



**TRINITY MEDICAL CENTRE  
Patient Reference Group**

**Present:**

- Dorothy Richardson (chair)
- Bob Wilson
- Dorothy Robertson
- Robert Paterson
- Sheila & Jock McConnell & Heather
- Ann Marshall
- Peter Bennets
- Carol Craggs Practice Manager
- Margaret McPherson Business Manager
- Emma Kitching Trainee Practice Manager

**Apologies:**

- Jacqueline Foster Nurse
- Dr Pattekar
- Vera Skipper
- Pat Brown

Dorothy welcomed Peter to his first meeting and asked everyone to introduce themselves. Peter advised that he was registered blind and had come from Riverside. Peter went on to say it felt like coming home as his family were registered here and he knew some of the staff from Riverside in particular Emma, Debbie, Drs Jenkinson and Mannikar.

**1. Minutes of Last Meeting**

**Matters Arising**

- (a) Emma advised that the hook is now on the back of the door
- (b) It was confirmed that the closure dates were on the website
- (c) The mission statement has been agreed and will be on the wall in 2 weeks

**2. Friends & Family**

Emma went through the February Friends and Family

**1. How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment?"**

Extremely Likely		Likely		Neither Likely or Unlikely		Unlikely		Extremely Unlikely		Don't Know	
	21		4		2		2		1		



Thinking about your response, what is the main reason why you feel this way?  
Have shorter waiting times for appointments

## 2. What would you do to improve the service?

Open Saturdays

Your medical centre is as good as it gets. Friendly, professional and you make me feel that I will live forever

Maybe quicker doctor appointments?

Employ more gp's so appointments can be booked at shorter notice. Currently you need to book too far in advance.

It's impossible to get an appointment and when there are appointments available they're always with the same two doctors. It is very rare you are referred to a specialist despite your issue being unresolved by a GP.

Margaret responded to some of the comments advising that the practice can't employ more GPs as there is no funding to do this. The current appointment system is working well but asking for a named GP can sometimes take a little longer. The comment about being rare to get a referral to a specialist is not accurate. Margaret went on to say that GPs have to follow guidelines in terms of referring to secondary care or they are bounced back. GPs have to do investigations and the patient has to fall into the criteria to warrant referrals. Margaret went on to say that GPs are monitored as regards referrals and those that are inappropriate.

## 3. Accessible Information Standards

Carol advised that the practice has to adhere to the Accessible Information Standards which will be monitored by the Care Quality Commission. Carol advised that Peter has spoken to her on this subject as he is very much involved in this. Carol advised that the practice had some work to do in regard to this. For patients who are deaf – although the practice does not have a hearing loop we do have an amplifier or a private room. Some patients do not like the amplifier. Carol is hoping that Peter can advise regarding patients who are blind. Carol went on to say that the practice has to identify patients who may have communication/information needs relating to disability or sensory loss and if so what they are. This will start at the point of registration. This standard has to be in place by 1<sup>st</sup> June. Peter went on to say that when he registered he was not asked his preferred choice of communication. Peter went on to say that he does not want large font and that email would be his preferred choice of communication. It was acknowledged that the practice is working on this area now and Peter is happy to help Carol with this. Peter went on to give some background citing the case that went through the courts in relation to this.

## 4. Patient Questionnaire

Carol advised that the practice needs to do another patient survey and she had drawn a one up which focusses on IT and access. Carol advised that Dr Mannikar is now our lead GP in IT and had ran this past her first. Copies were handed out. Question 5 was discussed in a little more detail regarding the proxy access. Carol went on to say that the Data Protection Act is very clear and very mindful of the “vulnerable” adult which is why Mental Capacity is considered and if it's in the “best interest” of those patients where proxy access is applied.

The group felt it would be appropriate for them to come into the practice and do the questionnaires with the patient feeling it gives a more personal touch. This was agreed and Carol will contact all those members who volunteered.

## 5. Significant Events

Carol advised that as a practice we discuss significant events at our practice meeting and staff meetings and also at this meeting. However, part of our process is that we review the significant events looking to see if learning outcomes have been achieved. Carol brought two to the meeting all to do with the Lloyds pharmacy next door. One being a breach of confidentiality and the other dispensing a drug to the wrong patient. None of these incidents had occurred again and the outcome is that Lloyds took the dispensing one to a “safer care” meeting and the breach of confidentiality was discussed with the staff and tightened up.

## **6. Complaints**

Emma advised that we had one new complaint which involved the daughter of one of our patients, who is in her nineties, complained that when she requested a home visit the doctor rang her and prescribed codeine. The daughter complained that the doctors should have visited her mum. This was discussed at the practice and it was agreed that the telephone call and prescribing was appropriate – it was not a new problem but an ongoing one. The doctor telephoned the daughter to discuss it and why it was felt appropriate. The daughter was happy with the explanation.

## **7. South Tyneside Clinical Commissioning Patient Reference Group**

It was recognised that Bob has now been representing the practice at this group for a number of years and did a very good job at reporting back. Peter also acknowledged that Bob always represented the practice in a good light.

Bob went on to give his feedback; There was a representative at the meeting from the ambulance service due to the fact it has been criticised at the last meeting. It was explained that the calls are prioritised by red 1 2 or 3 and they are triaged the same as 111. South Tyneside has the smallest service in the country with a performance target of an 8 minute response – a target this did not meet. Peter advised from experience that his mum had fallen. She has multiple health conditions and was left lying on the floor for 1 hour and 40 minutes before the ambulance arrived. She is 87. It was agreed that the service was not good.

Anne Fox gave a talk on the Quality Care Commission and their role in inspections in hospital. Questions on the duty of care to nursing staff was discussed and this question was diverted to the duty of candour and some discussion around the meaning of this.

An Ian Frame gave a short talk on the culture of the CCG and asked if there was a merge with Sunderland, Mr Frame answered never! Bob was thanked for his feedback.

## **8. Choices Web Site**

Margaret wondered if any members had seen the recent article in the Shields Gazette regarding the star rating of practices which was based on reviews. Trinity came out with 3 and half stars with only a few reviews on there but one was very negative. Margaret wondered if members could go on and leave an honest review. Whilst the practice appreciates the bad review as this enables them to know what is not working and can put it right, patients are keen to put bad reviews on but do not put good ones on so the balance is not equal.

## **9. Winter Pressures**

Care advised the group that Trinity helped out with the Winters Pressures this year by opening on a Saturday along with other practices in the area. The practice saw patients from 111 and A&E in an attempt to ease the pressure. It was a good initiative by the CCG.

## **10. AOB**

### **(a) Setting Practice Priorities**

As all our priorities from last year are now complete, Margaret wondered if the group could set some new ones. After some thought and deliberation it was agreed to set the following priorities for the current year:

- Implement the Accessible Information Standard
- The pressures of only have one male GP in the practice

## **11. Date and Time of Next Meeting**

Tuesday 14 June at 6:00 – the meeting will be held in the waiting room.