Walderslade Patient Participation Group
Minutes of Meeting 12th June 2014

Present:
Rev Dennison (Chairperson)
Cynthia Shaw
Kevin Doyle
Philippa Law
Gordon Sinclair – new member
Dr Ibrahimi
Jayne Hackleton – Practice Manager
Pat Gregory – Reception Manager

Apologies:
Jean Gibb
Richard Welburn
Julie Sabin
Jane Love
Val Beeson
Susan Donnelly
Steve Hanstock

1.	**Apologies – see above**
2.	**Introductions** Dr Ibrahimi and Gordon Sinclair (new member) were introduced to the group.
3.	**Telephone Consultations (CS)** Cynthia brought forward the following points for discussion: • Telephone consultations have risen from 12.5 million to 18.9 million (2004 to 2012) • 40% of patients still see the Doctor after phone call • Do doctors received training for the skills needed to make accurate diagnosis over the phone • Diagnosis covers 3 main areas 1) HISTORY – how the symptoms have progressed 2) EXAMINATION – how does the patient look 3) FURTHER TESTS Dr Ibrahimi explained the reasons for increase in telephone consultations and the system we operate • Patient demand significantly increased over the last few years • More registered patients per GP • The idea is not to get into long conversation – usually takes 3-5 minutes for GP to decide whether or not patient needs face to face appointment. • No formal training for telephone consultations but trained to listen for clues when patient describing symptoms • If patient doesn't provide a good history will always be called in for face to face Dr Ibrahimi reassured the group that no risks are taken and telephone consultations

	are used in addition to face to face consultations, not instead of. Some of the following are examples where telephone calls are used to help the practice deal with demand: • Patients seeking advice/reassurance • Results • Medication queries We were asked how we monitor missed/inaccurate diagnosis and the group was informed that the GPs frequently discuss case management and regular significant event meetings are held.
4.	**Appointments System (DD)** DD wanted to express his dissatisfaction with the current appointments system. Referring back to item 3 – increase in patient demand – the group was informed that the practice team is constantly looking at ways to improve patient access. Different systems have been tried and tested and further changes are currently under discussion. One of the main complaints raised by DD was being told there are no appointments and asked to call back at 8am on the day an appointment is required, this raises expectation that an appointment will be given. JH suggested that we ask staff to change the message we give out to patients. PL & CS were asked if they would spend some time in the waiting room to gather feedback from patients regarding appointments/access to the nurses and GPs. JH to contact PL & CS outside of the meeting to arrange dates.
5.	**Intravenous Therapy (CS)** Information from CS about new scheme in Rotherham where patients will be given intravenous therapy (antibiotics) in a community setting and questioned whether Barnsley has anything in the pipeline. Dr Ibrahimi aware that this is already happening in Sheffield but does not know of any plans for Barnsley.
6. .1 .2	**AOB** Dementia CS asked if the practice has anything in place to support the campaign on early detection of dementia. The practice has followed guidance from the department of health and identified patients who are at risk of developing dementia. We have a system in place for questioning patients who meet the specified criteria and a referral process to follow. Meetings The time of the meeting was altered to try and attract a higher attendance rate but as there was a poor turnout it was agreed to revert to earlier meetings.
	Date & time of next meeting: Sep 2014 – Jayne to circulate suggested dates/times.