

Minutes of The Patient Participation Group of the Spence Practice held on 13th June 2012

Present: Frank Rhodes (Chair), Celia Frank, Andrew Smith (Minutes), Geraldine Maher, Isobel Trout, Ellie Townsend-Jones, Ninette Bateman, Frankie Sahni, Bethan Richardson, Ailsa Cameron, Diana Willcox, Margaret Smith and, from the Practice, Mark Allen.

1. **Welcome** by Mark and the Chair. **Apologies** had been received from Victoria Lavender, Maureen Dickens, Michael Heming and Robert Muston.

2. **Matters arising from minutes of last meeting**

The minutes were approved and there were no matters arising.

3. **Practice staffing**

Dr Grant has been a partner since April, covering six sessions per week.

Dr Sonia Mann is a locum for Dr Janssen until the end of September.

Dr Phillips is still a partner, covering a couple of sessions per month.

4. **Review of Saturday Social Club**

Last Saturday went well with six or eight attendees. Mark was very grateful that a significant number of the PPG were attending to help. The number of attendees seems to be growing slightly, and Mark would be glad to hear from more PPG members willing to help.

ACTION: Interested PPG members.

He pointed out that CRB checks would be required as we are dealing with potentially vulnerable adults. These take time to process, and he can provide the necessary forms. In the meantime members may attend on a trial basis.

There are around two dozen patients identified by the doctors as likely to benefit from the Club (e.g. living alone with no family support), and who have been notified of its existence, but members of the PPG might well know of others who might be approached.

Geraldine had had good feedback, but mentioned that she had one person very cross that her name was included. She would tell Mark the name in confidence after the meeting and he would ensure that the person concerned would be removed from the list with apologies.

ACTION: Mark

There was some discussion of tea-making etc facilities. The treatment room had been ruled out on cross-infection grounds and the kitchen, being upstairs was also deemed an 'H&S' risk bringing down trays of full cups of tea. It was AGREED that there were the funds to obtain an urn, and to provide suitable portable tables. Mark confirmed that we are covered by the practice insurance for these PPG activities.

ACTION: Mark

Dates for the next two Club meetings are 7th July and 11th August.

5. **Update on 'Baths' project**

Mark had been optimistic about progress, but for a number of reasons the terms of the lease have had to be re-negotiated, and agreement between the practices and the developer is still to be finalized. The PCT is being very supportive. The developer presently requires a 12 month lead time from agreement to occupation, which would ideally be planned for a Bank Holiday weekend. The intention is to make a clean and complete break from the current premises when the time comes. The formal merging of the two practices will coincide with the move.

6. Meeting appointment demand

Apparently the practice is currently experiencing a growing number of appointment requests as last year from virtually the same patient numbers, and in common with other practices is finding that meeting the demand is not as easy. The result is that it is felt that the practice is not delivering the service that both it and the patients would like. The situation does not seem to be as acute for appointments with the nurses.

Ellie suggested gathering data, and some of the heads that she and others suggested included patient age, how serious was the condition presenting on a scale of say 1 to 5, cases of presenting multiple conditions, whether cases were chronic or acute and the number of 'no-shows'.

With respect to the latter point it appears that this situation is fairly constant. This led on to a discussion on the issue of reminding patients of appointments, mentioned at the last meeting. E-mails and texting were suggested, but it seems that out of some 5-6,000 patients the practice only has some 700 e-mail addresses. Previous use of a text reminder system had little impact on the overall number of 'no-shows'.

If any member has further suggestions/observations for Mark these would be appreciated.

ACTION: PPG members.

'Newsletter' usage and circulation was questioned and discussed. For PPG members it apparently used to be sent out with the minutes. This would be reinstated. The practice also emails the newsletter to a list of those who have previously requested this.

ACTION: Mark

7. Practice boundaries.

A map was circulated showing the current boundary. The contractual position is that if one lives within the boundary, one is entitled to register appropriately, unless exceptional circumstances apply. Currently the practice has taken a relaxed view of patients subsequently moving a short distance outside the boundary, but is currently experiencing increased difficulties with 'outliers', and there can be problems with the provision of other services, e.g. District Nurses. The Dept. of Health wishes to abolish boundaries so that patients can register anywhere they choose, e.g. close to work. The practice believes this risks the loss of continuity of care at precisely the time, when a patient becomes seriously sick and so based at home, that it would be most important.

Meanwhile an 'outer' boundary is being considered to create an area within which a patient has a right to remain registered if previously living within the practice's contractual boundary. This is consistent with the practice's current approach and a proposed outer boundary has been submitted to the PCT, the same boundary will be proposed by Nevil Road Surgery bearing in mind the plans for our merger. In view of traffic congestion the boundary will not extend further west than Whiteladies Road nor south of Park Row or Stokes Croft.

8. Patient survey

The practice is obliged/encouraged to run a 'patient survey' each year. Formerly this was to a specified format but now one appropriate to the practice may be used. This will be informed by a preliminary survey regarding priorities for consultation identified by patients. It would be helpful if the PPG would send suggestions for this to Mark before the next meeting.

ACTION: PPG members.

Send current prelim. survey to PPG members for information, and issue a timely reminder.

ACTION: Mark

Among comments made were 'considering the increased usage', and 'trying to maintain consistency between each survey so that meaningful comparisons can be made and trends identified year on year'.

9 Any Other Business

i) Frank raised the poor visibility of the notice board behind the entrance door.

This is on Mark's list.

ACTION: Mark

ii) Ellie asked about Mark's e-mail, which presents in the 'Inbox' as "Allen Mark".

This complicates searches/sorts for her, and can result in missed e-mails.

If possible, **ACTION:** Mark

Date of next meeting: Wednesday 12th September, 2012, 2000 hrs.