

MEDICI PPG MEETING

13 February 2020

Present

GA © GN

CC VN

LD JO

JE CR

MH Dr PT

EJ LW

Matters arising

Site problems: the last meeting heard of assorted items of rubbish found discarded in porchways (and immediately surrounding land) to the 2 entrances to the surgery building, often left there by overnight sleepers. Shutters have now been installed at the porches to deter such action.

Telephone traffic

With the high volume of traffic, many callers are inevitably put on 'hold.' Some are in a distressed or anxious state at the outset – hence their call - and often vent their frustrations in verbal abuse when they are finally connected to a staff member. LD reported that a new intervention message declaring when all appointment slots had been filled had helped alleviate the situation.

CR said that many people who only deal with the surgery on an infrequent basis possibly have little idea of the sustained pressures staff are working under. He suggested the Information Screens be used to display some basic facts and figures; for example, that the Practice has 15,000+ registered patients and deals with 1,000 calls per day. The Group welcomed this simple idea as it would graphically convey just how busy the Practice is. In support of

this suggestion, LD remarked that during occasional discussions she had with patients on appointment problems many, she learnt, vaguely believed or estimated the Practice to have around 2,000 patients; publishing the data would starkly highlight the regular workload.

Practice Update

The Patient Register is still open and totals 15,300.

EJ said the number of young people -up to age 18- with mental health issues is rising and this disturbing increase has led to regular attendance and intervention at the surgery from a CAMHS (Child and adolescent mental health services) representative.

Reception queueing system

In the absence of a defined, orderly queueing system, patients are often puzzled where to stand; this can lead to confusion and resentment if someone is perceived to 'jump' the informal queue. In addition, it is not evident to waiting patients if some staff on reception are dealing exclusively with telephone calls and, thus, can or cannot be approached; this can all create hesitancy and uncertainty. A simple, 'traffic' system of some description would overcome this and afford clarity fairness and privacy.

EJ replied that staff dealing with telephone traffic would ideally be segregated, but that is impracticable. She also said that mobile bollards, seen in some banks, large stores etc., cannot be used as they constitute a safety risk. She will discuss the topic further with Practice Partners.