**THE GLEN MEDICAL GROUP & PARK SURGERY**

**MINUTES OF PATIENT REFERENCE GROUP MEETING**

**HELD ON Monday 13th February 2017**

**Present:** Dr Simon Hutchinson GP Partner

Mrs Lynn Crutwell Practice Manager

Miss Chantelle Farrington Administration

Mrs Denise Hetherington PRG Member

Mr Michael Harte PRG Member

Mr Martin Simpson PRG Member

Mr Gerald Fionda PRG Member

Mrs Vicki Sutherland PRG Member

Mrs John Sutherland PRG Member

Mr Michael Gough PRG Member

Apologises for absence: Mrs Celia Harrison, Mrs Theresa Robertson, Mrs Sandra Dummer, Mr Alfred Dummer.

**Introductions**

Lynn thanked everyone for attending the meeting. Lynn introduced Dr Simon Hutchinson as the Partner attending this meeting and Chantelle Farrington as the administrator.

**Review of Previous Minutes**

Park Website is up for renewal in March. Will try and merge the two websites to one and use the Glen’s Website.

Young Peoples survey still in the process.

**Staff Update**

Dr Richard Bainbridge (GP Registrar) finished on the 31st January. New GP Registrar has now started with us Dr Fiona Watters and will be with us until the end of August.

Sam and Kerry are our two new receptionists who recently joined us in the last month.

**List Numbers**

Glen Numbers: 7731 patients registered

Park Number: 2939 patients registered

**Young Persons Survey**

Lynn explained that we have sent a letter to the local secondary school’s Hebburn Comprehensive and St Joseph’s Comprehensive, but have not heard anything back from these schools at present.

Young people survey is almost finished just making a few changes. Michael Harte suggested that we change some of the wording in the question.

* Patient access – add in brackets (online booking)
* Website – add website link
* PPG to be added to questionnaire
* Address to be added to top of survey

Lynn explained we will try and get this out to young people, pinning it to prescriptions, handing it out at front desk and posting it out.

Gerry asked about Patient Confidentiality. Lynn explained that all members of staff are made to sign a patient confidentiality agreement.

John asked how old you have to be to have an appointment. Lynn explained that the age is 11 however every case is assessed on an individual basis.

**DNA**

Gerry asked regarding the DNA interview and the sign. Lynn could not recall agreeing to this. Lynn explained the process of the DNA protocol and how we have to justify removing people after 3 DNA’s. The first step was the DNA audit that was suggested by Michael Harte which the practice is in the process of completing. Lynn went over the DNA audit which was one weeks’ worth of appointments. Lynn explained she will need to go over the data with the partners and then decide which posters we can put up in the waiting room. Simon explained that some of the DNA’s are reasonable as people have different lifestyles, generally unwell people and death in the family etc. Lynn explained that we are working with the CCG regarding the DNA’s. We have to send our DNA numbers to the CCG on a monthly basis. Lynn explained we are trying to push the information out there about DNA’s, making the patients aware every week on how many DNA’s there are. Lynn also mentioned that we are trying to push the reception girls to check telephone/mobile numbers as this is a problem if mobile numbers are incorrect for the text messaging service. Lynn also explained that the patient when booking an appointment get a text when they initially book the appointment and then 48 hours in advance.

Audit – Add if patient booked this online.

Martin suggested if we could be able to flag a DNA if a patient was to book another appointment online. So this would be a notification in patient access to say ‘are you aware that you missed an appointment on……….’ Lynn was unsure if we are able to do that and we would have a word with EMIS.

Gerry and Denise suggested that we put the cost of the appointment onto the DNA letters. Lynn explained that we would have to discuss this with CCG.

Lynn explained we are sending three DNA’s letter before a patient is removed, it also states on the first letter that if they do miss 3 appointments they will be removed from the surgery in 8 days. Simon explained before removing patient after their 3 DNA’s the Practice reviews each case.

John asked if we could put a sign in the waiting room with the number of patient’s being removed from the surgery due to DNA’s.

**Website**

Lynn explained that we will be hopefully be merging the two websites just after March when the park contract is due for renewal. We will be using the Glen’s website and just changing the name so it has both surgeries on. All information is the same on both websites, although the Glen is more user friendly for both admin and patients.

**Dementia Friendly Status**

Hebburn has now achieved the dementia friendly status.

Lynn asked Martin if there is anything else happening with the status as the practice has not heard anything. Martin explained that the status might have to be taken off as the business in Hebburn is not cooperating with the Dementia service. Lynn suggested using the Health Promotion or Seminar room for the training for business in Hebburn.

**Patient Choices Website**

Mr Dummer suggested this to be on the agenda. His question was why we only had a 2½ star rating. Lynn explained this is because most of the feedback on the website is negative. If negatives comment are left on the choices website, Lynn always replies asking for the patient to contact the surgery and to speak to herself directly but unfortunately the patients can choose to leave the name as anonymous so it’s hard to get back in touch with people to discuss any issues.

**Appointments**

Denise asked for this to be added to agenda as having problems with making appointments in-between working hours. Denise feels it is still very hard to get through on the phones first thing in a morning.

Lynn explained we still have not advertised the appointment system widely because we are still reviewing and tweaking it. Lynn explained that the new appointment system is making a difference slowly, it helped bring the appointment down to 2 weeks but she also explained with doctors having holidays it has had a knock on affect. She explained that all the doctor’s work in slightly different ways to each other. They have brought out new appointment slots such as urgent brief problem slots which are 5 minute appointments for patient who feels it is medically urgent for that day.

Martin asked if there are more people going to A&E instead of coming to the surgery. Lynn explained that A&E figures are really high. The Park has more patients attending A&E than the Glen. She also explained that we do not actively send people down to A&E. Simon mentioned that the CCG have produced a system called RAIDR. This system is to use to see how the practice is doing for A&E attendance and NHS 111 users. He feels this is a very useful as it allows us to see a lot of data which we did not have access to previously.

**Telephone System**

The CCG has informed that we might be successful for our bid for a new phone system; just waiting for this to be confirmed in writing. Lynn explained that the phones are our biggest problem within the surgery. She explained that our phone system is below basic after taking the park on. She feels getting a new phone system in will help the reception a lot. The new system has automated services which not everyone will like but if 50% of people use this then it frees the other 50% to talk to a receptionist. There are lot more services when using the automated lines such as cancelling appointments, re-arranging patient appointments, making appointments etc. It is hoped that this will take a bit of pressure off reception and give patients a choice to call outside of opening hours.

**PPG Membership**

We agreed once a year to review membership for PPG, if people are happy to stay on PPG. Also try to push for new members for PPG as end of year. If any PPG member would like to leave the group agreed they would let Lynn know. Posters will be going up in waiting room for new members to join.

**Car park**

Michael noticed that the car park is being used by the public and the home owners. Michael is aware that one of the home owners is using the car park to park their car through the day and informed reception. Lynn was unaware of the problem. Lynn had suggested putting the barrier back on but there is no major concern at the moment as there are no issues with parking. Michael suggested to leave the car park the way it is but just address the cars that are being parked there and don’t have an appointment. Agreed to put a notice up for the car park regarding parking.

**Any other business**

Michael asked if we had the CQC report back, the practice achieved overall good from CQC and this is visible on the website. Apparently not visible on the Park website, LC to check.

Prescriptions – Michael would like to highlight the issue of the EPS errors. Michael asked if we are still using two system EPS and paper. Simon explained that we do still have to system but in the future would like everyone to have a nomination for EPS scripts. In the surgery we try and promote this as often as we can but it is still patient’s choice. Lynn explained that some drugs cannot be sent electronically to the chemist such as controlled drugs, fortisip, creams etc.

**Actions**

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| --- | --- | --- |
| **Action** | **Responsible** | **completed** |
| Telephone system | LC |  |
| Complete DNA audit /actions | LC |  |
| Car park sign | LC |  |
| New PPG members | LC |  |
| Merge websites | LC |  |
| Patient access check config | CF |  |
| CQC report – Park website | LC |  |
| Young persons survey/info | EA |  |

**Next meeting – Date and time to be confirmed.**