

**LANGDON HILLS MEDICAL CENTRE**

**PATIENT PARTICIPATION GROUP MEETING**

**28<sup>TH</sup> FEBRUARY 2014**

<b>Present:</b>	<b>Dr B Salako</b>	<b>Lesley Street</b>
	<b>Tim Young</b>	<b>Trevor Taylor</b>
	<b>Christine Dawson</b>	<b>Joy Beecham</b>
	<b>Geoffrey Parker</b>	<b>Elizabeth Parker</b>
	<b>Diane Osborn</b>	

**D.O. opened the meeting and gave apologies from Julie, Pam, David and Denise who were unable to attend.**

**T.Y. updated the group on CCG meetings he had recently attended. He informed that he was now also a member of Patient and Community Reference Group which is linked to the Reference Group and gives feedback from patients. He advised that the policies on Stroke Services had been pushed back to March instead of January 2014. B.S. said that the problem with the Stroke Services was the time that ambulances took to get to Southend. T.Y. added that the group were still looking into nursing numbers in A&E and as yet the figures are still not available.**

**He also reported that in May 2014 they would be looking into Older People Services and Support for Carers Booklet.**

**The CCG were still waiting for information regarding the Pain Management Clinics at Orsett and appointment times for Cardiac patients at Basildon.**

**T.T. asked T.Y. to take the problem with the COPD Service being scaled down to his next CCG meeting.**

**D.O. asked the group for their input into the Patient Survey results. B.S. stated that in the near future Surgeries would be open 7 days a week and that as from 1<sup>st</sup> April 2014 surgeries would be amalgamated within the BCCG to comply with this.**

**The group were in agreement that the Survey showed the Surgery in a favourable light. Many of the patient comments were regarding the Surgery opening hours. The survey showed that 35.09% would like the Surgery open in the evenings and 29.82% would like weekends.**

**The Surgery is currently open for 3 ½ hours on Saturday mornings for booked appointments. This is the current requirement based on Surgery list size. The group discussed the benefits of**

changing these opening hours to evenings to accommodate patients who work but it was felt that the Saturday hours are just as adequate for workers. It was agreed that it is difficult to satisfy all patients' requirements.

D.O. was asked if Patient Online Booking was proving successful and it was deemed that it is although more patients still need to be made aware of the service along with the new procedure for ordering prescription through SystemOnline. L.S. asked if Online Booking could be accessible to patients for Saturday clinics and D.O. said she would make some appointments available.

Another comment made by many patients is the length of time they have to wait to get an appointment with the Doctor of their choice. Obviously one GP cannot see everyone and so leads to some patients having to wait longer than they would like. It was agreed that the change last year from "Emergency" appointments to "same day" appointments has led to 74.56% of patients who filled out the survey stating they were seen the same day when needing an urgent appointment. Also 41.23% were seen the same day if they were happy to see any GP. This, the group deems a success.

On the subject of patients not happy about the wait to see a particular GP, the group could not see how this could be resolved.

B.S. asked the group if they use the BP monitor situated outside his consulting room and a suggestion was made that it be placed in the waiting area for it to be fully utilised. The group agreed and D.O. said she would inform the Practice Manager of their decision.

The group were in agreement that the whiteboard in the Waiting Area which was a suggestion following survey results from last year was a success. Patients are happy if they know how long they are likely to have to wait for the Doctor to call them through for their consultation rather than having to approach the Receptionists to enquire.

The subject of Record Sharing was discussed and D.O. was asked to explain the three different kinds of record sharing. They are as follows:

1. **Summary Care Record:** This record is available only to other NHS organisations i.e. hospitals, in the case of needing emergency treatment. This record shows current medications and allergies only.
2. **Outgoing/Incoming Reference Sharing:** This information is used when a referral is made to NHS organisations i.e. hospitals, whereby Clinicians can see relevant correspondence, medications etc. to assist them with your consultation.
3. **HSCIC:** This is a Government initiated procedure whereby information may be extracted from a patient's records for research purposes.

Patients have the right to opt out of any one of these record sharing facilities.

T.T. provided a list of topics discussed at previous meetings. The majority of topics have already been dealt with and therefore closed. The group discussed the TV in the waiting area and whether the power point should be reinstated or to keep the Living Channel provided at the moment. L.S. and D.O. both agreed that although the Living Channel is not very informative it provided background noise which helps patients to pass the time and takes their attention away from conversations held at the Reception window. If the power point was reinstated it would result in silence in the waiting area and if music was to be added a music licence would have to be obtained.

It was subsequently agreed that the Living Channel would remain to provide the background noise and an additional screen would be installed to show the power points and give patients useful information about the Surgery and Community Services.

T.T. is still to contact Vin from the Basildon Art Gallery to change the paintings in the waiting area.

D.O. thanked the members for attending and closed the meeting.

Next Meeting 25<sup>th</sup> April 2014 at 1.00 p.m.