that complaints are communicated by writing otherwise they cannot be discussed at the meeting held every two weeks to consider any complaints received. PT added that the CQC are producing leaflets about making complaints and when these are received they will be made available to the patients. PT informed the meeting that there is a separate procedure for making complaints about services provided by Virgin Health Care and this is available on the PPG website.

Open Forum - matters raised by the patients present:

1. The following concerns about the appointments booking system were raised:

- Although pleased that a new telephone system was being investigated, a question was asked as to whether it would improve the likelihood of being able to get an appointment?
- The timescale of getting an appointment is unacceptable.
- Is it acceptable that you have to attend the Health Centre to get an appointment?
- Since all appointments have frequently gone by 7.45 am - is it worth investing in a new telephone system? Perhaps using the money to invest in another doctor would be a better use of limited resources?
- Very recently 31 cars were observed to be parked in SHC car park at 6.50 am - indicative of the pressure on patients needing to get an appointment.
- The online booking system is not well understood and consequently many patients 'bypass' it. If patients' understanding was improved about this facility it may help to alleviate the pressure on the telephone booking system?

DG thanked the patients for attending the meeting and began by explaining the background to the ownership, practice and workings of the Health Centre:

- The practice has 19,000 patients and that makes it one of the largest in the UK. The current increase in the provision of new housing in Sunbury is adding to the size of the practice and it is estimated that the number of patients will rise to 23,000 within the next 2/3 years.
- The building is 84% undersized and consequently there is not enough room for the doctors and nurses.
- The number of nurses working in the Health Centre is significantly below the number the service needs. There are currently only two rooms available for nurses to use and consequently two nurses are providing service for 19,000 patients. This impacts negatively on the use of the doctors' time.
- The situation is exacerbated by the fact that the SCH don't own all the rooms in the centre and the practice is trying to negotiate the use of a room that is currently underused for use by one of the doctors. Unfortunately this is not proving to be easy and currently this request has been denied by Virgin Healthcare.
- The service has the highest number of doctor:patient appointments available than any other practice in the local area, and yet it is acknowledged by the practice that this still isn't enough.
- The building is aesthetically poor and is in serious need of revamping. This is having a negative impact on the recruitment and retention of staff at all levels.

- The local authority is investigating alternative sites that are available locally and as a result the Adult Learning Centre in The Avenue has been identified as a possible location for SHC.
- There have been a number of recent difficulties within the practice that have led to very strenuous times; this has included a senior doctor retiring, a doctor undertaking a sabbatical, a doctor being struck off, a doctor being very ill and the main nurse being seriously ill.

DG then attempted to answer the concerns/questions raised:

- He agreed that access needs to be better and hoped that this group can help. He stressed that the “*previous inertia*” was now being addressed and he was very committed to improving the current situation at the Health Centre.
- He explained that until very recently two-thirds of the appointments were released on the day and one-third were available to be booked in advance. Now this had been amended so that 50% are released on the day and 50% are available to book in advance. In addition there is a Duty Doctor on call who will visit those cannot get an appointment or are unable to get into the surgery.
- He informed the meeting that the doctors are committed to improving the service. Surgery begins at 7.30am which is earlier than any other surgery in the area and that the doctors see 22 patients without a break, which is not best practice.
- DG later added that 50% of the appointments are released at 7am and the remaining 50% at 8.20am.

Action: *VM to be asked if it is possible to release all the appointments at the same time.*

PT supported DG’s comments adding that “*we are where we are*” and stressed that this group is committed to improving the situation.

The patients were very grateful for the honest and detailed explanations that DG had provided to their concerns. They were very keen to see how they might help/support DG. It was agreed that the forthcoming elections were an ideal opportunity to express dissatisfaction with health care in the local area. In addition sharing information within the local community about the current developments at SHC and about the PPG would be very helpful.

EC reminded the meeting that it is important that all of the residents who use SHC should be honest in their requests for urgent appointments/treatment. DG concurred with this point and added that many Duty Doctors have had their time wasted by being asked to deal with inappropriate, non-urgent requests.

BC added that now we have clarity of the system we need to work with the SHC and that “*respect works both ways*”.

2. The patients also raised concern regarding the role and responsibility of the receptionists, in particular if it is acceptable that the receptionists are able to turn people away?

DG agreed that there have been issues with receptionists and that these are being addressed. With regard to the specific issues raised DG explained that:

- The receptionists are trained to provide triage services and therefore provide more than simply a reception service. They are trained to give appropriate advice and guidance and are instructed by the doctors to direct patients accordingly.
- Often the receptionists are the vent of patients’ frustration and that by the time the patients speak with a doctor they are often in a more positive frame of mind. He posed the rhetorical question as to whether this is fair?

3. Clarity was sought over the role of the Practice Manager and whether doctors’ time should be taken up with the matters related to the condition of the building.

- Unfortunately VM was not present to answer this question and DG did state that he thought it very important that a doctor was part of the PPG.

Action VM to be asked to clarify her role at the next meeting

4. A patient asked if their own doctor was needed to provide a medical certificate.

- DG explained that this was not the case, however doctors prefer to authorise such certificates for their own patients to help prevent abuse of the system. It has also been shown that there is a greater chance of a patient’s own doctor getting patients back to work.

AOB

Repeat prescriptions - PT informed the meeting that it is possible to order repeat prescriptions via SHC website.

Shingles vaccination - In response to a question about this new vaccination DG explained that this important national initiative is currently aimed at patients who are 70 or 79 years of age since Shingles can be very severe for people who are aged 70 or above.

Date of the next meeting - 9 June was proposed and will be confirmed outside of the meeting & posted on the PPG website.