

# THE GLEN MEDICAL GROUP & PARK SURGERY

## MINUTES OF PATIENT REFERENCE GROUP MEETING

HELD ON TUESDAY 14<sup>TH</sup> JULY 2015

Present:	Dr Simon Hutchinson	GP Partner
	Mrs Lynn Crutwell	Practice Manager
	Ms Jeanette Mullen	Asst Manager
	Mr Michael Harte	PRG Member
	Mrs Celia Harrison	PRG Member
	Mr Martin Simpson	PRG Member
	Mrs Theresa Robertson	PRG Member
	Mrs Sandra Dummer	PRG Member
	Mr Alfred Dummer	PRG Member
	Mr Michael Gough	PRG Member
	Mr Gerald Fionda	PRG Member
	Emma Hamblin	Better U Representative

Apologies for absence: Denise Hetherington, Mr & Mrs Sutherland

### **Better U**

The meeting was attended by Emma Hamblin from the CCG who came along to advise the group on the launch of the Better U Campaign. The initial launch was held at the new Hebburn Central on the 29<sup>th</sup> June. The aim of the campaign is to better integrate patient care and services. To encourage people to stay well at home and have a better understanding of their own care and encourage them to look themselves. They were working with GP practices to help raise awareness.

Emma advised that a map of activities in the area was currently on display in Hebburn Central and members of the public were being encouraged to add any groups or activities that are running in the area for anyone to come along and join.

Mr Fionda stated that he had got together with other local residents where he lived and formed a group who helped to keep the area clean and tidy, they had also planted up some of the verges and cut the grass in public areas.

Mr Harte informed the group of a South Tyneside website called 'Just do it' which listed groups in the local area.

Mr Simpson advised there was also something similar in the central Jarrow area in which Age Concern were involved called 'Jarrow Big Local'.

Mr Dummer asked if the Better U scheme was part of the self-care initiative. Emma stated it was, it had originally been called the 'Pioneer Project' then 'Self Care' and had now been rebranded as 'Better U'.

Mr Harte asked if any local charities such as 'Mind' were involved. Emma replied that the Citizens Advice Bureau and other local charities were indeed involved.

Mr Harte asked if any black minority ethnic groups had been included. Emma replied that nothing at present was being done but would welcome any suggestions on how they could involve this particular group.

Dr Hutchinson asked how vulnerable patients were managed. Emma stated again that nothing was in place at present but as groups and activities emerge and engage then the risk factors will need to be reviewed.

Lynn asked if the scheme was planning to engage with the local media. Emma advised that this was something they were currently looking into. Mr Harte advised that Bedes World located in Jarrow have their own local radio station and it may be worth speaking to them.

Emma informed the group that they would be holding a further workshop aimed at promoting self-care for young children with asthma and their families. Looking at how they coped with the management of the problem.

Emma thanked the group for inviting her and said that she would be more than happy for members to contact her if they had any suggestions or ideas on promoting the scheme.

### **Introductions**

Lynn welcomed everyone to the first joint meeting of The Glen & Park Surgeries PRG members and introductions were made by each member.

Lynn outlined as to why the Partners felt it was best to join the two groups together. As the overall aim is that there is an equitable service provided across both practices it did not make sense to hold 2 separate meetings. Members from both groups had been invited to reapply for membership, and the practice was actively trying to recruit new members. It was felt that 5 patient representatives from each Practice would be a fair number with also the possibility of arranging a virtual members group. The practice was actively encouraging patients to give their email address so that a wider audience could be reached. It has proven generally difficult trying to recruit young members and it was hoped that the Patient Champions group may be able to help with this.

Lynn asked if everyone was happy to come along as a joint meeting. All members present agreed they were happy with this.

### **Role of the PRG Group/future meetings**

Lynn stated that it was felt that the PRG member's role was as a critical friend to the Practice. It was important for the Practice to gain the patients perspective and be open to ideas and suggestions for improvement. The last few months had been very difficult for both staff and patients, there had been numerous unforeseen technical and telephone difficulties and posters had been put up in the waiting room apologising to patients for problems they may have encountered due to this.

Dr Hutchinson asked the members if they had any questions relating to the joining of the 2 Practices.

Mr Dummer asked that as all 3 Park GP's had now left, would the Practice be recruiting more GP's. Lynn replied that the Practice was actively recruiting a GP and nurse post. One GP has already been recruited and will be starting in August. All GP's and nurses will be working across both practices giving patients more choice in who they are able to see.

Mr Dummer asked if the new GP would be experienced or newly qualified. Dr Hutchinson replied that GP recruitment is extremely difficult at present. Selection from those applying would be based on their suitability for the post.

### **Review of the previous minutes**

**Walk in centre** – Mrs Dummer asked if the closure was still going ahead. Lynn advised that the Practice had been informed that the date had been extended to April 2016. She would enquire if it were possible for someone from the local CCG to come along to the next meeting to give an update on this.

**Shingles Campaign/Unplanned admissions Scheme/ Better Outcomes Scheme (BOS)** – all would be ongoing for the next year.

**Practice Staff** - Lynn advised that GP Registrar Dr Pettit would be moving on to his next rotation at the beginning of August and would be replaced by Dr Imran in September. Dr Joll has now returned from maternity leave.

**Patient Champions** – Lynn advised that the group was continuing to expand and was pushing forward with new ideas. Lynn and Practice Nurse Angela Parry were now regularly attending the champions meetings as the champions had felt there had been a lack of awareness by the clinicians and staff as to what the champions were involved with. Dr Hutchinson agreed with this but hoped this would now improve with Lynn and Angela attending the meetings and feeding back information.

### **PRG/Practice Priorities**

**Online Access** – Mr Fionda advised that there seemed to be some changes to the ordering of prescriptions on line as it was not giving him his usual options. Mr Simpson asked if he had been trying to access this via an app on his iPad as if so this would not show him the full version of Access. He would need to use a laptop. Mr Simpson agreed to speak to Mr Fionda following the meeting.

**Electronic prescribing** – Lynn informed members that this scheme would be starting in September. Patients would be able to nominate a preferred chemist which would be documented in their records. Requests for ROUTINE repeat prescriptions could be ordered by the chemist and the prescription would then be sent electronically to them. Promotion of the service will be carried out in the near future.

**Prescriptions** – Lynn advised she had received a suggestion from a patient as to having a 24 hour answer machine for prescription requests. She had made some enquiries with the telecoms service and was awaiting their response. Approximately 50% of calls to the surgery related to prescription queries and it was hoped if an answering service could be implemented then this would drastically reduce the number of calls through the main line.

Mr Harte had advised members that he had spent some time with Lynn and one of the prescription clerks and looked at the mapping of the prescription route. This was not a straightforward procedure and was actually quite complex due to the different routes prescriptions came in and the types of medication requested and could see that errors could easily be made.

**Front of house experience** – The members discussed the long queues that now seemed the norm since the two practices joined. Mr Harte noted that a number of patients queuing only wanted to hand in a prescription or were actually meant to be attending one of the services

upstairs and had inadvertently come to the first reception desk. He suggested the idea of a 'queue buster' who could possibly signpost patients to the right queue or help them use the self-check in service etc. Lynn agreed this was an excellent idea but stated that there was no one available at present to do this but could try to facilitate this at busy times. Members agreed this was a good idea.

**Confidentiality** – Mrs Harrison stated that when there were 3 receptionists on the front desk they worked very close together and felt that confidentiality was an issue. Lynn agreed this could be very difficult to manage at times, there was the option of the patient speaking to someone in the confidentiality room, however the Practice rarely received negative feedback from patients regarding confidentiality.

**Ticket System** - Mr Harte suggested a ticket system whereby patients collect a ticket on arrival and then take a seat and wait to be called to the desk. This would help with elderly patients having to stand for long periods and as the seating area was slightly further back from the desk could also help with confidentiality. It was agreed this was a good idea.

Mr Fionda stated that he felt the repeat prescription box was in the best placed in the best position for patients to immediately see and would benefit from better signposting. He also stated that he had waited over a week for a repeat prescription and asked if the practice was having problems with this. Lynn replied that there had been a number of technical and admin problems having to work across two clinical systems but things were now running a lot smoother. However if anyone continued to experience any problems to please let Lynn know asap.

**Appointment waiting times** – Mr Fionda asked if the problem of long waiting times for appointments had been resolved and why had there been very little choice available on patient access. Jeanette explained how and when the appointments are released and as the Glen GP's had been working across both practices appointment numbers available had been lower, some of this however had been filled with locums.

**Pharmacy First** – Lynn gave an outline of the new Pharmacy First scheme which replaces the 'Care in the Chemist' scheme. Patients are able to access quite a wide range of medications free without having to see a GP, therefore freeing up appointments for patients with more acute, complex problems. Basically if a patient did not need to pay for their prescriptions, eg children, over 65's or exempt they would be eligible for advice and treatment from a pharmacist. All pharmacies in the South Tyneside area were taking part in this scheme.

**Named GP** - All patients are to be informed of their named GP, namely Dr Kerstin or Dr Hutchinson, however they are able to make an appointment with any of the GP's. Practices were initially asked to only inform patients over the age of 75 but this had now been extended to all patients. This was being done in a variety of ways in order to reach all patients. They were being informed when calling in via telephone/face to face contact, via prescriptions and any correspondence being sent out to a patient.

## **Practice Developments**

Lynn advised that the Practices main priority at present was to concentrate on the recruitment of new staff and addressing the problem areas which have arisen as a consequence of the two practices now working side by side and improving the patient experience.

### **Any other business**

Mr Dummer stated that as a Park patient he had been very impressed with the level of care and service since he had received since the move.

Mrs Dummer stated that as the inner doors at the entrance of the building were not automatic she had found it difficult to manoeuvre through with a wheelchair; patients with pushchairs would have the same problem. She asked if they could be changed. Mr Gough replied that they were possibly fire doors and would therefore it was unlikely that they could be changed to automatic for safety reasons. Lynn stated she would make enquiries with the landlord.

**Car park barrier** – members stated that sometimes patients had had to wait several minutes for the buzzer to be answered and the barrier to be raised. Lynn replied that this was facilitated on the front reception desk and there was usually always at least one or two members of staff on duty. The exception to this would be between 5 – 6pm when only one member of staff may be on duty at the desk and if they needed to speak to a GP regarding a patient query would have to leave the desk unmanned. Mr Gough advised that he had installed another intercom telephone at another surgery and had a spare one if the Practice would like it. This could be fitted in the back reception office where other staff members could access it as well. Lynn thanked Mr Gough and said she would get back to him regarding this.

Mr Simpson asked if the Practices had received much feedback from the Friends & Family scheme. Lynn replied they had, this had been fairly negative in the first few months with all the changes but the response was now getting better.

Next meeting November, date and time to be confirmed