

## Meeting Minutes

**Name of Organization:** Charles Road Surgery

**Type of Meeting:** Patient Participation Group Meeting

**Day/Time/Date:** Thursday 1:00 PM, June 02,2011

**Duration:** 2 hours

**Venue:** Conference Room, Charles Road Surgery, 192 Charles Road, B10 9AB

**Chair:** Dr. Amir Zafar

**Note-taker:** Aaliya Agha (Receptionist)

**Participants:** Mrs. Farida Awan, Mr.Maulana Aziz, Mrs.Sughra Bibi, Mr.Zafar Dad, Mr.C Dean, Mrs J.Hollier, Mr. Stephen Raindi, Mr. Shafiq Zaman  
Mr.Yasin Husain ( Practice Manager), Dr. Sangita Sarkar (GP), Dr. S K Verma (GP),  
Dr.S A Zafar (GP)

Apologies: Mr. Kehar Matharu, Mrs.Faiza Harhara, and Mr. Asghar Mira

**Next Meeting Date:** August 25<sup>th</sup>, 2011

### Agenda:

- Introduction
- Approval of group
- Election of Chair
- Patient and practice needs
- Previous survey result
- Approval of new GPAQ survey form
- Date of next meeting

### Agenda Points

### Discussion

Introduction

- Meeting commenced with Mr. Husain's welcome note.
- Mr. Husain briefed the group on the selection process for participation group.
- The participants introduced themselves. Mr. Husain opened the agenda for discussion.
- Mr. Husain sought the participants' approval of demographic profiling of the patients group. The participants approved the profile.
- Dr. Amir explained the idea behind forming the patient participation group, which is to identify and make generalizations about the needs, issues and values of the patient community.

	<ul style="list-style-type: none"> <li>• Dr. Amir emphasized the importance of patients' participation as the service-users community in the decision-making and policy-making to improve the services.</li> </ul>
Election of Chair and Vice	Mr. Zafar and Mr. Raindi were unanimously elected as chair and vice chair-person.
Patients needs and issues	<ul style="list-style-type: none"> <li>• Maulana Aziz proposed that the number of doctors should be increased as to entertain more requests for appointment.</li> <li>• Dr. Amir explained how the constraint of resources hampering the decision to increase the number of doctors.</li> <li>• Mr. Raindi suggested that sign posting should be improved as to allow prompt and easy access to the destined consultation rooms.</li> <li>• The toilets should be installed with emergency buzzers for disabled people to use in case of emergency.</li> <li>• Mr. Husain informed that the patients' toilets are already equipped with the buzzers.</li> <li>• Mr. Zafar and Mr. Zaman complained about the attitude of the reception staff, and about patients being directed elsewhere for service and treatment.</li> <li>• Commenting on Mr. Zafar's point, Mr. Dean emphasized the multi-tasked nature of receptionist's role and suggested that the receptionist's responsibilities should not be narrowed down to just receiving patients and answering phone calls.</li> <li>• Mr. Dean commended the receptionists on handling their multi-tasked responsibilities well.</li> <li>• Mr. Raindi proposed that special training course might be organized for the reception staff to help them cope with stress and aggression at work.</li> <li>• Mrs. Jean Hollier identified the issue of time in getting through to the doctor.</li> <li>• Mrs. Farida Awan commended the practice on securing the services of the lady doctor.</li> <li>• Mrs. Awan proposed that the surgery should revert to earlier practice of keeping the Saturday appointments exclusive for working people.</li> <li>• Dr. Amir explained how the system was abused and led to the changed decision about Saturdays. The patients did not show up after booking appointments in advance. Patients who showed up were mainly those who had some trivial problem or minor ailment. This blocked the chances of deserving patients who had some</li> </ul>

	<p>legitimate reason to see the doctor.</p> <ul style="list-style-type: none"> <li>• Dr. Amir emphasized the underlining issue of resource constraints, which did not allow keeping longer working hours on Saturdays.</li> <li>• Mr. Husain explained that the patients cannot be discriminated on the basis of their employment status, and such discrimination has legal implication.</li> <li>• Sughra Bibi expressed her frustration on the problem of getting through because of the lines busy during the booking hours, and of being denied appointments.</li> <li>• She criticized the system of not allowing appointments to more than one person from the same household for the same day.</li> </ul> <ul style="list-style-type: none"> <li>• Dr. Amir explained that the decision was made after considering the need to spread the service across the community. Earlier when patients from the same household could book 3 or 4 appointments, there were eventually 10 households at most who could benefit from the system. Putting a limit on the number of bookings has yielded an increased access for a wide matrix across the community.</li> <li>• Dr. Verma pointed out the development initiatives taken at the practice. The number of staff has been increased and the next-door house has been annexed.</li> <li>• Dr. Zafar held that despite of making progress over 30 years, there has been no change in the number of complaints the practice receives.</li> </ul>
Practice's issues	<p>Dr. Amir informed how previous feedbacks have been used to improve the system.</p> <ul style="list-style-type: none"> <li>• Need of lady doctor was identified and Dr. Sangita Sarkar was appointed.</li> <li>• Appointment time was stretched across lunch-time hours to facilitate mothers who could not come in the morning because they have to drop the kids at school.</li> <li>• Staff was increased at the reception to type patients letters and chase referral, and give patients a speedy service.</li> </ul> <p>Dr. Amir identified some issues the practice is faced with as: Patients booking appointments for minor ailments and which are not serious in nature.</p> <ul style="list-style-type: none"> <li>• Patients do not keep appointments; they book on the same day and yet they do not turn up.</li> <li>• Consequently, patients with more serious nature of illness cannot access the service.</li> <li>• There is also a financial burden on the surgery to cope with this waste of resources.</li> </ul> <p>To tackle the DNA issue, the practice has placed a system of sending</p>

	warning letters to patients. After 2 DNAs in a row patient gets a warning letter. After the third DNA, the patient is removed from the list.
Survey result	<ul style="list-style-type: none"> <li>• Mr. Husain shared the results of the recently conducted survey. The objective of the survey was to get first-hand data on the patients' feedback on the services.</li> <li>• According to the findings, most of the patients are satisfied with the service they are getting from the reception and healthcare staff. The problem area came up as the system of getting through and bookings.</li> <li>• Mr. Husain commented that the survey results are to some extent biased, as they reflect the mood and attitude of the respondent on the particular day and time.</li> </ul>
Approval of new GPAQ form	<ul style="list-style-type: none"> <li>• The practice has also carried out a GPAQ survey. The data will be processed and assessed by the third party. The results will be presented in the next meeting.</li> <li>• Dr. Amir went over the questionnaire with the group and sought group's opinion about the questions and structure. The group approved the questionnaire format.</li> </ul>
Approval of date for the next meeting	<p>It was decided that the next meeting will be held on August 25<sup>th</sup>, 2011.</p> <ul style="list-style-type: none"> <li>• The agenda for the next meeting will be shared with group in advance.</li> <li>• The participants will shared their email addresses with Mr. Zafar, who would gather the points for agenda to be presented in next meeting.</li> </ul> <p>Mr. Husain added that if the patients/group has any complaints or suggestions they should feel free to contact him.</p> <p>Meeting concluded with the vote of thanks from the chair, and Dr. Amir on behalf of the practice.</p>