**PPG Meeting on 15th December 2016 to discuss Same Day Access**

In attendance: TW, JW, DS, AS, NB, KT, JD

JW started the meeting by saying how very disappointed he was re the way same day access was being introduced - there hasn't been any consultation with the group and feels the practice have bypassed the group.  JW realises the PPG don't have any right to make decisions but he wanted to express his disappointment that the PPG haven't been consulted - they've been advised.

TW asked if Same Day Access was an NHS directive - KT/JD advised the CCG told all practices to look at their capacity and demand and we confirmed what we expected - that we weren't meeting present demand.  Same Day Access is also a way of future proofing the appointment system.

DS wondered why the decision to change the appointment system was so quick - KT/JD advised there is usually a lull over the Christmas and New Year period and this was the best time to implement the new system, as we would have to go into the New Year with no backlog.  Routine demand had been identified as a problem, sometimes with a 2 week wait for appointments.  There is no perfect time to implement - every month has differing pressure and these were explained to the group.

TW wondered what kind of response from patients had been received so far.  Very positive so far, only 1 patient advising that they didn't think the system would work for them.​  The majority of patients spoken to feel it is a positive change and are looking forward to same day contact with their GP.

Demand has been analysed which tells the practice when access is required, on what days, AM and PM.  Because of this, the practice has had to change the day’s most of the GPs currently work, to ensure we are able to meet anticipated demand.  Rotas will be adjusted depending on future demand.

NB asked where relationship will be with you and your doctor.  We're confident that we will maintain relationship better than we have now.  Preferred GP can be requested, can't 100% guarantee it, but we can't now.

Patients are happy to wait for an appointment, at a mutually convenient time, what about people who work - lunchtime call backs can be requested although they're not guaranteed then if patient requires a face to face consultation, bring patient in e.g. tea-time.

JS advised you don't communicate with a solicitor or accountant over the phone; it's usually face to face, where you can build a rapport which is very important.  You can tell a lot from seeing the patient.  KT agreed, but also advised you can tell a lot from a phone call, e.g. breathing sounds, respiratory rate etc., and the way the patient is talking.  The GPs are confident that their existing knowledge / relationship with the patient population can be maintained.

The group wondered what the structure of the day would look like.  It's likely phone calls to patients will start around 8am, looking to bring patients in for face to face around 10.30am.  Calls up to 11am will be dealt with in the morning.  Calls after this time will be dealt with in the afternoon.

There are no plans to open on a Saturday.

Extended Hours are changing - from Tuesday evening to Tuesday and Thursday early mornings and Tuesday and alt Wednesday evenings.  Increasing patient choice.

Consultation - agreement between GP and patient as to whether patient needs to be seen face to face.

Patient Survey - is there a vehicle for patients not liking the system.

Phone line capacity

Increasing from 6 to 10 phone lines, with more staff available to answer the lines. Prescription answer machine has been introduced freeing up a person to answer incoming appointment requests, and the data team have recently been added to the 'hunt' group on the phone system, so we have more staff members available to answer the phones quickly.

We are also changing from ISDN2 lines to SIP Trunk which is another way of future proofing the system, capacity can be increased quickly and easily.

Recurring item on PPG agenda.  Along with patient complaints / NHS Choices.

KT advised the group - the partners are very realistic - if this doesn't work, we will hold our hands up and make appropriate changes.

NB advised telephone consultations are not always easy especially for elderly patients, and they may not get across important information to the GP.  KT/JD advised the GPs know their patients very well and will work with them to ensure they receive the same high standards of care.

NB queried the 1/3 of patients who have a face to face.  These are national figures and Greystoke GPs are very low risk so we are expecting our % of patients seen face to face to be higher.  NB also advised patients are often very reluctant to admit illness.  KT advised this is where GP training comes in, and the GPs knowledge of the patients and safety nets.

What if patient is not willing to disclose a very brief reason for call?  It is the patient’s prerogative (as it is now) whether they advise the reception as to the reason for their call - but this information can help the GP prioritise the call.  'Sore ear', 'knee pain', 'personal reasons' will suffice.

The PPG offered to conduct face to face interviews / surveys with patients who have used the new service.  JD to start collecting patients names, emails etc. of patients willing to be contacted.

JW ended the meeting by advising he respects the surgery is under enormous pressure and the PPG should be positive in respect of the new appointment system.  He felt reassured that the PPG would be kept in the picture and that the practice would be monitoring performance/demand/access.

​KT took the opportunity to update the group - the children’s KEVI event was going ahead, probably on the 31st January 2017.