



**TRINITY MEDICAL CENTRE
Patient Reference Group**

Tuesday 6th October 2015 at 6:00

Present:

Dorothy Richardson (chair)
Bob Wilson
Dorothy Robertson
Sheila & Jack McConnell
Vera Skipper
Pat Brown
Ann Marshall
Dr Pattekar
Carol Craggs Practice Manager
Margaret McPherson Business Manager
Emma Kitching Trainee Practice Manager

Apologies:

Robert Paterson
Jacqueline Foster Nurse

1. Minutes of Last Meeting

Matters Arising

Update on Key Priority Areas : Margaret advised that there has been no progress with the front desk. Three contractors have been contacted and only one came back with a quote which was too expensive. Margaret is going to see if she can just find a joiner who can come and cut out a section of the desk to lower it.

Carol has received a quote to have the seating replaced with washable fabric which was just under £2,000 and Margaret to take this to the partners to get the go ahead. The question was asked as to whether the seating could be washed – the practice has recently had the seating cleaned but it has to be wipe-able to meet infection control standards.

Patient Questionnaire: Margaret thanked the two members of our Group who had come into practice to carry out the patient questionnaire. It was a good piece of work and very much appreciated. Margaret advised that she was very surprised with the results 13 patients said that they had to wait within a week for an appointment and 9 said more than a week and yet we offer same day appointments every day? Our capacity is monitored and our demand is meeting the capacity. The group explored why and it was suggested that perhaps some patients wanted an appointment outside the times offered. None of the patients who completed the survey complained about the access and all seemed very happy.

Margaret felt that patient's perception of getting an appointment with a GP needs to be addressed. Many patients complain because they have had to wait over a week but that has to be because they choose a GP and have refused same day with any GP.

Overall the results of the questionnaire were good and it was suggested that this be repeated in 6 months time and perhaps to tweak the questions – those patients who say they have to wait for an appointment for there to be a follow up question as to why that is.

2. Friends & Family

Emma produced the results of the September Friends and Family – there were no paper slips completed.

48 responses

- 39 extremely Likely
- 2 Likely
- 1 neither likely/ or unlikely
- 1 unlikely
- 1 extremely unlikely
- 4 did not state

COMMENTS

- Nothing
- Best doctors and nurses in shields
- Take on more surgery staff. Nurses. Translator. (Emma advised that the practice has an interpreter and one member of the group had witnessed how good this service was)
- As a new patient I was given an appointment within 24 hours. The Dr was excellent. Very thorough. He cares. He listens. From my experience, the service couldn't be improved.
- Nothing service is excellent

- Offer last minute appointments when really necessary
- There is nothing at this time
- Its fine as is
- Its fine as it is.
- Cheer the waiting room up and take down those insulting instruction posters, we know the doctor's busy we've had to wait over a week for an appointment!
- Refurbish and relight the entire building. Install air conditioning for the doctors offices. Retrain some of the reception staff good manners are free. Scrap or improve the automated check in. Inform patients when appointments are running late on arrival. Scrap the stupid rule that you can only discuss one issue with your doctor. This would remove the need to make multiple appointments.

- Start by your appointments . 2weeks to see a doctor is shocking . Your doctors have miss diagnosed me in the past that could have easily been spotted & today she did not look at my swollen hand that i told her about

Emma referred to the comments about the waiting area wondering what else the practice could do as we have tried to brighten this up. The group felt that the practice was fine feeling it was a waiting room and fit for purpose.

Emma wondered about the comment re the notices and did the group feel these were patronising. The group felt the signs and posters were fine and could find no fault – they were easy to see and some of which had been made bigger – it was noticed at the last meeting they were too small to see.

It was suggested that when a doctor runs late receptionist should make an effort to inform patients. Dr Pattekar advised that when she is running late, she will ring through to the front to tell the receptionists to let her patients know.,

There were no comments that the group felt needed further action.

Emma moved on to the Friends and Family slip advising that NHS England have changed the first question slightly and wondered if the practice needs to change the second question? The second question is entirely up to the practice. One member wondered if we could take out one of the answers of “don’t know” but unfortunately this is a set answer by NHS England and we cannot change this.

There was a lot of thought and discussion as to whether we should change the second question but there was no real suggestion – it was agreed that we leave it for the time being.

(a) Patient Information Leaflet

Margaret wanted some feedback from the group on a Patient Information Leaflet which she felt may help to address and educate patients around access and the appointment system. Lots of patients complain about having to wait a long time to see a doctor. It was agreed that if a patient needs to see a doctor of choice this is the reason why but Margaret advised that a GP like Dr Perrins who only works 4 sessions a weeks does not have a lot of appointments to offer and this leaflet explains that in more detail.

APPOINTMENTS WITH YOUR GP – INFORMATION LEAFLET

THE STANDARD OF ACCESS – GETTING AN APPOINTMENT WITH YOUR GP

- With **ANY GP** on the same day
- Appointments with a **NAMED GP** can be at least 7 days and could be longer
- Urgent appointment same day
- Telephone appointments on request

The practice releases appointments every day so that when you need to be seen more quickly, you can be seen the same day without having to wait.

If you want to specify which GP to consult with then you may have to wait longer for this appointment but this is the choice of the patient. The patient cannot then complain that they have had to wait over a week for an appointment.

QUESTION

Why do I have to wait over a week to see a doctor of my choice?

ANSWER

It could be that you have requested an early morning or a late afternoon time and these appointments are limited.

It could be that you have requested a certain GP

We have 6 GP partners in the practice (2 male and 4 female). GPs all work a various number of sessions a week and depending upon which GP you wish to consult with will depend upon how long you will have to wait for an appointment

Dr Perrins (4 sessions) only works on a Monday and a Wednesday and therefore only offers a limited number of appointments each week so patients will probably wait anything from one to two weeks before an appointment

Dr Dowden (6 sessions) works all day on a Monday, Wednesday and Thursday morning and all day on a Friday. Appointments for Dr Dowden are generally available within 2- 3 days or up to 7 days.

Dr Jenkinson (5 sessions) works every morning except a Thursday and works all day on a Wednesday. However, Dr Jenkinson is a GP trainer and therefore trains on a Friday morning reducing her sessions to 4 and therefore appointments with Dr Jenkinson can be anything from one week to two weeks.

Dr Pattekar is the only GP who works full time and patients can almost certainly get an appointment with Dr Pattekar the next day or within 2 days.

Dr Rouse (5 sessions) works all day Tuesday, Wednesday morning and Thursday all day. However, Dr Rouse also does a diabetic clinic on a Tuesday morning and will often be working with students on a Wednesday morning thus reducing her sessions to 3 a week. An appointment with Dr Rouse can be from one week to two weeks.

Dr Mannikar (3 sessions) works on a Thursday morning and all day Friday. Appointments with Dr Mannikar can take anything from one week to two weeks.

QUESTION:

Why do I have sometimes wait more than 2 weeks?

ANSWER

When a GP takes holiday, this impacts upon the availability of that GP. In addition to this the GPs have to attend educational sessions once a month and this also impacts on availability.

All GPs have to release same day appointments at some point across the week and this impacts on their routine appointments

In Summary the practice offers same day access to all our patients; we understand that some patients like to see the same GP and for ongoing problems this is what we would recommend. However, when you visit a GP the notes are written in such a way that the next GP can quickly comprehend what your problems and history are from your notes. This enables patients to be able to see any GP without compromise.

There was various feedback; it was felt that the explanation about each GP was too long winded and this should be cut into bullets. It was agreed that the information leaflet was a good idea but if it was too long, then patients probably would not read it. It was suggested cutting it down to half – going over the page was not an option and it was probably too wordy. Margaret agreed to revamp the leaflet with the changes suggested and bring it back to the next meeting.

3. The Older Person

Carol advised that the practice was looking to try and develop support and services around the Older Person and had been looking at some examples from the Care Quality Commission where their Patient Reference Group had helped or taken a lead. Carol read out some examples she had:

Walking group organised by patients for patients

The PPG at this practice has worked with a specialist activities instructor to establish weekly health walks, and has trained two patients as walk leaders. The weekly walks attract 10 to 12 people. The chair of the PPG reported that the practice staff go the extra mile to support the PPG and patients.

Saturday drop in sessions by patients for patients

Since July 2014, the practice had been supporting its patient participation group (PPG) to organise and provide Saturday drop in sessions. These sessions were health promotion events, and the topics were selected by PPG members, responding to issues that mattered to patients. This is outstanding because it demonstrates strong partnership working with the practice's patient participation group.

Identifying older patients at risk in the home

The practice identified patients who were aged 75 or over and vulnerable, and was involved in a partnership agreement between the Fire and Rescue Service to identify patients at risk of a home fire and to mitigate those risks as far as possible by offering a free home fire risk assessment. The practice was proactive in its approach to this scheme and the practice had achieved the highest take-up in the borough with 127 patients enrolled.

Singing Group

A patient singing group was held on a monthly basis and had been running since August 2013. The group comprised of patients over 60 years (and their carers) who had a chronic illnesses such as Alzheimer's disease and memory problems. This activity was aimed at improving the mental wellbeing of older patients.

Finally Carol suggested starting a garden at the back of the building to grow roses? Margaret said that she would like to turn that piece of land into a fenced off allotment for patients to grow vegetables, take these home and to give patients somewhere to go and something useful to do.

There was a lot of discussion around how would the practice identify these patients – who classes a patient as vulnerable. Margaret said that no patient would be classed as vulnerable, what the practice would aim to do is reach out to all patients and as a starting point this would be those who are on our housebound list. Margaret felt that there were possibly a lot of lonely patients out there and the aim is to reach and find out how the practice can support them.

Margaret advised that the Care Quality Commission believe that the Patient Reference Group is a really important group to help practices to discuss services and developments and these groups can be involved in helping to reach out to patients and in a way Carol has outlined. Margaret went on to say that we are living longer today and as a practice we need to address the needs of our patients and the practice will be reaching out to all groups.

Members felt that transport with a lot of patients will be the problem, how would patients get to and from say a walking group? It was suggested that we get volunteer drivers but then insurance would be an issue. Margaret suggested that there are volunteer groups out there, we just need to find them. One member advised that the group she is involved in "speech after stroke" has great difficulty in getting volunteer drivers and transport. Margaret advised that South Tyneside as a whole is looking at the issue of transport for patients. One practice has a small fund which they use for vulnerable patients to help them with transport. It is an area that needs to have a lot more debate and thought.

It was suggested that we all go away and think about how we can be more involved and discuss this at our next meeting.

4. Families, children and young people

Margaret advised that this was similar to the Older Person in that we are trying to engage with Families, children and young people. The practice has in the past tried to reach out to the young with a confidentiality policy of we listen but won't tell but did not take off. There was a suggestion of using text messages to contact young people and Carol suggested Skype or Face Time. The group agreed that we need some young members as these would be able to advise what is needed. Emma felt that it is because young people do not come to the surgery. It was agreed that we give thought to this for the next meeting.

5. South Tyneside Clinical Commissioning Patient Reference Group – Bob

Neither Bob nor Emma was able to make it to the last meeting. Bob advised that, looking at the minutes, there was nothing new on there, the subject of prostate test had been raised again and whether this could be done as a routine test. Dr Pattekar advised that is because NICE guidelines do not recommend it but if a patient would like a test, the GP will always do one. Bob wondered why Your Voice Counts was being invited to attend at the meeting as this was a Patient Reference Group. There was nil else of interest.

6. Advertising and Marketing

Emma advised that the practice does now need to market and increase the list and with all the new housing this is an opportunity. Emma advised that she had already put leaflets in the KeepMoat Sales Office. It was suggested that leaflets be put through doors of new build further away from the practice ?Westway and ?house next to West Park? There is another KeepMoat Sales office there too. Some members agreed to put leaflets through doors.

Other suggestions for Emma to follow up: A sign outside advertising the practice is taking patients on; research the cost of advertising on the back of a bus; put something in the council magazine which comes out quarterly – telephone 4277000

7. AOB

(a) Age UK – Carol

Carol advised that we now have an Age UK Adviser who comes into the surgery every Thursday afternoon. This is an information and advice service that can support patients with free confidential and impartial advice. The adviser has experience in dealing with a wide range of issues that concern patients including

- Benefits and income
- Money management
- Housing issues
- Care Issues
- Other issues affecting older people

There are many factsheets to help patients make informed decision to help to make the most out of later life. If the adviser is unable to help, they will support the patient in getting the answer. Patients can call 0191 456 6903 to make an appointment

Carol advised that we have had one patient so far and it sounds as though it was very successful!

James, the adviser, completed a benefit entitlement check and the patient is entitled to attendance allowance. James is going to contact the DWP to send the forms to the patient then he is going to visit the patient in 2 weeks to help her complete the forms.

He discussed aids/adaptions available from the blind society.

He is going to get in contact with the council for a list of safe traders as the patient needs help with her gardening.

He is going to organise a priority bus pass through nexus. This means the bus driver will advise the patient when the bus stop is coming up.

The patient commented at reception on how lovely James was and that he was very helpful!

Everyone agreed that this service sounded really good and Carol confirmed that our practice is the only one in this area to have the adviser so we are keen to push this with all our patients.

(b) Changes to Urgent Care Services in South Tyneside

Margaret advised that the new urgent care hub at South Tyneside General Hospital is now open and the Jarrow Walk in Centre has now closed. The hub is expected to guide patients to the right professional first time and free up A&E

(c) Dripping Drain

This was mentioned and Emma advised that she is already sorting this out.

(d) Paving stones outside the surgery

This was raised as the paving outside on the public footpath is very dangerous. Margaret agreed as she had noticed this too. We agreed to raise this with the builders. ADDENDUM Emma has spoken with the site foreman and he thinks it still belongs to the council but is going to speak with his manager. He advised it would be getting resurfaced very soon.,

8. Date and Time of Next Meeting

The next meeting will be Tuesday 8 December at 6pm