

SHOWELL PARK HEALTH AND WALK IN CENTRE PATIENT PARTICIPATION GROUP

MINUTES: 11th March, 2016

Attendees	Apologies
Dr Chelliah (UC) – meeting lead Slinder Dyal (SD) Hayley Cockayne (HC) Raymond Turner (RT) Sandra Turner (ST) Sandra Fraser (SF) Pat Abercrombie (WA) Sheila Warren (SW) Christel Williams (CrW) Christopher Williams (ChW)	Patrick Calvin Jagdish Ahir Josh Shaw Marita Higgins Doris Burkett Jacqueline Lowe
Minutes: Claire Carron	
Agenda: <ol style="list-style-type: none"> 1. Welcome 2. Practice <ul style="list-style-type: none"> - What is happening on the 1st April? - Walk In Centre closure - GP Practice - Opening Hours - Staff – leaving and staying 3. Patient questions, queries and ideas 4. Update of complaints 5. Actions and plan for the next meeting 6. AOB – any other business 	
Agenda Item No.	Minutes and Actions
1. Welcome	SD welcomed everyone to the meeting and listed the apologies. Everyone introduced themselves. It was agreed that the minutes would be sent to all.
2. Practice <ul style="list-style-type: none"> - What is happening on the 1st April? 	Walk In Centre closure UC informed those present that the Walk In side will cease on the 31 st March, 2016 at 8pm. The service will be moving to New Cross Hospital.

<ul style="list-style-type: none"> - Walk In Centre closure - GP Practice - Opening Hours - Staff – leaving and staying 	<p>There has been a bid put forward for the practice. The surgery will continue to provide the service for registered patients meaning there will still be walk in appointments for those registered.</p> <p>GP Practice</p> <p>UC stated that the patients and their feedback is very important to the surgery and would like input from the PPG (Patient Participation Group) to help improve the service currently being provided and to have more say in the care the patients are receiving.</p> <p>The GP practice will continue and it is hoped that after the Walk In side moves, the surgery will have more available appointments for registered patients. WA said the walk in service for registered patients’ needs to be disciplined or the surgery would never close! UC said they are looking to open a few hours on the morning for registered walk in patients – the appointments would be monitored to assess the need and determine if the service needed changing down the line. A Saturday clinic would also be run.</p> <p>WA suggested charging patients if they did not keep their appointments. The fee could go towards improvements in the surgery. SF suggested utilising her photography skills to help raise funds by setting up a photo session for a fee to the patients.</p> <p>UC said the PPG meetings will run once every three months.</p> <p>The structure of the PPG was discussed. It would be run as a co-production model with 12 members of mixed backgrounds from the local community being recruited to take part. The group will need a Chairperson, Vice Chairperson and Project Manager to help the group run; the positions will be chosen through a democratic election with the votes being cast by the members of the PPG. The 3 chosen will participate in the surgeries monthly meeting. Those chosen will have to decide the term they will hold the position.</p> <p>Action point: PPG ad surgery to recruit 12 members and elect a Chair, Vice Chair and Project Manager. SF suggested that all recruited members need to be together before the election takes place. WA suggested that the members get to know each other better to assess strengths and what each member could bring to the group.</p> <p>Action point: A poster to be displayed in the main waiting area to advertise the next meeting and attract more members.</p> <p>The PPG will work with the surgery on projects to help reach out to everyone in the community and work to improve the surgery, including fundraising.</p> <p>Action point: SF suggested taking a photo of the group to display in reception. All agreed.</p>
---	---

The suggestion box was mentioned – discussing the ideas, complaints or queries posted there at the PPG meetings. It was agreed that this would be helpful to the PPG to understand the needs of the patients they will be representing.

SW suggested a play area for the toddlers. Several members said that due to cross contamination and hygiene reasons, this would not be possible. WA suggested a screen for them to watch as the wait can often be taxing for them. UC said that after the 1st April it is hoped the waiting times would be significantly reduced thus negating the need for toddlers to be entertained.

The seating arrangements of the surgery were discussed as it was felt the surgery waiting area felt cramped for users of wheel chairs, frames, and prams. HC explained why the chairs were seated as such; at the last meeting it was felt that the chairs facing with the patients' backs to the reception area was intimidating. UC suggested removing a row of chairs. SD said they would look at moving the seating around to make the area better.

Action point: SD and reception staff to look at moving the seating area to be more accommodating.

SF suggested a service akin to counselling, befriending lonely patients and raise awareness of the surgery. UC said there are legal implications to this and that the surgery already runs counselling services for patients that require it. SW suggested a leaflet drop. SD confirmed a leaflet drop will be happening via the CCG to highlight the closure of the Walk In Centre.

ChW asked if there needs to be as many posters displayed on the reception window as the staff on occasions, miss people in wheel chairs. UC said that the surgery would look in to removing some of the posters that were not necessary.

Action point: SD and reception staff to look at moving the seating area to be more accommodating.

ChW suggested erecting a sign by the disabled bays as taxis park there and it is not obvious that the bays are for disabled users. SD said she would make an enquiry to see if one could be arranged. The surgery does not own the building so permission would need to be obtained. SD mentioned that there was another car park to the other side of the building that patients could use.

SF also mentioned patients smoking close to the entrance. SD said she would look at signs but there is only so much the staff can do in moving people from the entrance.

Action point: SD to enquire re: sign for disabled parking and look in to no smoking signs for the entrance.

	<p>Opening Hours</p> <p>ChW asked if the closing of the Walk In would affect the GPs and opening hours. UC said they are working on a rota and Drs Obi and Chelliah will be residents at the surgery. They are working with other Drs to see if they will be staying.</p> <p>Opening hours for the GP surgery will be:</p> <p>Monday to Friday 8:00am to 18:30pm Saturday 8:30am to 11:00am</p> <p>Staff – leaving and staying</p>
3. Patient questions, queries and ideas	
4. Update of Complaints	<p>Frustration occurs when the receptionists do not pick up on the urgency of the appointment or if the patient acts out of character due to illness. Also, the telephone lines seem to be constantly engaged on the morning.</p> <p>UC and SD confirmed that they are looking in to a new telephone system to alleviate this. Another phone has been moved to the reception area to help in the meantime. UC said there will be more telephone consultations as not all appointments require a trip to the surgery.</p> <p>Action point: SD and UC to update at next meeting regarding the new telephone system.</p> <p>WA mentioned customer service to which UC confirmed that reception staff had undertaken customer service courses. This arose due to some patients receiving a less than favourable service for whatever reason and instigating the complaints process. SD said that if a member of staff comes across as less than supportive, then it will be looked in to.</p> <p>There have been a few issues relating to communications between staff and patients. SD confirmed that they are working with staff and patients will see and improvements and change as the surgery progresses.</p> <p>Members of the group began speaking about their personal experiences to explain how it can be the fault of both sides; both patient and surgery staff. UC requested that the group try not to discuss their experiences during the meeting. Discussions should be how to improve the service through feedback. All agreed to stay on topic. SF suggested not returning back to points already discussed unless the late inclusion has a valid reason. All agreed.</p> <p>WA suggested calling the suggestions box a concern box instead, to see complaints as concerns. CrW said that Drs will always listen although the</p>

	appointment can run longer than 10 minutes.
5. Actions and plan for the next meeting	<p>Action point: PPG ad surgery to recruit 12 members and elect a Chair, Vice Chair and Project Manager. SF suggested that all recruited members need to be together before the election takes place. WA suggested that the members get to know each other better to assess strengths and what each member could bring to the group.</p> <p>Action point: A poster to be displayed in the main waiting area to advertise the next meeting and attract more members.</p> <p>Action point: SF suggested taking a photo of the group to display in reception. All agreed.</p> <p>Action point: SD and reception staff to look at moving the seating area to be more accommodating.</p> <p>Action point: SD and reception staff to look at moving the seating area to be more accommodating.</p> <p>Action point: SD to enquire re: sign for disabled parking and look in to no smoking signs for the entrance.</p> <p>Action point: SD and UC to update at next meeting regarding the new telephone system.</p> <p>PPG members to provide an email address for discussions and contact.</p>
6 AOB	<p>Discussion for next meeting: Walk in appointments Telephone consultations</p> <p>The next meeting will be on the 10th June, 2016 at 11am.</p>