

**CHAPELFIELD MEDICAL CENTRE**  
**PATIENT GROUP MEETING**

Minutes of the Meeting  
held on Friday 04 October 2013

Staff Members Present:

Sister Sam Hoggard  
Sister Sue Willows  
Vicky Neeham  
Andrea Cairns

One Patient present

## **INTRODUCTIONS**

SH opened by outlining the reason for this 'Meeting Group of Patients' and their perspective on how to improve the surgery. The aim is to have a meeting every 3 months to discuss ideas and services available at the Practice and how we can improve on these.

VN handed out a leaflet to the group regarding the 111 service. The patient commented on the complaints which had been in the media and on the Watchdog Programme regarding 111. SW/SH/VN confirmed that this was for non-emergency problems and there was still Care UK for emergencies. It is believed that there are only 2/3 clinicians based at the Wath and Wakefield sites in our area. Feedback from every call is not sent to us, only that deemed appropriate. If a patient calls 111 more than 4 times in a month it is flagged up and their GPs notified.

SW stated that the 111 system was still working on algorithms – medication being triaged by a Doctor and then patient being given an appointment if appropriate – she is interested in going to have a look at the Wath site and asked for a contact number to arrange this.

## **PATIENT SURVEY**

SH informed the meeting that the 'Improving Practice Questionnaire' survey to be given to patients in November is an honesty feedback questionnaire done every year.

The results of the questionnaire should be available at the next meeting. Feedback from this may include, as in the past, patient requests to have tea and coffee machines and/or water fountain installed. SH advised that for Health and Safety reasons it is not safe or possible to accommodate this in Reception. We have tried having a water fountain before but again, for Health and Safety reasons, there was too much water spilled onto the floor to deem this safe. If however patients were to request a drink of water we would oblige.

## **ONLINE PRESCRIPTIONS**

SH & VN: regarding online prescriptions patients can check out our Practice Website with regard to ordering medication online.

## **FLU SEASON**

SH & VN: With regard to making patients aware of the Flu season again, this year we have not sent out letters to patients as Flu vaccine programme is an annual event and patient have the vaccine every year at around the same. Details are advertised on the Jayex board in reception and throughout the whole of the Reception area. We are doing the flu injections on 2 consecutive Saturdays 5/10/13 & 12/10/13.

Discussion took place on the groups that can have this which includes the over 65 year olds, immuno-suppressed, and the qualifying health groups. SH also mentioned that this year the Government have introduced the 2/3 year old "live" nasal vaccine and letters have gone out to that category and a special session has been made on the 17 October 2013.

SW noted that as no flu letters had been sent out this year some patients had mentioned they had been waiting for a letter before booking their appointment.

There are approximately 550 patients booked in to the 05 October 2013 session.

Our patient present mentioned the increasing size of the Practice. This has increased when Dr Bell retired from 6,900 to over 9,000.

Patient also pointed out that patients in Reception are complaining about waiting a long time after their scheduled appointment and suggested that a board informing which clinicians were behind, for what reason and approximately how long a wait there would be might be a good idea. SW joined in this discussion and we made this an "Action Plan – 1". SH entered the discussion with regards to the above and explained that clinicians who are running late are members of staff who will be interrupted all the time as we are a Teaching Practice and perhaps we need to put a poster up in Reception to let all our patients know this. Poster will be put up and also this information is to be added to the next Practice Newsletter. VN advised that the minutes from this meeting would be heard in the next clinical meeting.

Patient also mentioned about the doors opening at 8.30am and that some appointments start at 8.30am. SH suggested that perhaps the doors could open at 8.30am and first appointments start at 8.35am. These appointments are mainly for bloods/fasting bloods.

### **CQC**

SH asked the patient if they had heard of CQC and what it was all about. The patient had not heard and was advised that the Government is sending out Inspectors to all Hospitals, Dentists and GP surgeries to ensure they are meeting the essential standards of care. The CQC is checking for health and safety and patient satisfaction. They will give the Practice 48 hours notice to inspect us and patients will also be required to be part of this inspection if they are happy to be called upon to come into surgery to discuss their patient experience and the patient agreed.

### **NEW GP – DR KHALIQ**

SH: We have a new permanent GP starting on the 04 November 2013 who will be a big welcome to the Practice and will be working Mondays, Thursdays and Fridays. The patient was happy with this new addition which will make a huge difference to the Practice.

### **PRACTICE NEWSLETTER**

SH/VN: A copy of the Practice newsletter was given to everyone in attendance.

### **PRAISE AND GRUMBLE FORMS**

Patient spoke about the praise and grumble forms which are in Reception and said that these were a good idea as patients can feedback on any action, complaint or praise.

## **PATIENT EXPECTATIONS**

SW asked what patient expectations were and the Patient responded as follows:

- 1 Patient just wished to put the point across regarding the excellent service of the Practice
- 2 Also may be useful to know who the clinicians are and what their role is at the Practice. Everyone agreed that this is a good idea and advised that all clinicians will have their picture and name up in Reception in the near future.  
SH/SW/VN:

Regarding the expectations of the GP service, ie telephone service and longer hours etc. On the subject of the telephone service it was noted that we have a 6-line incoming telephone service. With regard to working longer hours, most clinicians already work a 50/60 hour week and as the Government are suggesting a 7-day working week of 12 hours a day, shifts are going to be even harder on the clinicians. If this were to go ahead it would have to be dealt with on a shift basis but there aren't enough staff to cover all departments all of the time on a shift basis.

SW commented on what percentage it is felt they can aid the A&E department and this is to be discussed at our next meeting.

## **ANY OTHER BUSINESS**

None noted.

SH closed the meeting by thanking everyone for attending.