Minutes of Portland PPG Wednesday 5th June 2019

Present: Ernest Barnett, Sue Cousins (Chairperson), Sally Foster, Jean Halford, Gail Jukes, Hilary Mulholland, Cyril Richardson, Sabrina Ruffles (Practice Representative), Dawn Smart, Liz Smith

Apologies received from: Cherilyn Cooper

1. Minutes of last meeting: amendments made to attendance list.
2. Report of audit of triage tool. SR described the triage tool as a series of questions developed by one of the GPs, to be used by reception staff when booking appointments for patients. The tool is designed to identify the most appropriate service for patients: this is not designed to prevent patients seeing a doctor or nurse but if more appropriate may also resolute in sign-posting elsewhere, for example to a pharmacist or to an optician for minor eye problems. The audit took place between November and January. In November staff were still becoming familiar with the process so only a small number of patients were redirected elsewhere. In December 92 patients were triaged and 11 patients requesting urgent appointments were directed elsewhere to a more appropriate service. In January 150+ patients were triaged and lots were signposted to opticians, pharmacy and elsewhere. This freed appointments for patients needing to see a member of the practice team. There are 4 new reception staff who will need training to use the system. There is a telephone message to alert patients to the process.
3. Carers programme: SR reported on a 6 week course which is available for Carers, including topics such as communicating with health professionals, tiredness, mood etc. A member of the administration team, Karen Hewitt, generates a register of Carers which is updated regularly. A specialist Carers review is available; if a carer attends with a patient the GP will offer an opportunity for the carer to attend for a review for themselves as it has been identified that Carers often don’t seek support. There are currently no children listed as Carers. EB asked what the criteria for being recognised as a carer are; SR responded that there are no specific requirements.
4. Appointment timing: raised at last meeting. SR commented that some doctors choose to use a timer to help them to keep to times to avoid delays to patients. It is not designed to signal to patients that their consultation is over-running the allocated time. SR will raise this in the clinical meeting to see if there is a compromise available such as an on-screen timer which is not immediately visible to patients. Patients can book a double appointment slot if they have more than one problem/complex problem to raise.
5. Dementia Awareness week: a successful initiative, led by Northgate PPG with assistance from Portland PPG. SR advised that letters were sent to all registered carers of patients with dementia, followed up by reminders using the texting system. All of the talks during the morning were very well attended. GJ commented that longer sessions would have been useful as there were lots of issues raised. She also reported that she was aware of someone who misunderstood the advertising materials and assumed that the talks were repeated every morning.

The group agreed that another joint initiative be appropriate, this time to be led by Portland PPG.

1. Any other business:

JH enquired about the effectiveness of the new monitoring machine (weight, height, BP). SR reported it is working well, approximately 20 patients had made use of this in the previous week. Results are downloaded by a member of the administration team and transferred to individual patient records.

QR boards are working; if there is a new promotion/information this can be added.

Extension/new room in waiting room: this is a walk-in phlebotomy clinic for both Portland and Northgate patients.

CR commented that he feels Portland is one of the most forward looking practices in the district but he still fails to understand why the telephone is not answered between 1.00 – 2.00 each day. Working patients may only be able to make a telephone call between those times and he feels there should be a telephone answering service all day. SR commented that the practice is required to be open all day but is not required to be accessible by telephone all day. Staff rotas are designed so that there are sufficient staff available to man telephones and the reception desk early each morning when the volume of calls is highest. The prolonged waiting time for patients wishing to contact the practice each morning is due to the very high volume of calls; there are two members of staff assigned to telephone duties all day on Mondays and Fridays, on other days 1 member of staff responds to phone calls throughout the day with back-up alas required. At lunchtime it would be difficult to manage staff breaks and man both the telephone and reception desk. SR will feedback to the clinical team as this issue has been raised by CR on previous occasions.

1. Date of next meeting: Wednesday 4th September at 5.00 pm.