TRINITY MEDICAL CENTRE
Patient Reference Group

9 AUGUST 2016

Present:

Dorothy Richardson (chair)
Dorothy Robertson
Robert Paterson
Sheila & Jock McConnell
Ann Marshall
Vera Skipper
Mr Stidolph
Dr Pattekar
Jacqueline Foster Nurse
Margaret McPherson Business Manager

Apologies:

Pat Brown
Carol Craggs Practice Manager
Emma Kitching Trainee Practice Manager

Not in Attendance

Peter Bennets
Bob Wilson

1. **Minutes of Last Meeting**

Matters Arising

There were no matters arising which were not already listed on the agenda. The minutes were approved.

2. Practice Priorities Update

(a) Accessible Information Standards

Carol was unable to attend the meeting but had prepared some information regarding this for Margaret to relay to the Group as follows. The practice continues to collate information from patients who may have communication difficulties e.g. a disability or sensory loss, as to what format they would like their communications from the Practice.

We are doing this with:

New registrations – it is part of the new registration form
Searches for pertinent patients – alerts put on their records
Our secretaries know to share this information with other providers when consent is given.

Next step is to look at groups of patients e.g. those with learning disability to check if they have a nominated person for proxy access to their records who should be receiving their information or deaf patients (can they receive phone calls? Do they need a letter? Or do they need to give proxy access

We are receiving information from Peter from meetings he has attended and we will look at this to see if there is anything else that we should be doing. Unfortunately Peter is not here to expand any further.

(b) Male GP Appointments

This is still an area in progress however the practice has made small changes in that patients who need a Zoledex injection will now have this with Dr Pattekar which will free up some of Dr Dowden's appointments. Dr Pattekar went on to say that Dr Dowden does not do triaging of the home visits which is an area that reduces appointments thus saving male appointments. Dr Dowden does not work with students anymore which would normally take a full session. The practice is making small changes in this respect. The chair asked how we knew this was working well and Margaret advised that the practice had not received any complaints from patients saying they could not get a male GP appointment. This work continues and will be measured.

3 Care Quality Commission

Dorothy advised that it seemed to have gone well speaking with the Doctor from Hartlepool. Margaret advised that the report had just come through a few hours ago and that the practice had received "good" with outstanding in "Responsive" and the patient population group "Families and young children" The report was very positive with no issues. Margaret advised that it was a long report and too long to print off. This will go on the website once the draft has been agreed. Margaret asked if anyone would like a copy emailed and three members of the group said they would like this.

4. Friends & Family

Emma had given Margaret these to relay to the group as follows: 3 patients completed the questionnaire at the surgery and 38 patients responded to our text message on their mobile device

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
28	8	1		3	

Thinking about your response, what is the main reason why you feel this way?
Because the staff are wonderful at dealing with my problems

2. What would you do to improve the service?

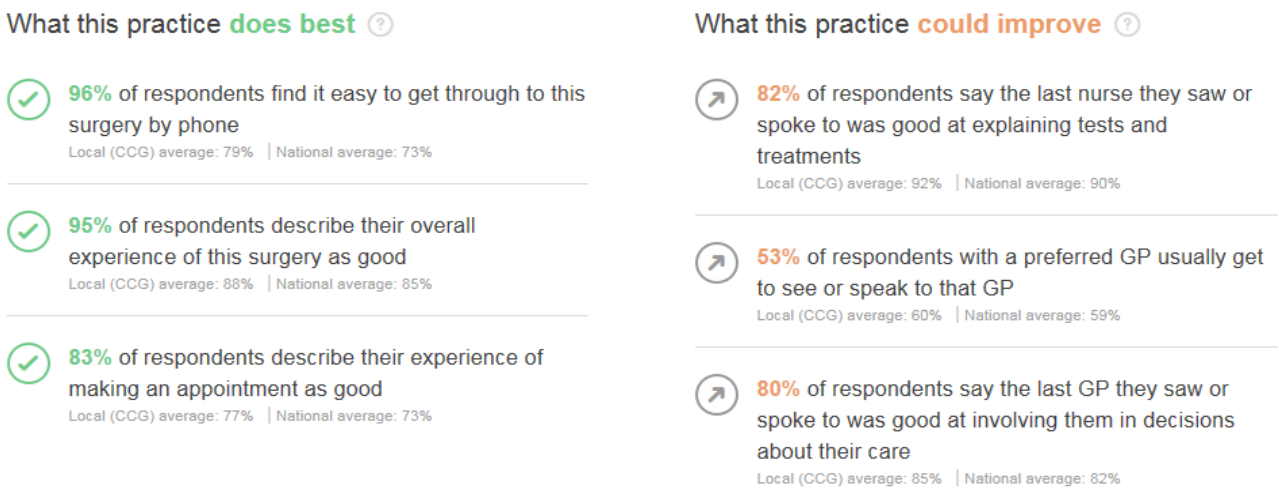
No improvement necessary
Better improved waiting area in particular for visits to nurse.
Nothing at all.
Make more appointments available.
Better advice on medication
All I ever get off the doctor is viral. I am in total agony which has brought me to leave this surgery.

The Group agreed that there were no comments that the practice could action

5. National Patient Survey

Margaret advised that in previous meetings this survey had been discussed and the results were always very good. However prior to the CQC inspection the results were not very good around the area where the patient consults with the GP and Margaret had responded by drawing up a survey on the GP consultation. Margaret went on to say that when CQC arrived they advised that an up to date survey was due out the next day. Margaret handed out copies of the latest GP Survey.

The first page showed an overall picture of what the practice did best and what the practice could improve on



Margaret went through the areas where the practice could improve on

The practice is below the CCG average and above the National average

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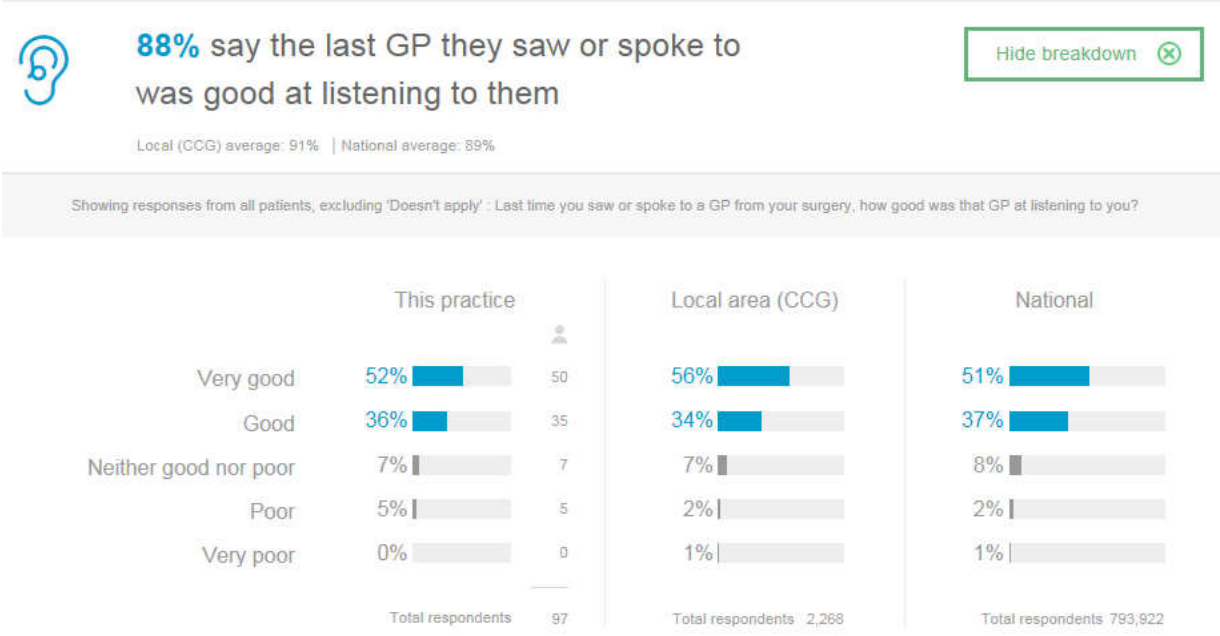

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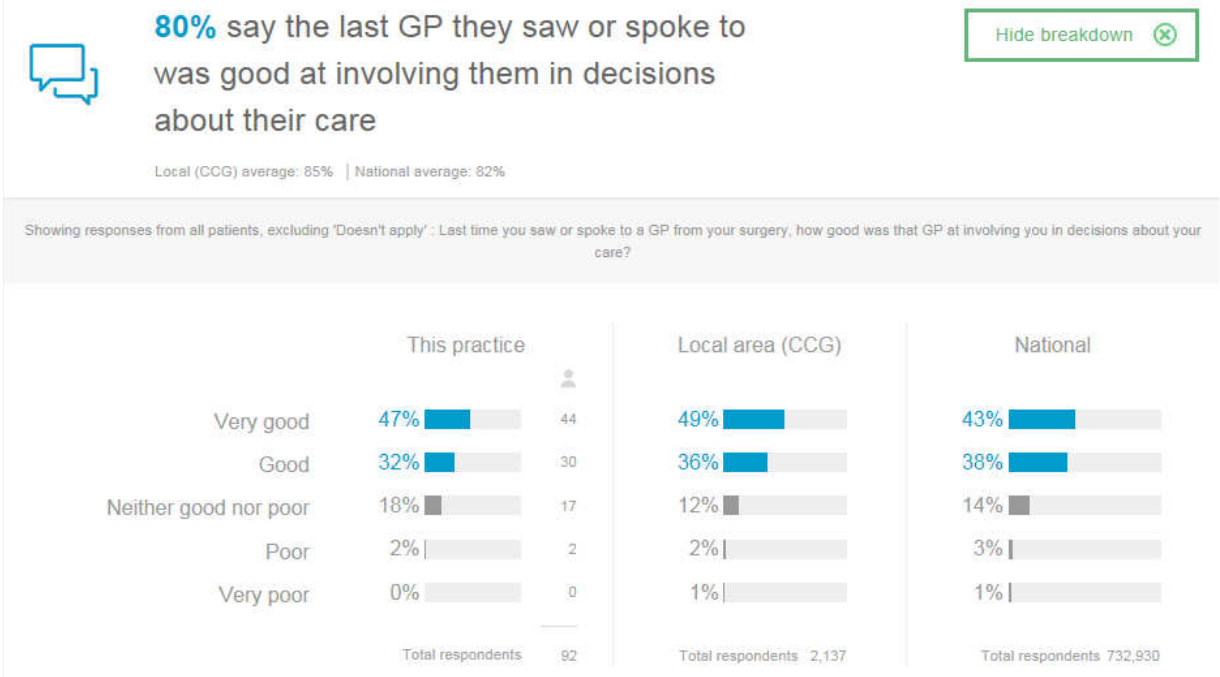

Margaret handed out a copy of the overall results for each area which were all very good. Margaret wondered if, based on these results, the group felt that the practice still needed to do a survey on the GP consultations. Everyone felt that the survey was good with only a couple of areas and felt that there was no need to do any further surveys. It was agreed that the resources to do the survey did not justify the need to do one. Agreed no further survey was necessary.

6. Significant Events

None to discuss as Carol was not here.

7. Complaints
None to discuss as Emma was not here

9. South Tyneside Clinical Commissioning Patient Reference Group
None to discuss as Bob or Emma was not here

10. AOB
GP Access
Margaret advised the group that she needed to consult and explore the views and opinions on a change regarding how patients access their GP. Margaret went on to say that this has not yet been discussed as a partnership and will be discussed at the practice meeting tomorrow. No decision has yet been made as to the way forward. Margaret and Dr Rouse had that day had a conference call with a company called GP Access with a view to changing the way the practice offers appointments to patients. The current system where a patient will telephone the surgery and get a GP appointment will change. The aim of the new system is to ensure that every GP appointment is appropriate. The new system would mean that when a patient telephones for an appointment they will be told that the GP will telephone them back within 15 minutes. The GP will then telephone the patient and if the issue/problem cannot be sorted over the telephone, then the GP will direct the patient to the most appropriate person for the problem they are consulting about.

One group member asked about the older person who perhaps does not hear too well on the telephone or what about patients who do not have a telephone or have perhaps gone to a neighbour to telephone the surgery.

This was a good point and Margaret would make a note of this to explore further.

There was a lot discussion that followed about how this would work. There was some concern raised about patients who attend for a face to face appointment with other underlying issues that come out of that consultation, would this type of thing be missed? Some members felt that this was a waste of GP time. Dr Pattekar explained that when the GP is talking to the patient on the telephone, they need to be satisfied and would ask the patient to come down to the surgery. Dr Pattekar went on to say that 30% of patients who attend for appointments are seeking reassurance. Margaret went on to say that some patients make a GP appointment just to have a form signed. The aim of the new service is to make every GP face to face appointment an appropriate one for the GP.

Margaret went on to say that GP Access have advised that at the moment the practice needs to increase sessions by 3 to meet the demand with the current system. The new system would dramatically change that to perhaps even losing a session and that is because the new system will reduce the need for a GP face to face appointment by 70%. There was some discussion around which GPs would do this triaging and how many GPs would spend telephoning etc. Margaret advised that perhaps not every GP would be confident but all GPs would be given training. One member asked whether the Nurse Practitioner could do this and Margaret explained that whilst she has good skills, she is not able to make the decision a GP can as there is a risk element in that. Margaret explained that the practice had changed the way house calls are handled. At one time the patient would telephone for a house call and the doctor would attend. Now every house call taken, the GP will telephone the patient – the number of home visits have dropped dramatically. This is because the GP had taken control rather than the patient. Just because a patient wants a home visit is different to the clinical need for that home visit and only the GP can make that decision. This is how the new system is going to work. The GP will take control whether the patient needs a face to face or a nurse appointment or perhaps bloods before they see the GP. Dr Pattekar went on to say that this is working well in other practices and a GP from Washington has advised that there is a dramatic difference now that he telephones the patient often dealing with the problem there and then.

One member raised the concern as to what happens to patients who walk in to make an appointment? This was a good question and another issue to explore first.

Another concern raised was regarding the blood test, if a GP told them they needed that – the patient still has to come down for a form? Another issue for Margaret to explore.

The chair wondered how the doctors would be able to ring out if the lines are busy with patients ringing in. This was a very good point and although the practice has an ex directory line to ring out on, this definitely needs to be considered.

One member raised the issue of risk as this was the issue when the practice refused for a long time to do repeat requests over the telephone. This was a good point but this is part of the training and Dr Pattekar reassured that if there was any doubt the patient would be brought in for a face to face.

Although there were concerns over the new system, it was generally agreed that this is a culture of change and the practice can only try the new system. Margaret explained that if the partners agree tomorrow then there would be 3 weeks of preparation before going live.

The group asked Margaret to let them have feedback on the concerns raised.

11. Date and Time of Next Meeting

Tuesday 11 October 6:00 – the meeting will be held in the waiting room.