



**TRINITY MEDICAL CENTRE
Patient Reference Group**

PRG Meeting - Tuesday 13th March 2018 at 6:00pm

Attendees:

DR (chair)
VS
BW
PB
PF
CN
PB
Emma Kitching (Deputy Practice Manager)
Dr V. Rouse

Apologies:

AM

Emma started the meeting with greeting everyone and introductions for new members of the PRG Group.

**1. Minutes of Last Meeting
Matters arising
Promotion of Group**

Promotion of Group - Ongoing

We had two new members from the last PRG return today, which is fantastic and we are very pleased to have them here.

Lina has left the practice following a promotion at another GP surgery.

At our last meeting PF mentioned she was having problems with accessing online services. Emma investigated this and PF now has full access to online services. Emma discussed this case with EMIS (clinical system) to find out what the issues were and EMIS confirmed that online services automatically freezes accounts that have not been used for 1 year as a security precaution.

PB also confirmed she has no longer had issues ordering her "printed" prescription that she needs to take to various pharmacies to check stock.

Issues were raised at the last meeting regarding ordering medication at the front desk. PRG members expressed concerns that they were turned away from the reception to order their medication. Emma discussed this with the admin team and they were all aware that patients can order at reception but they need to fill in the slip and post it in the box next to the check in board. Emma was uncertain why patients were turned away but hopefully it will not happen again now that it has been addressed.

Spelling mistake was noted in previous minutes, page 4, paragraph 3 should say male and not make.

Key objectives were suggested at the last meeting as followed:

AK had suggested a mother and baby group on a Saturday. However Emma felt there are already lots of services who offer mother and children services/play groups. Members agreed to look for an alternative objective.

BW suggested to pave over the grass that everyone keeps walking over. Emma took this to Margaret who was happy for her to get some quotes for the work to be carried out. Members suggested asking the builders working on the development site.

Emma has received no invitation from Dr Shrivastava for a member from our group to attend their PPG.

Dr Rouse was welcomed to group after matters arising. PRG members were happy to see Dr Rouse was well following her sick absence.

2. Friends and Family

We have collated the document of Friends and Family questionnaires, and it appears that majority of patients are happy with the service provided, which is great news.

THE NHS FRIENDS AND FAMILY TEST Results for the Month of JANUARY 2018

2 patients completed the questionnaire at the surgery
38 patients responded to our text message on their mobile device

The combined responses were as follows:

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



What would you do to improve the service?

More staff

-Nothing its good enough.

-I think everything works well- for me anyway

-Nothing

-The messaging service, as my appointment was 9-30 , but the messaging told me 8-30 and because I thought it had been changed I ended up waiting for an hour

-I don't like that I now have to wait a few days for my prescription and make another journey to collect it, I preferred taking it by hand to chemist adjoining doctors and collecting drugs

-See a doctor the day you phone up

-Be more organised, better communication between doctors and admin and patients

-Not happy with phone consultations instead of having an appointment to see a doctor .

-I was rushed out of my appointment today, the doctor didn't listen to me, all she kept saying was if your no better in a week come back which I obviously would do, she needs to listen to her patients and get more doctors like Dr Perrins he's a massive miss

-To improve Trinity Medical Centre I would go back to the way it used to be eg. Be able to book an appointment with a doctor of your choice. Cut out the telephone appointment. I have recently been seen at a different practice I presume because there were no appointments at Trinity. The personal touch has gone I dont feel that I can say my doctor is

-Excellent service

- Dr Chakraborty was fantastic with my little boy Harrison, he has been through so much in the last few year and took the time to make him feel at ease

Comment 5 was discussed. Unfortunately sometimes clinicians and admin squeeze patients into slot times but tell them to come first thing e.g 8:30. However the clinical system that sends the text can only pick up the actual time slot the patient is booked in. The staff are now aware that if they tell the patient to come at a different time than the slot booked in that the patient must ignore the time on the text message.

Comment 7 – as a guess Emma felt we hit at least 95% of access so that patients get an appt the same day if not the next. PRG members agreed the practice offers an excellent service for access to appointments. One PRG member pointed out that at another surgery there is a 3 week wait for an appointment. Dr Rouse also pointed out that following telephone consultation she will offer patients an appointment to come and see her that day but a lot refuse and say they cannot come that day.

Comment 13 – wonderful comment for Dr Chakraborty which has been fed back to him for his appraisal.

No results available for February to due computers being replaced by IT department. These should be available for next meeting.

3. Patient questionnaire

To be removed from agenda.

4. Complaints

We had one verbal complaint:

Summary of Complaint

Patient called the surgery with cold symptoms Tuesday 9th Jan and was advised no appts and to go to chemist.

Patient called back Friday AM 10:52 explained she had been to chemist but is no better. Has high temp and ongoing flu symptoms and wondered if she had a UTI. ***** rightly asked her to hand in a sample for dip test but patient wouldn't get results till next week. ***** checked steps no appts. Patient upset on phone ***** offered her an apt for Monday but she felt she couldn't wait that long and asked if she should go to A&E. ***** said they are advising patients to stay away from A&E (to prevent spreading) but the patient needs to make that decision to go or not.

Patient rang again Friday PM 14:00 and spoke to *****, patient said she had been to A&E and she has a UTI which required f/u with GP on Monday after Abx. Explained she was not happy with service and call was passed to Emma.

Patient unhappy that she was not able to get an appointment and felt she was extremely ill. Wants to know why we cannot advise patients to go to A&E.

Apologised to patient for not being able to get an apt, explained re GP on sick.

Explained staff are not able to direct patients to A&E unless certain criteria applies.

Patient should have been offered an apt that day as we do not refuse patients who say they need to be seen today.

Emma explained to group members that had the call of been passed to her she would have fitted the patient in somewhere. Simply due to the distress of the patient. Emma listened to the call the patient had with the staff member. Staff member did check extended appointments and offered her an appointment for Monday. Emma has since spoken to staff member and advised that should patients be in such distress and there are no available appointment to pass the call to Emma.

PF asked where 111 offer appointments outside of practice hours. Emma not entirely sure and thinks patients can be seen by a GP in the HUB at STDH. Emma to find out.

BW said that STEPS (extended access) offer 78 appointments per week.

PB raised a recent incident under complaints.

PB is having ongoing issues with the compliance of NHS accessible information standards.

From 1st August 2016 onwards, all organizations that provide NHS care and / or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

STFT and Newcastle hospitals informed Peter that they are none compliant with the standards. This was following two referrals into the trusts. This has led to press coverage in the Gazette and The Sun.

STFT accepted that they have failed to meet the standard but are now working towards this.

Newcastle trust however are at least 18 months away from meeting the standard.

PB helped implement the standards from the beginning and works closely with the RNIB. PB has been a great help for the Practice with meeting this standard. The RNIB are looking for a test case to take to court.

PB had a problem with the practice sending a referral to him via a scanned image. Which Lorraine and Emma thought was being useful however the software Peter uses was unable to detect the wording. The E-Referral system does not allow Lorraine to export the booking details you can only print it.

Fortunately Emma and PB were able to work this through and Emma was able to come up with a solution to prevent this happening again. Lorraine has done a duplicate of the booking form on E-referral onto a word document. This means Lorraine can just quickly input the booking ref/password into the word template should a referral be required. This word document can then be sent via email.

PB was very grateful to Emma for her efforts to make the practice compliant with the standards.

5. Practice Pharmacist

Emma informed the group that they now have a practice pharmacist called Patrick working within the team. He works two 4 hour sessions per week. He looks at Acute/Past drug requests and all hospital documents requiring medication changes. Dr Rouse has already noticed an improvement to her workload following his employment.

6. South Tyneside CCG patient Reference Group (BW)

BW attended the CCG patient reference group and feedback to the group the following information:

Health Net: Talks about PTS, a social locality care group with case workers. They deal with mental health disabilities. Specialist services at St Nicholas, Newcastle and Palmers Hospital. Their services also include post-traumatic stress.

Sarah Wilson talked about **Anchor Housing:** A not for profit organisation that deals with housing for 55+. Monthly payments includes rent, heating, hot water/water rates. There is service charge. There are community rooms for hire e.g buildings etc. Accommodation varies with 1 or 2 bed apartments and bungalows. Facilities include laundry, 24 hour call, pet friendly. They have properties at St Marys, Hadrian Lodge, Saville lodge, Woods terrace and the Grange.

CCG Update: Extended service has increased with 78 extra appointments being taken. DNA's were 13%.

Path to excellence was discussed with CCG decision being taken.

Blissabilty & social engagement board which our PRG members attended – excellent! New chairman Paul Cuscin was welcomed.

Midwifery services discussed.

Amalgamation of Dr Haque surgery with Central surgery. Boldon premises to continue.

Primary care strategy JO Farey spoke on this. Improving access + extending technology using “Zoom”

Talk from Tom Hall director of public health talked about life expectancy. They are trying to reduce early deaths. Expected age for women is 80+ and men 80. Cardiovascular related deaths is down from 200 to 100. Salt on hypertension down 15%. Mental Health problems were leading to disease.

7. AOB

Next Meeting – Tue 8th May at 6pm