

THE GLEN MEDICAL GROUP

MINUTES OF PATIENT REFERENCE GROUP MEETING HELD ON 4TH OCTOBER 2012

SEMINAR ROOM – THE GLEN PRIMARY CARE CENTRE

Present: Dr R Ramachandran

Mrs Lynn Crutwell (Practice Manager)

Mrs Jeannette Mullen (Asst Manager)

Mrs D H Forum Member

Mr M H “ “

Mr G F “ “

Mrs V S “ “

Mr J S “ “

Mr A R “ “

Apologies for absence – Mrs J R

Lynn Crutwell, Practice Manager welcomed everyone to the meeting, in particular new forum member Mrs D H.

Change of Management

Lynn apologised to forum members for the length of time since the previous meeting. This was due to a change in management, previous Practice Manager, Mrs Ros Whitehead had recently left the practice and this had led to a restructure in the management team, Lynn, previous Deputy Manager had been promoted to Practice Manager and Jeannette Mullen as Assistant Practice Manager. As a consequence they had both been extremely busy with the changes that this had entailed.

Review of previous minutes

South Tyneside Patient Wide Forum – members asked for an update on this item. Dr Ramachandran advised that as the PCT would be disbanding at the end of March 2013 he was unsure as to whether it would continue after that. Lynn stated she would enquire via the CCG (Care Commissioning Group) to find out if it is to continue and whether they are actively looking for new members.

An area the PCT had recently looked at with the Patient Wide Forum was A&E attendances. Dr Ramachandran outlined a recent survey which had reviewed the number of patients who presented to A&E and the appropriateness of the attendance. He explained the differences in costs to practices between a patient attending a ‘Walk in Centre’ or A&E. They were now looking at young children and over 65’s and the number of times the patient had attended in a 12 month period and whether their problem could have been dealt with in Primary Care. A District Nurse Community Clinic has

now been set up within Hebburn Health Centre where by patients are referred on by the hospital or their GP.

Summary Care Record

Lynn stated that the 'Electronic Summary Care Record' whereby patients medical records are able to be accessed by other health care providers is currently only available to hospitals and the only information they would have access to would be a patients active problems and their current medication. This service however is not compatible with our current computer system, but would be available in January 2013 when the practice was expected to change to a new system. To date the practice had only received response from patients who did not wish their records to be shared.

It was expected that when the new 111 emergency telephone advice service goes live early in 2013 they will have access to records of those patients who had opted in for the use of their Summary Care Record.

Telephones and appointments

Lynn advised forum members that the Practice had received complaints from patients regarding telephone access and that they had been experiencing problems with the automated service and were often cut off whilst on hold. Discussions had recently been held with the PCT telecoms department and it was discovered that there had been a fault with the number of lines connected to the practice which was causing calls to be cut off. This had now been corrected and the automated message removed and more staff are now available to answer the phones at peak times in the morning when appointments were released.

Members asked how the appointment system worked and Lynn explained there was a GP on call each day who dealt with patients with acute problems which could not wait until the next routine appointment. The patient would be asked for a brief explanation of their problem in order that the GP could prioritise their call back or that they may be signposted to a more appropriate clinic/nurse etc.

A number of same day appointments were released at 8.30 each morning when the telephone lines opened and the remaining routine appointments were pre bookable and generally released up to 1 month in advance.

Mr J S and Mrs D H expressed their concerns that working people were often unable to call in at 8.30am and by the time they did contact the surgery there were often no appointments left for that day or had to wait up to 2 weeks for the next routine appointment. Lynn advised that the Practice did offer late night appointments with a GP and a nurse on a Thursday evening and that a number of the pre bookable appointments were now available at a later time of day; however the Practice was aware that this was still an on-going problem for some patients.

Patients are also able to book appointments on-line through Emis Access. Not all Forum members were aware of this and how to register for this. It is currently advertised

through posters in reception, practice newsletters and on the practice website. Discussion was held as to how to promote this more widely and some Forum members volunteered to meet and greet patients in reception and offer to show them how to register via the use of a lap top in reception or take patient details for a member of staff to contact them. Lynn advised she would look in to whether it was possible to arrange for a laptop to be set up in reception.

Members asked if more GPs were needed in order meet appointment demand, however Dr Ramachandran explained that the Practice did in fact offer the appropriate number of appointments in relation to the overall number of registered patients but unfortunately patient demand was higher than the average.

Members asked if when the Care Commissioning Group takes over from the PCT in April 2013 whether they intended to look at appointment availability. Dr Ramachandran advised practices were as yet unaware as to what changes/improvements were planned but felt it was unlikely to have any impact on appointment provision.

It was asked if a 'Walk in Centre' could be run from The Glen as this would surely help with the appointment system. Dr Ramachandran advised the Practice had previously presented a bid to offer provision for this in the past but was unsuccessful.

Mrs D H asked if it was possible to trial a 'walk in surgery' to which Dr Ramachandran advised that it was something that has been considered in the past but it was felt it would be unmanageable due to the large number of patients the Doctors believed would attend. He advised that the Practice was considering the use of a Nurse Practitioner to help manage triage as this would free up GP time and offer more routine GP appointments.

Lynn asked the members for their thoughts on where they felt the barriers lay in getting an appointment. The Group's main concerns were:

- The option of same day or up to 2 weeks for an appointment with nothing in between was unacceptable.
- Telephone access
- Lack of patient information as to how the on call system worked.
- Reception staff attitude on the telephone was not always very good and often lacked empathy. (Lynn advised a 'Customer Care' training session was planned in the near future for reception staff).

Suggestions for Patient Survey

Dr Ramachandran gave an outline of the previous practice survey and the intention of carrying out a new one in which it was hoped feedback could be obtained regarding the areas of concern which the PRG members agreed to be

1. The appointment system
2. Telephone access, including the prescription line.

Copies of sample surveys were given to each forum member of which the wording, questions and content were discussed. It was generally agreed that the survey needed to target a wide range of patients including

- Unemployed/Employed/Student/Retired
- To include questions on Gender/Age
- Methods of booking appointments
- Availability of appointment of choice
- Method of contacting the surgery
- Difficulties experienced in contacting the surgery
- Helpfulness of Reception staff

It was agreed Jeannette to prepare a draft survey covering the above and email each member a copy to which they could make amendments and suggestions then return via email by the end of the following week so that a final draft could be prepared.

Discussion was held as to how to distribute the survey once a final draft was agreed. Suggestions were:

- To be given out at reception
- Target specific age range (likely employed)
- Possibly on-line

Any other business

Car parking – members raised the continuing issue with the lack of car parking spaces and issues with dangerous parking both at the side and the front of the building. Dr Ramachandran explained the Practice had already been in discussion with the local council on numerous occasions regarding this matter. Members asked if land at the side of the building which was already marked out with parking spaces could be developed for use. Lynn advised this was owned by a local company and they were planning on developing this area into a new entrance to their site. Members asked if the Practice was happy for forum members to contact the council directly with their concerns regarding this or the possibility of getting the local newspapers involved. Dr Ramachandran stated he was happy for them to do this as there was nothing further the practice could do. Mrs Hetherington also suggested they go through Legal Services and ask to view the planning application.

It was agreed to discuss this further at the next meeting.