

**HORSEFAIR SURGERY
PATIENT PARTICIPATION GROUP
MONDAY 16TH APRIL 2012
A G E N D A**

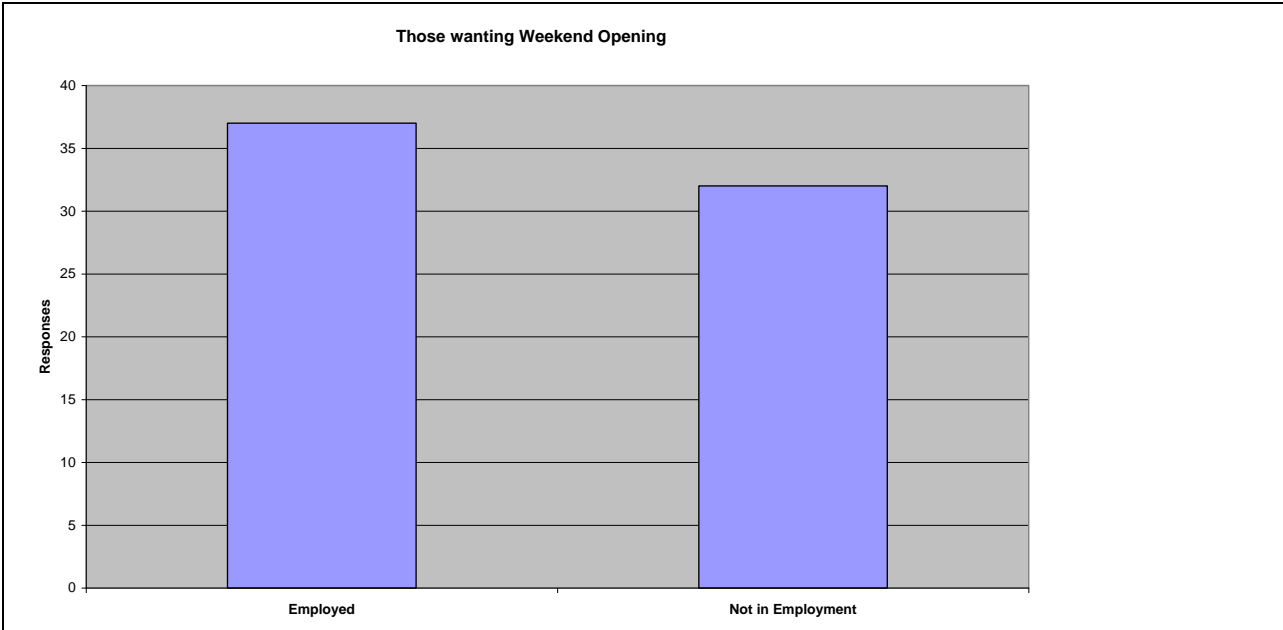
Apologies: Karen Ford

Welcome to Suzy Imeson from The Stoke Association

Matters arising from Minutes of last meeting

Attending: Eric Woodhouse, Ken Hawtin, Marie Buzzard, Donald Mobbs,
Annie Phillips, Karen Russell, Elaine Cantwell,
Dr Cherry, Andrew McHugh

AGENDA	
1.	Patient Satisfaction Survey
	<p>AM presented the Horsefair Surgery March 2012 Patient Satisfaction Survey that had been previously discussed individually with some members of the PPG. He highlighted the areas where the surgery was performing above national benchmark. These included Ease of getting through on the telephone, satisfaction with receptionists and how well doctors listen. He also highlighted areas where the surgery underperformed against national bench marks. These were:</p> <ul style="list-style-type: none"> • How quickly patient was able to see a particular doctor, • Satisfaction with waiting times at practice and • Satisfaction with continuity of care. <p>There was confusion about what was meant by continuity of care. AM explained that in this context, it meant care being managed by one doctor rather than many doctors.</p> <p>There was discussion around waiting time in the practice. AM highlighted that some doctors ran to time whilst others didn't. He pointed out that a high satisfaction with the amount of time a doctor spends with a patient can lead to longer waiting times in the surgery. It was agreed that AM would exhort GPs to try to run to time.</p> <p>AM also pointed out a lot of people 23% of respondents who reported having to wait for 6-10 minutes rated this as poor or fair. The PPG unanimously felt these individuals had unrealistic expectations.</p> <p>One of the results of the survey was the apparent desire for weekend opening. At the PPG meeting on 17th April 2012 the Practice Manager gave an analysis of the employment status of those indicating a need for weekend opening. This shows that only 54% of those wanting weekend opening were in employment. He asked if the PPG felt there was a need to open at the weekend. He added that opening at the weekend would mean switching existing surgeries/ sessions to the weekend. The PPG commented that 77% of patients felt opening hours were good or better. It was agreed not to open the surgery at the weekend.</p>



AM

AM presented the proposed Action Plan to address the issues raised by the surgery. These were:

- a. Recruit additional GP sessions - Done (but still need 3-4 more sessions)
- b. Ask GP Z to reflect on behaviour leading to running late - Done
- c. Devise system of ensuring that windows are opened in response to warm weather. - Done
- d. Promulgate evening opening hours - Powerpoint Presentation for Surgery Screens in development.
- e. Will not open at weekend but to keep the possibility under review – Under Review

2. Summary Care Record

AM Explained the Summary Care Record and what was the difference between National and Oxfordshire. AM explained that Oxon record provides much more and possibly inappropriate and sensitive information. PPG asked Dr Cherry(TC) and AM for their advice. TC and AM advised that they would probably sign up to the national system but not the Oxon system because of information Governance Concerns.

3. Debate joining other PPG's to give a joint voice

AM explained that he had been asked by Bloxham to arrange a joint PPG social/collaboration event. He suggested a 'party' at South Bar House. This was unanimously approved. AM to arrange date with other NOLG practices.

AM

4. Where do we fit in the commissioning pathway

This issue was raised by Ken Hawtin. AM explained that any PPG in Oxfordshire raising a concern to their practice manager could have that concern sent to AM as Practice Manager Rep on OCCG Board and then have that concern raised at the board. The PPG was surprised and pleased to hear that the link to the board was so direct.

5. Healthwatch

Not much to report.

6. Self check in

AM explained that this had been discontinued because so many patients had failed in their attempts to book in and had been late for their appointments because of this. AM also felt that there was no obvious place to locate the check-in without obstructing the flow of patients. PPG suggested that AM re-institute the check-in on the right hand side of the first floor reception desk.

AM

AOB

There being no other business the meeting was closed at 20:27.

