

## Oakleaf Patient Participation Group

Meeting Minutes 10.30 am 05/11/16

**Present:** Manjit Singh, Noorin Akhtar, S.S, I.J, T.K, E.F, T.B

**Apologies:** K.N, M.F

**Outstanding Items** (previous minutes): minutes checked and accurate

**Introduction:** Manjit/Noorin - Welcomed all those present

### **Problems:**

- From **Friends and Family Test** and **complaints**, long waiting times have been identified as a problem. From statistics gathered, there are a high number of patients who **DNA** (do not attend) their appointment which could explain inability of patients to get an appointment. As well as this many people have a variety of issues which mean that doctors end up spending more than their 10 minute slots with patients.  
**Action- get notice put up that which states that only two problems per appointment can be discussed to reduce waiting times.**
- **Problem:** Smear test figures are **not improving** as many new patients (Romanians) have not had smear tests before in their country of origin. Also there is a **communication problem** as most patients first language is not English (interpreters are needed which trebles appointment time and therefore increases waiting time of other patients).
- **Problem:** Patients **cannot get appointments** with doctor (some patients sacrificing own appointment for family members). Patients demand appointments/ exaggerate their problems/time they have been ringing practice and then when they are given appointments they **do not attend**.

**Action:** Inbound service used to see how long patients have called patients and cloud service.

### **New services:**

- Noorin gave an update of new **Iplato texting service** (where patients are texted for feedback- confidential service) and patients are reminded of their appointment times (help reduce number of DNA's)

### **Latest news/events:**

- GP patient survey results explained and given to participants (**88% of people trusted service**)

### **Manjit:**

- Explained issue on **shortage of nurses**- other courses have to be taken to fulfil demands of practice e.g. phlebotomy to take bloods. Similar matter for teachers who don't have degree in subject they are teaching/not qualified

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### Action: Sarah comes on a Wednesdays to do baby immunisations (loads of baby's that require immunisations)

- Described schemes by different organisations e.g. workwise, which pay for travel costs for people who get back to work (circumstances change)
- **Manjit** attended a career event in Matthew Boulton College- got links which have been added to practice's website.
- Open day on 29<sup>th</sup> March - invitation of women and youth groups to raise awareness, health checks provided, police involved (St Peter's college)

### Action: Wants to put videos up in future (in different languages)- to give advice to patients

#### I.J:

- Described the **friends and family test**, its role, gave statistics on patient feedback (which will be available online) and also explained that there were some negative comments and that the practice are looking to **improve their service**.

#### E.F:

- Suggested getting a notice put up that doctors can only treat up to two problems to see that everyone is seen on time. As seen by the GP survey, many patients are not seen on time due to complicated problems and other issues that come up when they see doctor.
- NRDC- improve literacy/numeracy rates of people- wound down
- Diabetes foot checks reduce stress on doctors and staff are encouraged to book these with **HCA's** (health care assistants).

### Action: people are offered option to book telephone consultations with doctors, rather than face to face conversations with doctor, notice to tell people when interpreters are present.

#### Agenda Topics for future meetings

- Ibrahim- bring report on friends and family test
- Utilise Iplato texting service into reminding patients of PPG meeting dates and time.
- Abbreviation list to be made
- What is BIG practice?
- Doctor for Q and A?