

**Dr Perrins & Partners
Patient Reference Group**



Tuesday August 12th 2014 at 6:15

Present:

Ann Scott
William Scott
Audrey Inkster
Ann Coulter
Mr & Mrs Risbridger
Vikki Biggs
Michael Dawson
Robert Paterson
Dorothy Robertson
Carol Craggs Practice Manager
Dr Pattekar
Sue Barnes Senior Nurse

Matt Curtis
Vera Skipper
Marjorie Simanis
Pat Brown
Jean Brown
Sheila & Jock McConnell
Stephen & Julie Purcell
Dorothy Richardson
Margaret McPherson Business Manager
Emma Kitching Trainee Practice Manager
Bob Wilson

Apologies:

Bob Pollock
Keith McDaid
Ann Foster
Maureen Leadley
Ann Marshall
Brian Richardson

1. Introductions and welcome to new members

Bob welcomed all new members advising that he currently chairs the meeting and has been doing this for the past couple of years. Bob gave a brief outline of the aims of the group. Introductions of all new members followed, some of which had been with the practice for a lot of years.

Margaret gave a few words to thank everyone for coming along to this meeting and explained that there were a lot of new members as the practice had a drive to try and recruit patients, all of which had been selected by their GP. Margaret explained the aim of the Group was to have a representative of the practice to discuss issues relating to service delivery and change and also to gain feedback from complaints and significant events. The group also had the remit to suggest surveys and questionnaires and it is for this reason that the practice needs a good representation.

2. Minutes of Last Meeting

Matters Arising

Member Letter: Margaret advised that she had sent a letter to Keith a former member who had been on the group for a lot of years to thank him for his support. Keith was very honoured to receive the letter but was not able to return.

GP Profiles: Margaret advised that the members from the last meeting wanted to have profiles of each GP on the wall. The profile would show who the doctor was, what they specialised in and the days that they work. It was suggested that these be put on the wall on the left as you walk into the practice. Margaret handed out the draft profiles, which were not complete yet but to give a general idea. Margaret went on to say that the idea of this was to allow patients to have a better understanding of which GP to visit as regards their problem. For instance Dr Perrins specialises in Cardiology and Diabetes whilst Dr Pattekar specialises in Gynaecology and Osteoporosis. However patients can see any doctor for any problem but by putting profiles up will give patients the information to choose the best GP for their problem if they so wish. This was felt to be a good idea and comments from the group were positive, Matt suggested putting the GMC number against each GP and this was accepted. It was also suggested that because the practice works with students, it would be helpful if the profiles could indicate which GP is working with students. Sue responded to this saying that students in with a GP are normally more organised in that patients are selected in advance due to their ongoing conditions and asked at that point. It is very rare that a student sits in with a GP in a general clinic. Dr Pattekar advised that the practice does have a process whereby if this were to happen patients are asked when they make their appointment. However, Margaret felt it was a point that could be taken forward by indicating which GP is working with students each week as this does change every week. Margaret suggested a profile on the students each year and also the GP Registrar. This was agreed. Matt also wondered if this information was transferred to the website and Margaret confirmed that this is the case. Sue suggested that this be in the newsletters too.

Matt volunteered to help with the tv screen and get it working for the practice and also offered to help with the notice boards.

Mission Statement: At the last meeting the group felt the current mission statement was dull and needed to be revamped. This had been redone and Margaret handed out copies for comment. Bob felt that it should be in a type 14 font for the visual impaired. There were not real changes suggested. This will be displayed along with the GP profiles.

3. Election Process

It was suggested by the Chair that this be postponed until the next meeting once new members have decided as to whether they want to be part of the Group.

4. Practice Champions

Margaret explained that she would like the group to take ownership and for members to be more active and involved in the practice over and above the group. Some members may just want to come along and give views and feedback which is absolutely fine. Some members may have time to come and help with patient surveys or feedback on service. Some members may have skills to help in other areas like advertising. There were a lot of discussion around this and in summary; some members felt that a

simple questionnaire when patients have been in to see the GP could work as this is done in the hospitals; it was suggested sending patients a text to answer a couple of simple questions; and it was suggested to use the TV.

All of these suggestions were good. However Margaret pointed out that when the practice does any questionnaire or survey, the demographics have to be involved. We need to know the age of the patient, their employment status and their health status as this information helps the practice to understand the needs of the population. Sending a text would need to be investigated as to software but that is dependent upon having up to date mobile numbers which the practice actively does this. Some patients don't have a mobile and some do not like technology. Margaret was asked what her expectations were and responded with suggesting that perhaps patients who were willing to give up their time could come into the surgery and have one to one with patients in the waiting room. This raised more discussion in that members felt that questionnaires generate a lot of work in collating and who would do this and was there spare desk capacity. Margaret advised that there was a desk behind reception and her idea would be that members would have a photo identity badge belonging to Trinity Medical Centre Patient Reference Group so they would be working in an official capacity on behalf of the practice and the group. It was suggested that a sub group be formed to explore this issue further and this was agreed.

5. Patient Complaints about out of hours and NHS111

Carol advised that we have been asked by NHS England to monitor the NHS111 service by letting them know what complaints are received from patients. When asked, no members had any complaints or were aware. Carol asked everyone to let the practice know if at any point they are unhappy with the NHS111 service. Matt felt that the NHS111 was not very good in that they directed most patients to A&E or their GP feeling that they were unable to take that risk on making the decision

6. Review of Complaints/Significant Events

Carol advised that the remit of this group was to give feedback on complaints and significant events that the practice receives. Carol went on to say that the practice does welcome complaints as this gives an opportunity to see what is not working and unless the practice is aware of things that are not working cannot put them right. Carol went on to advise of a **recent complaint** regarding a patient who complained that they could not see the doctor of their choice for over a week and one patient who didn't want to see a particular GP. Margaret advised that patients can choose to wait for a certain GP if they wish but if they need an urgent appointment or a home visit they cannot choose a GP or refuse to see a GP. One member outlined her story of when she telephone the practice for an appointment, the receptionist tells her to the walk in centre. Margaret responded by advising that this is a problem that the practice need to resolve as that clearly should not be happening, there should be capacity to give appointments when needed. Another member gave a different account saying that almost every time she has needed to be seen there has never been a problem for herself or her family. A few other members also commented feeling that the practice delivered a good service around access compared to other practices in the area. Members all agreed that in the event of needed a home visit or urgent appointment the patient should accept any doctor offered.

Significant events, Carol explained that this is a system that allows the practice to deliver a good service by exploring what went wrong and having learning outcomes. Carol went on to review a **significant event** which involved a patient coming into the practice to collect a blood form and was told by the receptionist that there was also a one for her husband. Carol went on to say that the receptionist should

not have done this as this is breaking patient confidentiality and had no idea of the dynamics of that patient's family etc. Carol went on to say that this got worse as when the patient and her husband went to have their bloods taken, the form the husband had was for a different patient and he didn't need to have his bloods at all. This was a really bad significant event and the learning outcome for the staff was that they always check date of birth when giving out forms but Carol highlighted the fact that staff should never give out prescriptions or forms unless the patient has asked for them specifically with the consent of the patient.

7. South Tyneside Clinical Commissioning Patient Reference Group

There was a lot of reference by Bob to A&E within the meeting but for the sake of the minutes I feel it better to pull it under the heading intended.

Bob explained that he sits on this Group which is set up to be a representative from each practice, however not all practices are represented. There are two practice managers and Emma Kitching from Trinity is one (**ADENDUM** just to clarify Emma is our trainee Practice Manager and the current practice manager on this group is retiring and Emma is going to the Group to gain experience and then to take over from the retiring practice manager.)

Bob went on to say that there is a consultation on an Urgent Care Hub which is being set up to relieve the pressures on A&E. Bob went on to say that it costs the NHS £87 for each patient who attends. The Walk in Centre in Palmers will close and the hub will be set up at the hospital. Matt went on to say how it worked in Gateshead and 111 is increasing the A&E attendances and patient's perception of A&E needs to be changed saying that he often attends patients with a condition that they have had for a few days and then decide to ring when the GP is closed. Bob commented that one third of attendances at A&E are repeat attendances.

The idea of the hub is that patients will be triaged and then signposted on the correct pathway. The CCG have been looking at how access and treatment for the people of S Tyneside can be improved and they have decided on an "urgent care one stop shop" initiative at South Tyneside General Hospital and they are holding public consultations about this over the next few weeks and are also having consultations with local health care providers and other local organisations. They will then close Jarrow walk in centre when the contract ends in May 2015.

The hub might include: minor injury unit, out of hours service, community pharmacist, walk in centre, NHS 111 telephone service and GP practice. They are at the moment looking at clinical evidence for urgent care in S.Tyneside and how urgent care services are being used at the moment. Also looking at the costs of the services that are being used at the moment. The public should access the CCG website on www.southtynesideccg.nhs.uk

Bob mentioned that cancer is high on the agenda and at the moment is lung cancer/smoking saying that this area is the highest in the country.

Clair Allen is creating a diabetes group which will be one stop.

ADDENDUM Emma mentioned that this was not mentioned: Helen is looking for any patient that would like to do a patient story it can be a good or bad experience.

8. AOB

(a) Next Meeting

It was suggested that our next meeting be held sooner than the quarterly one scheduled for November. This was agreed

9. Date and Time of Next Meeting

7th October 2014 at 6:15