## Minutes of Patient Support Group held at St. Mark's Church Hall on Friday 13th June 2014

## Those present:

Lisa Hardaker, Practice Manager
Janet Jarman, Admin
Olivia Fox, Receptionist/Admin
Philip Rudd
Spridoula Duffey
Michael Sellwood
Bernice Farnan
Christina Hoult
Peter Richardson
Anne Shilling
Mary Parker
Albert Holness

The meeting was held at St. Mark's Church Hall on Friday 13<sup>th</sup> June, 2014.

At the previous meeting Mrs. Parker had asked if we knew of any groups where people who suffered from depression could meet up for a chat and a coffee to share experiences. Janet informed her that she had contacted the Mental Health Team at The Beacon and they had suggested getting in touch with Age Concern or some of the churches who often organise such events. The patients at the meeting also mentioned that WRVS often arranged this type of meeting.

Lisa welcomed the patients to the meeting. She explained that the surgery had been working hard reaching our targets for QOF (Quality Outlook Framework) which gives the guidelines for the various disease areas and sets out what measures need to be taken to reach the targets. She said that we have achieved better results than in the previous couple of years which is encouraging.

She informed the Group that the Government have introduced a new idea whereby every patient over 75 is allocated a Doctor in the Practice who is responsible for their care. This would not change their care in any way and they can still book with the Doctor of their choice. The patients have been divided between Dr. Grover and Dr. Kamal. We were expecting to get a lot of telephone calls from patients who would be concerned about the letter and its content.

Another area that needed to be addressed was the number of people attending the A & E Department for non urgent conditions. These patients were not using the A & E Department in the correct way and were to be encouraged to use the 111 service which acts as a "middle man" and can advise on the correct path to take such as Minor Injuries or the Out of Hours Service. Many patients were using A & E because they were unable to get an appointment with their GP.

Several of the Group mentioned that although, through our meetings, they had been informed about the triage system, they had telephoned for an appointment on the day and been told the appointments were all full but had not been offered the triage list even though they had phoned early in the morning. Lisa said that she would speak to the Reception staff again and make sure that everyone was offered the triage option. Olivia mentioned that often a "cancellation list" was made each day but Lisa said that she wanted all patients to be placed on the triage list up until a specific

cut off time. When we got back to the surgery after the meeting it was decided that when there are 2 GP's on duty the cut off time for the triage list is 10.30 am and when there are 3 GP's on duty the cut off time is 11.30 am. A cancellation list can be used after these times. Patients can also be advised of the Out of Hours Doctors service.

The long waiting time to see Dr. Grover was discussed again and Lisa explained that she has changed his clinic times to try and address this problem. The Group were informed that Dr. Grover has been made aware that patients have complained about the long waits but he likes to do a thorough consultation and that is the way he works and it continues to be an issue. Some accept the long waits and others find it annoying but it is hard to please everyone all the time. We continue to not pre-book appointments on Mondays and Fridays as these are the busiest days. It was noted that patients still queue outside the surgery door for an appointment and the appointments are often full by the time the door opens. The phone appointments take priority. Appointments can now be booked online but patients need to complete a form and present their ID before being given a password to be able to book online or order a prescription online.

Mrs. Shilling said that the recorded message on our telephone system is very confusing and it is quite difficult to hear what is being said as It is not clear what she is saying. It was also brought to Lisa's attention that the television screen in the Waiting Room has out of date information on it and this needs to be updated. Lisa said that the previous Manager had taken the instructions for updating the screen with him when he left and she is looking into how to programme the new information into the screen.

There is still as issue with children playing with the BP machine in the Waiting Room. It was suggested that a notice was attached to the machine asking children not to play in it. Megan has made a poster saying "This machine is not a toy. Please do not let children play in it".

Mr. Sellwood mentioned that there should be a speed limit on the drive way coming up to the surgery. He has noticed that vans collecting prescriptions from the surgery drive in far too fast and if a child or elderly person was to step out onto the drive, there would be a nasty accident. Patients also drive too fast up and down the driveway. It was suggested that perhaps a note could be put in the chemists pick up bags to ask them to approach the surgery more slowly.

Mr. Holness asked how many GP's we now have. Lisa confirmed that we have 3 full time GP's and although the surgery would like more, nothing has been invested in 5 years for GP's and there has been no funding. Unfortunately, it is now more lucrative to be a Locum because they can choose the days and hours they wish to work and do not have any of the paperwork to deal with. They can also earn more than a GP so understandably they do not want to commit to a partnership. Dr. Newton is proving to be very popular and he is being encouraged to stay. The Nursing Team consists of Jayne who works 4 days per week and Val who works 3 days per week. Lyndsey is on maternity leave and is due back in November. We have 2 HCA's (Health Care Assistants) Deborah and Lisa. They are both upgrading their skills to offer more services to the patients. Lisa is a phlebotomist so more bloods are being taken.

The Physiotherapy Service continues to be offered at the surgery.

Mrs. Farnan asked about the Ultrasound Service. Lisa said that at present they are not at the surgery enough and they are hoping to do extra clinics to clear the back log. They will also need to provide a qualified Radiologist for the more in-depth ultrasounds.

Mr. Richardson asked about his query from the last meeting as to whether he should have been prescribed a new medication without having discussed it with the Doctor. Lisa said that it is acceptable for a Doctor to do this by checking the patient's results against their medical history. Many patients are happy to receive new medication without having to book an appointment, whereas others wish to discuss it first. It is a matter of individual choice. Mr. Richardson felt that he would have preferred to have discussed the medication first as there has been so much in the media about Simvastatin.

Lisa updated the Group regarding improvements to the surgery. We have applied to NHS England for funds. The request was sent in 10 days ago and once funding is received, the surgery has one year to spend the money and make the changes to the surgery so it would be on quite a tight schedule. It was hoped to modernise Reception and move the Administration upstairs. Access into the surgery would also be improved. Plans are still going ahead to move the Pharmacy to the front of the building but the position of the Pharmacy is still under discussion.

Lisa asked if any of the Group would be interested in doing some fund raising for the surgery and asked for any ideas. The money raised would help towards the cost of items needed for the surgery such as a screen for the blood pressure machine to give privacy, a microsuction machine for the Nurses, oxygen finger check monitor, finger prick machine, and another spirometry machine. Mrs. Parker offered to run a book stall once a week at the surgery. Staff have been asked to donate good condition books for the stall.

The meeting closed.