



DR PERRINS & PARTNERS

PATIENT REFERENCE GROUP

Minutes of Meeting – Tuesday 13 September 2011

Present:

Dorothy Robertson (Chair)
Dorothy Richardson
Brian Richardson
Vera Skipper
Annie Foster
Keith Ratcliffe
Sue Barnes
Margaret Weaver

Apologies:

Bob Pollock
Carol Craggs

1. Minutes of previous Meeting

Minutes agreed as a true and accurate account.

Matters Arising

(a) Electric Doors

Margaret advised that a quote had been obtained from a local company (Lockwise Ltd). This company had advised that the touch pad tends to break down and cause problems and it is something they would not recommend. They advised a sensor to open the doors from either side, install one set of sensors and wedging the other doors open. This would be a cost of £3,272 + VAT. Margaret advised that this was felt to be reasonable and an order has now been placed and hopefully should be installed by the time of the next meeting.

Closure on this agenda item.

The group asked about the decoration and seating. The decoration is now complete and Margaret advised that the seating will be next on the agenda if the group wanted to make this a priority.

2. Patient Survey

At the last Patient Reference Group, it was decided by the group to carry out a survey on the practice opening hours in three months. Margaret had prepared the contents for approval by the group and handed these out. The following suggestions were made:

- To add in the opening times of the surgery so patient completing the survey were aware what these were;
- Add the status of the patient ie working, retired etc.

It was agreed that the content was to the point and everything else was ok.

Some discussion on who to approach and how many. It was agreed to run the survey for 6 weeks starting 1st October, this would catch everyone attending for the flu campaign and when the first flu letters go out in November it can be included. Some concern that it should go out to a good representation of the practice population, however it was noted that it was more relevant to users of the service. Agreed that this be handed out at the desk, possibly be put on line on the web site, enclosed with any letter that goes out.

A lot of discussion followed around how many. It was suggested that 10% of the population be used, Margaret advised that the National GP Survey is based on 25 per 1000 patients registered and we have 6200. After some debate, Margaret felt 150 would be sufficient anything above that becomes onerous. Everyone agreed.

Margaret to make changes to the survey form and email this to the group who will report back asap so that it is ready to go out 1st October..

3. Access

A&E attendances and Admittances has been discussed in previous meetings and this is also a priority with the Department of Health. All practices have to work to reduce these. Margaret advised that this is being monitored at practice level and any patient who attends and is deemed to be inappropriate is taken to the practice meeting where it is discussed with the GPs. If the GPs confirm it is inappropriate then a letter is sent to the patient along with a practice based leaflet. The leaflet has been designed to educate patients on the correct pathway and Margaret has brought this along to the group for them to give approval or suggest changes. The comments were:

- Self Care – can this be expand on as to what constitutes self care and what are the things we should have in our first aid boxes.
- Could the font be bigger 16 is normally the minimum
- South Shields Hospital telephone number is wrong
- Minor burns – perhaps stating what not to do ie put anything on it
- Should the practice telephone number not be on the front of the leaflet.

A suggestion to have this in different languages was raised and after further discussion it was agreed that this would not be practicable due to the practice population being 99% almost English.

Brian kindly agreed to take the leaflet and work on it and Margaret to email this to Brian.

Everyone agreed that the leaflet was a good idea in principle.

Choosing Well Leaflet: Margaret handed these out and these were also agreed to be an excellent source of information.

4. Any Other Business

(a) Telephone System

Mrs Foster stated that when she rings the surgery she is charged at premium rate and costs her a lot of money. Margaret advised that this was down to her supplier as the 0844 number should be charged at a normal rate and this clearly stated by the supplier. Margaret handed out the letter from the supplier which confirmed this. However, Margaret advised Mrs Forster that when she telephones the surgery she can ask to be telephone back and this will save her on telephone charges. No one was aware that this was an option and Margaret explained that all staff have been trained to identify if a telephone call is going to take longer than normal and if so they have to ring the patient back. Margaret agreed to make this more widely known to patients by putting in leaflets or posters and newsletters etc.

However, Margaret explained that the practice has been unhappy with the cost of the telephone system for some time. The system actually costs the doctors a lot of money contrary to belief that we save money. The contract is for 7 years and there is currently 2.5 years left to run. Margaret advised that she wrote to the supplier in May regarding a settlement fee and this was very high at £10,000+ and obviously unreasonable. However the supplier did take on board our concerns and has agreed to reduce the cost of national and mobile phone calls,

In the meantime, Margaret met with another supplier last week who would buy the practice out of the contract but this would be another 7 year contract, however, with an 0191 number and cheaper system. Margaret also advised that if the system was only slightly cheaper than she would be happier to wait until the 2.5 year contract was up to be free to explore all options rather than be tied in for another 7 years.

Mr Robertson commented that this is a classic example of a situation where not everyone understands the complexity of business and contracts that the business is tied into and therefore not able to change because some patients are unhappy.

5. Date and time of next meeting

Mrs Robertson advised the group that the next meeting would be 13 December and could this be changed to the first week in December. It was agreed to change it to Monday 5th December and to meet earlier at 6pm.