**PPG Meeting 24/5/22 @5:30pm**

**Attendants-**

Tina Coates

Eleanor Bardsley

Ann Holdsworth

Eddie Starkie

Kathleen Birtwistle

Sajda Majeed

John Moorhouse

Shelby Veevers

* The Terms of reference were handed out for each patient to sign.
* Each member of the group introduced themselves and offered some information about themselves. 2 Members of the group were in the previous Thursby Surgery PPG.
* Tina went on to explain the hopes/expectations of the group- It was highlighted the fact that we need to create clear goals and plans.
* Throughout all suggestions Tina explained the perspective of the reception team – to ensure expectations are maintained- so we can develop ideas around policies we need to follow.

**Each member offered a suggestion as to what we could work on in the group-**

* Queuing up outside- how it affects the wellbeing of the patient when they visit the surgery e.g. elderly having to wait outside, it is uncomfortable to wait in the queue- pressures to allow patients in the queue behind you to go ahead, the conscious of people in the reception talking to the receptionist- doesn’t work efficient- especially when pts are late for appointments, or only want to drop off a sample or a prescription.

Possibility of this topic coming up in the managers meetings to see how other practices are working how we can maybe improve ourselves to other standards.

We agreed as a group that creating a questionnaire regarding this would be better suited to gather information from all active members of the surgery- if approx. 1000 pts visit the surgery a week try and get the questionnaire out for 2 weeks.

Covid was mentioned and how we need to start adapting to live with this- still encourage masks and social distancing but by opening reception would increase the happiness and efficiency of reception.

* Another suggestion was that patients feel that reception can sometimes feel like a gateway and would it be better to include more informative language on the phone as to why we must ask the questions we do.

The development of a speech/certain language that all of reception use to keep consistent but also to reassure the pts as to why we ask the info we do- could be a reception training session.

* Third suggestion was to introduce an online form that patients can fill in when they maybe don’t have time to call, if they are working/children etc, gives them the ability to contact us without queuing on phone- queues go down- patients can get a triaged response depending on what the query is.
* Maybe having one person on the line over dinner who is able to answer any calls- we answer emergency calls however example given was patients husband had passed and she tried to call however was told to call back in a hour- when she did the queue was very busy on the phone again.

Conclusion-

Develop a questionnaire to gather some information from outpatients on what changes they would like to see- Keep the questionnaire not too leading but include some options and possibly an area patient can write any of their own suggestions.

Keep the questionnaire anonymous and have questions to find out what demographic we are from.

Discuss with RL to see if a discussion can be started in the Managers group.

The group were asked how often they wish to meet and all stated Monthly would be best. Different times of day was considered to accommodate future darker nights and people’s commitments.