

HEATHVILLE MEDICAL PRACTICE
Patient Participation Meeting
March 5th 2013 1.30pm

Present:

PPG Members

Mrs Mary Allen
Mr Denis Bottomley
Mr Michael Sheridan
Mrs Jean Cox

Practice Representatives

Dr Rhys Watkins – GP partner
Mrs Clare Barnfield – Office Manager
Mrs Vanessa Bassett – Practice Administrator

Apologies from:

Mr Derek Allen
Mrs Ruth Wilcox
Mr Ian Grimmet
Miss Helen Nasralla
Mrs Christine Hart
Ms Deborah Wolton
Mrs Sheila Hanman
Mr Michael Hunt

Mrs Christine Johnson
Mrs Emma Burrows

Vanessa introduced everyone to each other and Clare thanked everybody for attending.

1. Action Plan Update

From our first meeting we discussed what actions we had completed.

We have updated the magazine racks and will continually review them.

We have re-iterated to all staff about the level of noise in reception and will also remind people as & when necessary.

We have purchased a water dispenser which seems to have been well received.

We have ordered two new higher chairs for the waiting room.

We have tried to bring in new books for the children to look at but toys need to be washable to prevent the risk of infection.

We have moved the main room sign, and purchased a new white board to update which Doctor is in and what room they are in. This is in the main downstairs waiting room.

The intercom system was felt to be too much of an expense to replace with the prospect of our new building coming closer to fruition and unfortunately we really are unable to do anything about the parking problems.

The noise level in reception was not perceived by the PPG to be a big problem and they were very pleased with the reception team saying they are all very helpful and obliging. They felt that it is much nicer to come and see a happy bunch of people rather than miserable faces and did not think noise was an issue.

2. Survey for next year

It was agreed the practice will continue to use the CFEP survey each year.

3. Flu clinics

Everyone was very positive about the way we run our clinics. The PPG suggestion to ask patients to fill in their up to date e mail addresses and telephone numbers had only resulted in 171 patients giving us their details, which was a little disappointing when we had written over 3,200 letters, but better than nothing. The group suggested they may be able to help at next year's clinic to collate this information after patients had had their vaccination. It was also thought we could have a notice board up with up to date changes displayed to keep our more senior citizens up to date as not everyone has access to a computer to log on to our website.

4. Proposed New Practice Premises

The new plans were touched on and we explained that we would not be merging with the other practices, just sharing a building and some essential services. We all feel we want to keep our ethos. We were asked about the branch surgery at Tuffley and explained that we are keeping this and hoping to extend and enhance it, being in the process of obtaining an improvement grant. We have no intention of closing this surgery in the near future.

5. Appointments

Appointments were discussed and we advised everyone that we are in the process of trying to keep patients continuity of care with one or two Doctors of their choice. This was felt important by the group. We are now encouraging patients to pre-book their appointments in advance, leaving capacity for urgent cases to be seen on the day as well. The PPG were surprised to hear that we see about 650 patients a week and the only problem with pre-booking in advance is that the DNA rate increases. In the new building we may look at text messages to remind patients of their appointments. The way we let people know of changes was discussed and as a result of this it was felt it would be very useful if we could put together a newsletter so that this could be available in the waiting rooms and could be displayed locally in any of our patient's group communities and perhaps the Gloucester Carers society.

We discussed the complaints the practice had received regarding appointment times and commented on one when a patient collapsed outside of the surgery and therefore another patient had to wait 20 minutes for his appointment as the GP was attending to the emergency. He had said we should have had a better contingency plan for such an occurrence. This was felt to be an unreasonable comment. It was suggested though, that as far as possible, the receptionists let patients know when a GP is running late, perhaps writing this on the white board as well as word of mouth.

AOB

Data sharing was mentioned and we explained that we have no control over the local hospitals knowing patients addresses and telephone numbers as these are uploaded from the computer automatically. There are obviously good and bad aspects of this.

We advised the PPG that we have to have a new computer system installed soon because our software will be unsupported from October. We are letting patients know on the back of their repeat prescriptions and it is on the website, but we will also compile a newsletter as above to let patients know this. The last week in April we will be conducting emergency surgeries and will be up and running with the new system 30th April.

Communication was felt to be extremely important and we agreed to look into the possibility of having a television screen in the waiting areas when we move buildings.

The practice is now registered with the CQC (Care Quality Commissioners) who now regulate us as they do dentists, hospitals and care homes. An overview of the vast amount of work involved to ensure the practice is up to standard.

We discussed the proposition of changing the time we give the majority of results out, and it was decided that we should trial what the receptionists wanted as they are the ones at the end of the phone. We will trial the time changing from 11.30-12.30 to 13.30-14.30 and see if this proves better for all concerned.

The group felt we need to make sure patients know it is their responsibility to ring up for their results.

Medication waste was brought up by one member and Dr Watkins explained the rationale behind their thinking when prescribing new medication which may or may not suit the patient. We also said that we are one of the best practices locally with regard to prescription waste and that we are 6% underspent on the budget we are given locally. We also explained that we keep a close eye on pharmacies ordering patient's prescriptions as sometimes medication is not required by the patient. Clare & Vanessa had been on a Medicines Management course a few years ago to try to make sure medicine is not over ordered or wasted and so this is close to our hearts.

We were asked why we had started the PPG up and we said that the PCT had suggested practices with these groups had found them very helpful and there was also some remuneration attached to setting one up. We have to admit we were hesitant at the beginning but have found our Group extremely helpful and the feedback between ourselves has proved to be very informative to everyone involved. We are grateful that we have such a positive group and that we are gaining ideas.

The patient group wanted to let us know they think we are a very good surgery and they have nothing but praise for us, which was extremely nice to hear and that the meeting was very interesting.

Some of the email feedback from PRG members were:

"overwhelmingly positive feedback is obvious. This is a testament to the professionalism of all the staff here and the general ethos of the surgery as a whole. A clear emphasis for continual improvements. A few things that people highlighted as needing improvement will be relevant as the surgery progresses and eventually relocates".

"I cannot see a solution for doctors running late because they are at the mercy of their patients and have little control over how long an appointment takes".

"The survey is very good and I am sure the practice will be pleased with it. I am not too sure that I would appreciate a kiss from Dr Richards so I will have to pick a male doctor if this is introduced!"

The practice priorities for the next year will be centred on a new clinical computer system from April 2013 and the smooth implementation and our impending move to new premises on Horton Road due for July 2014. We all agreed that would take up most of the time for the next year. We did agree that a patient newsletter would be very beneficially to keep all patients up to date with all of the impending changes.

ACTION PLAN – See separate document for full details of the plan.

New chairs to be delivered

Trial new time for results to be given out

Practice newsletter

New computer system – patient notification

Next meeting to be scheduled for about six month's time in September 2013

Date will be confirmed no later than 6 weeks before.