

**Rother House Medical Centre
Patient Participation Group Meeting
Tuesday 30th July 2013
18:30 Rother House waiting area**

Present:

Elizabeth Dixon ED
Anthony Jefferson AJ
Elizabeth Cole EC
Peter Toozer PT
Tricia Price TP
Mike Morrison MM
Shelagh Williams SW
Linda Pollack LP
Sally Bee SB
Tom Ganner : Practice Manager TG
Janet Spencer: Assistant Practice Manager JS
Dr Katharine King KK
Dr Cristina Ramos CR

Apologies:

Alan Marks
Angela Wylam
Annette Smith
Dr Tim Crook
Dr Sam Khan
Dr Lucy Blunt
Stella Tolhurst
Edward Tolhurst

Welcome: TG

TG thanked everyone for coming.

Minutes of Previous meeting:

The Minutes of the previous Patient Participation Group Meeting held on 17.4.13 had been circulated by TG. It was agreed by those present that they were an accurate record of that meeting.

Matters arising not covered in the agenda:

ED said the CCG meeting had been abandoned due to the fire alarm going off. She was able to confirm however that the Translation service currently in use was the cheapest available.

Tom was looking into the items about online appt booking.

Other work was going on to look at appts online for nurses.

The Heart Failure nurse had retired and interim measures had been put in place but the post had now been refilled.

Update from Clinical Commissioning Group Patient Group Representative: ED

ED continues to send information from these meetings to Tom and Tom circulates this to the rest of the Group. The CCG PG members had expressed their concern at the meeting dates being changed with little notice and one cancelled just an hour before it was due to start! CCG have said they will try to stick with agreed dates .

ED also attends the CCG Gateway meetings which decide on future spending. Look at <http://www.southwarwickshireccg.nhs.uk/>

Results on movement of phones - Feedback phone survey results MM/TG

At the last meeting the Group had agreed to participate in a Telephone survey which involved members of the Group making random telephone calls between 18.4.13 and 3.5.13 and recording their experiences. 88 items were recorded. Tom gave a presentation of the results of the audit, a copy of which is attached to these minutes.

The outcome of the survey were that although our staff were noted to be helpful and friendly we must do better. Patients are still experiencing a lot of engaged signals. Waiting on hold can be a long time. The new system does allow us to understand where resource is being directed.

Comments of note were:

Tom qualified that limitations should be noted that at the time of the survey there were a number of new staff being trained. He also pointed out that demand is variable.

ED suggested having message saying that caller was in a queue.

LP suggested having message saying what number in queue caller was.

PT suggested having more online appointments.

TP emphasised that the current Reception Team are lovely and she finds them very helpful.

Tom suggested that more staff training was required to reduce individual call time. For longer more complex problems it may be possible to create a callback list to free up the phones at the busier times of day. It was agreed there was no easy answer but we want to improve the system and we need to work on the problem areas highlighted by the audit. The Group felt it was best to re-do the audit in January 2014. Tom thanked everyone for taking part in the survey. Tom will put a summary of the audit on the screen in the waiting room.

Infection control at Rother House MM

Hand gel dispensers

MM had noticed that the hand gel dispensers were empty.

Tom said that at the moment there is no requirement to have them. They were left over from the when swine flu was prevalent and we had been using up old stock. The empty bottles have now been removed but the holders will be left in place.

Tom said that we have a CQC handwashing policy for all staff and each basin has a laminated sheet next to it with instructions on thorough handwashing procedure.

ED mentioned there is a handwashing video for staff which she will send the link to Tom.

High level ledges

MM had noticed that the high level ledges need cleaning.

Tom will speak to the cleaners about this.

Progress on re-upholstery

Tom gave an update on the situation regarding the re-upholstery of the seats in the waiting-room. They will be re-covered in Rother House blue in the next few months.

Patient Notes ED

ED asked if we record items such as Do not Resuscitate, Power of Attorney, Next of Kin, Donor card holders etc on patients' notes. We do record this information if we are told about it. In particular it is recorded in the notes of patients who live in Nursing homes and also in patients with cancer. It was decided that the patient registration form could be redesigned to incorporate and record items such as this.

Another Representative for CCG PPG ED

ED mentioned that some Practices are sending two representatives and ED wondered if anyone else would like to attend. Even if two people attend it is still only one vote per Practice. Tom emphasised that continuity was important and it was generally felt it would be a good idea in case one representative couldn't attend on an occasion. Linda Pollock has volunteered to be the second representative.

Automated blood forms when required for next 6 months. Would this save an appt?

TP

For patients with six monthly scripts, rather than coming to see the Dr, could the computer system initiate blood forms. CR said that we have been working towards this but that currently the Dispensary staff and Practice nurses keep an eye on this.

Contacting Dr's if worried about a third party patient TP

TP asked how to let Practice know if someone is worried about a patient. KK says okay for third party to inform us but we cannot give information to third party about patient unless patient gives their consent.

Practice Booklet JS

JS reported that Practice Booklet update is overdue and had previously been postponed while the Branch surgery settled in. We now really need to update it. Over the past few years the content has grown to 12 pages and JS would like to condense this. JS wondered what the Group thought about this? ED offered to obtain some comparisons to look at. CR mentioned that she had been particularly asked to include information about bereavement in the booklet. JS will liaise with ED about this.

Agree 3 areas for current year TG**Modifications to Reception:**

Before end of year plan to re-do counter area – bring to lower level and make more patient friendly.

Phone texting service:

For appt reminders and possibly other limited information – need to keep tel nos up to date.

GP feedback system:

For both patients and staff if they have experienced difficulty or a good experience we have an electronic system to send feedback form to CCG. Example given by CR was if patient attended an outpatient appt and the consultant didn't have the patient's notes. Another example was the phlebotomy service. This feedback is being audited by the CCG. It is designed to find patterns of behaviour. It is not a vehicle for complaints about us or any other service provider. It is a feedback system that the Practice is piloting and needs to include feedback from patients.

SB said it would be helpful to give patients a pointer on what sort of thing we are looking for. Tom will put information on the website and on the waiting room screen. There will also be some printed sheets in the waiting room.

Update on change of clinical system TG

Tom reported that the transition to EMIS WEB had gone better than we anticipated. It had been a big change for all the staff but the result had been better quality information. Tom thanked the patients for bearing with us through the changeover period. In six months there will be a slight change to the appointment system to bring this inline with EMIS.

AOB:

Tom introduced Sally Bee who has joined the Patient Participation Group.

EC had a prescription counterfoil which had an extra digit in the Practice Telephone number. Tom will look into this and make sure it is corrected.

TG Phlebotomy is still on the Agenda. Tom said we cannot have a LES (Local Enhanced Service). However in April LES's will stop and we will go to AQP (any qualified provider) which will open it up to anyone qualified to do it.

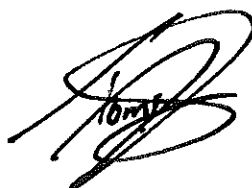
AJ Raised subject of NHS 111. Tom mentioned that we are keeping a close eye on this but that we currently know no more than the patients.

LP said how much she liked the Branch surgery.

PT mentioned that there are currently two versions of Patient reports on the website which is confusing. Tom will look at this.

The meeting closed at 19:45

Date of next meeting Wednesday 13th November 18.30

A handwritten signature in black ink, appearing to be 'Sally Bee', written in a cursive style.