

# **Summerhill Surgery** **Patient Support Group Meeting**

Tuesday 25<sup>th</sup> September 2012

Attendees – Peter Richarson, Pat Harrison, Michael Sellwood, Violet Cooper, Anne Olds, Christina Hoult, Albert Holness, Phillip Rudd, Betty Ansell, Anne Shilling.

Apologies – Richard Lawson, John Bell, Kayleigh Ansell

## **Introductions**

Jackie Horne – Business Development Manager  
Chrissy Galea - Reports and Admin Secretary

Welcomed new members and thanked everyone for attending.

General discussion regarding the absence of the Practice Manager – stated they would like the PM to attend all meetings as they felt that he is the surgery's representative and it should be his responsibility to attend these meetings. There was a general feeling that the PM is responsible for a lot of the failings at the surgery, finding him rude and unhelpful. There were also comments

concerning PM smoking at the front of the building and that it looked unprofessional. JH commented that the reason for this is to ensure that the building and grounds are a non-smoking zone which was welcomed by the PSG, but they still felt that it is inappropriate. Quite a few members have been registered at the practice for many years and they feel that current circumstances are the worst the practice has seen and they blamed PM as he is responsible for managing the practice.

JH – suggested we could work through the agenda. PR wanted to start with a discussion regarding the proposed purchases from the last meeting.

## **PROPOSED PURCHASES**

- Additional Patient Screen – felt that the cost was too expensive and the patient group couldn't understand why the cost was more than a new TV and cables. They felt that £2000 was far too much money and wanted alternatives investigated. Concern that the patient call was not up to date anyway! Need to have a re-think.
- Chairs – Jackie explained that RL had found and purchased 20 chairs for £5 each from the British Heart Foundation as an interim improvement before re-

development, when new chairs could be purchased. Patient Group happy with this.

- 24hr BP and ECG machines have been ordered – Jackie relayed that discounts were achieved and the surgery was able to purchase additional equipment to support the machines for no extra cost.
- Telephone system – seen as too expensive, suggestions to get more people answering the phone ... extra member of staff to answer the phone? Jackie explained the benefits of the telephone system and that it would be a one off payment. Patients would be able to speak to specific members of staff rather than go through reception; this type of call would be restricted to particular times of the day to help manage call volume at the peak times of the day. After 20 rings or an engaged tone all the phones in the admin office would ring – reducing the waiting time for any incoming call. PSG remained undecided but happier if the money could be reduced.
- Text messaging – purchased – PSG happy.

## **GP & NP UPDATE**

Further to the discussion about the telephone system there was a general concern that regardless of the telephone system, the main

problem is lack of appointment availability. The concept of on-the -day appointments was discussed and the PSG felt that having no appointments available after 8.15 in the morning was not acceptable. There was a general consensus that the surgery needed to be more flexible with regards to offering pre-bookable appointments as well as ensuring there are available telephone consultations every day (esp. on Mondays). JH informed the group of the recent changes to the appointment system and the increase of pre-bookable appointments from 3 everyday with each GP to 6 a day as well as a pre-bookable for the nurses to use. Comments were also made regarding patients' difficulties when trying to get an appointment after phoning up on consecutive days – advised that if a patient can't get an appointment after two attempts, on the third day they should be booked an appointment to be in-line with national guidelines of being able to see a GP within 48hrs. The staff should be coding this to ensure consistency. The PSG stated that they were unaware of this and that the surgery needed to be clearer about Practice protocols and policies as well as improving staff training and awareness to ensure standard procedures.

The PSG felt that the surgery needs to recruit new doctors in the light of Drs Agarwal and Das' imminent departure.....

There was general concern regarding the turnover of GPs and other clinical staff at the surgery. It was felt that Dr Zym left with no trace and there was an overwhelming concern that Dr Agarwal and Dr Das were leaving under a cloud. JH explained that Dr Kamal and Gloria (Nurse Practitioner) had started and that we were interviewing on Wednesday morning. Brief discussion about the recruitment crisis and that newly trained GPs are locuming and due to upcoming changes regarding the PCT disbanding they are unwilling to commit to one surgery. The PSG on the whole felt that this was more to do with the management of the surgery rather than a reflection of the current climate.

## **CHAIRPERSON AND VICE-CHAIRPERSON**

JH discussed the need to appoint a Chairperson and Vice; there were two volunteers and as a result Phillip Rudd was nominated as the Chairperson and Peter Richardson was nominated as the Vice. All PSG members agreed.

## **PURPOSE OF THE GROUP**

Members of the Group had a discussion regarding its purpose; the majority felt that the meetings should give the members a chance to explain what it is like to be a patient at Summerhill and how best to improve the patient

experience. The Chairperson commented that the meetings should be constructive and not deal with members' personal issues; these should be dealt with via the usual route at the surgery.

## **RE-DEVELOPMENT PLANS**

The group had a general discussion regarding the building and in particular the waiting room area. JH explained a brief history of why we have missed out on the recent round of redevelopments. PSG understand that the PCT is disbanding etc. However it was felt that the general up keep of the surgery is an ongoing responsibility and the waiting room is embarrassing. The PSG would like to fund the re-decoration of the waiting room – paint job, new seating and flooring. It was felt that even if this was replaced in the short-term it would be a direct improvement for the patients. In addition the members suggested moving the Blood Pressure machine to the clinical corridor (rooms 7 & 8) to try and improve patient's privacy. The group also commented on the lack of things for children to amuse themselves with except the BP machine and water cooler.... Perhaps some laminated books...it was recognised that any toys could create a health and safety issue and/or an infection control problem.... There should be a solution.

## **SURVEY**

Survey from 2011/12 was sent through to the group members to read at home and bring any comment/concerns to the group for discussion. Group decided on survey last year, re-read the surgery 2011/12 survey and it was agreed that we will run the same survey so that direct comparisons can be made. Many of the issues are still the same as telephones, appointments, as well as continuity of care etc...JH commented that the majority of comments and complaints from patients over the recent months have been either telephones or lack of appointments. Therefore, it was agreed that this would be the most useful way forward and in order to ensure the integrity of the survey the group agreed to distribute in the same way as last year – given out by hand on a given week to anyone who attended the surgery. This was random and would reflect the broadest needs of those who needed medical attention and give a snapshot of opinion/surgery life. JH to arrange survey and ensure results are available for next meeting. Results to be discussed and an action plan to be developed for approval.

### **COMMITTEE and AGM**

It was agreed that in order for the PSG to progress in an efficient way that a committee of twelve patients would be elected up on a yearly basis following the Annual General Meeting. This

would include the nomination of a Chair and Vice Chairperson. This would be instigated by March 2013 and JH to alter constitution to that effect, to be agreed by PSG at next meeting.

### **NEXT MEETING**

Friday 7<sup>th</sup> December at 11am, St Mark Church Hall.