

**Rother House Medical Centre
Patient Reference Group Meeting
Wednesday 13th November 2013
18:30 Rother House McWhinney Suite**

Present:

Elizabeth Dixon ED
Peter Toozer PT
Tricia Price TP
Mike Morrison MM
Shelagh Williams SW
Annette Smith AS
Jim Leach (Bridge House PPG) JL
Tom Ganner : Practice Manager TG
Janet Spencer: Assistant Practice Manager JS
Dr Cristina Ramos CR
Dr Tim Crook TC
Dr Peter Hutchinson PJH
Dr Sam Khan SK

Apologies:

Stella Tolhurst
Linda Pollock
Tony Jefferson
Elizabeth Cole
Sally Bee

Welcome: TG

TG thanked everyone for coming and welcomed Jim Leach who is a member of Bridge House Medical Centre's PRG. JL was attending to see how we run our meetings.

Minutes of Previous meeting:

The Minutes of the previous Patient Reference Group Meeting held on 30.7.13 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: -


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**Update from Clinical Commissioning Group Patient Group Representative:
ED**

What information do members want to receive?

Do members want to receive minutes of SWCCG meeting or just a summary?

Members agreed they would prefer to receive a summary of the SWCCG meeting, not full minutes. No extra paperwork will be forwarded unless ED thinks it is important that it is included. ED will forward to Tom for circulation. Members can request specific documents on an individual basis as required.

Terms of reference

Members names on website along with Minutes of previous meeting?

Tom handed out copies of the Terms of Reference for Rother House Medical Centre

Patient Reference Group to all present at the meeting. It was agreed that at the next meeting in February 2014 a re-election of key members will be held.

Resignation from group – Trish Price

TP is moving out of the Practice area to Worcestershire having been a patient at Rother House for the past 32 years. Tom thanked Trish for all her help especially due to the fact that she helped set the original group up some years ago. Trish's input has been greatly appreciated especially with her call centre experience.

Appointment system and telephone access

MM reported that he has had more occasion to contact the surgery recently and was disappointed with the inconsistency in the answering of telephones. One day it would be fine the next not so good. He asked have we really progressed since the phones were moved upstairs? On one occasion he pressed redial for 50 minutes. MM also mentioned that one Receptionist had been argumentative with him when booking an appointment.

TG expressed sadness at this and responded that it is important for patients to feed back to us on this. TG mentioned there were access issues across Primary Care due to demand and also touched on the extreme pressures we are currently working under. It was acknowledged that whilst much work has been done to improve things we still had a lot more to do in terms of making it easier for patients to contact the practice. However, the work that has taken place over the past 2 years has enabled us to set up proper platforms, giving us better control and understanding in terms of directing resource appropriately. Despite all the system tweaks and improving staffing levels TG stated that we still have capacity issues and have therefore recently advertised for 2 new additional full-time apprentices through the National Apprenticeship Scheme. Part of their job will be to answer the phones. Tom had recently done a local survey on all the local surgeries to establish what staffing levels other practices have (adjusted to



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per 1000 patients on list). The results of this suggested that we are a bit low on staffing of phones, although some practices have exactly the same staffing levels as we do. ED suggested using the screen to inform patients about best procedure for telephoning the Practice. CR said it would need careful phrasing as we don't want to discourage those who are ill from calling. However, it was agreed that some general statistics on the patient screen would be very helpful.


Update on agreed 3 areas for current year modifications to reception

TG stated that the recent Reception refurbishment was now nearly complete and everyone agreed that it was a big improvement. Both staff and patients have commented on how much better it is. It is not completely finished yet and there are more plans for the rest of the Reception area particularly around the lighting and decoration. A hot air curtain will be installed over the doors to make the waiting area warmer in the winter and hopefully reduce the loss of heat through the front doors. TG thanked everyone for their support whilst the refurbishing work was carried out. The work had cost in the region of £10,000.00 which has been paid for by the Practice.

Phone texting service

TG reported that limited progress had been made with this. Texting won't work at present as we currently have a hybrid system. We will be changing from the Frontdesk appointment system later in the year to a fully integrated appointment system within EMIS WEB (the software that we use to record patient records). In January we will push updating mobile telephone numbers with patients in preparation for a full texting service by the end of next year. A recent audit suggests that our DNA rate for appointments is 4%. This is below the national average but is still a significant waste of appointments. A text appointment reminder service would give patients a reminder to attend or a potential to reply by text to cancel their appointment. This would allow the appointment to be made available for someone else. PT asked what happens about people who DNA. TG said if the cost of an Interpreter is involved we chase up the patient. We aim to use the texting service to remind patients about their appointments. ED suggested we put DNA information on the waiting room screen to make patients aware that this happens.

TG mentioned that at the end of this month (28.11.13) we will be uploading to SCR (Summary Care Record). The upload will take 4 days and will enable hospitals to access limited information from patient records mainly demographic information, medications and allergies. This is an opt out system and the notes of those patients who wish to opt out are coded so their information is not accessible. This should not be confused with another system known as HSCIC care data, which is a Public Health led plan which patients will be receiving information about from the DOH shortly. This system will be fully compliant with



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the Data Protection Act. Information will be used with the intention to improve planning of health and social care for the future.

.GP feedback system

TG reported this system is working well and is helpful for the CCG. It is being used by patients and clinicians.

Update on change of clinical system

TG said that four months on the system is settling down. SK has been the Clinical lead on the migration to EMIS Web.

SK reported it has been a huge change as we have moved to a very different system. The team have taken to it well. Initially there were some issues around messages on some repeat prescriptions but this has been addressed. A team meeting is taking place next week to discuss how we are getting on with using EMIS Web.

Official opening for the Branch Surgery Friday 13.12.13 16:30

TG The Practice will be inviting members of the PRG to attend the official opening of the Branch surgery which is being opened by our local MP at around about 5.00pm. Tom will be sending out details shortly. Refreshments are going to be served.

ED suggested park in the Waitrose car park or use 333 park and ride bus.

Phlebotomy update

TG reported encouraging news. TG is fairly confident we may have a contract in place by April 2014. We are starting to get staff trained for this. TP asked if it will include Consultant requested tests. TG replied that there is a lot of detail to be worked through but the benefits to patients will be foremost in consideration. It is hoped it will improve things for everyone.

Annual Practice Survey

TG suggests we use the same template. It will be available on the website. Please encourage people to complete it when the time comes. Paper copies will be available in the waiting room. It was suggested it might be useful to put a comment on the survey form to remind people to check that we have their up to date phone numbers.

AOB:

CR Stratford Hospital CR announced that the hospital site is being re-developed again. It will be a 3 phase project and will see a lot of the services which were taken away 10 years ago, coming back. The 1st phase will include a Cancer Services ward, Diagnostics and a brand new Ophthalmology Department which will be the main South Warwickshire Ophthalmology clinic. Parking will be moved around. There will be a fund raising campaign.



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CR Discharge to Assess (DTA) CR told the members about this project which is taking place in Kenilworth and Stratford. The aim is to relieve bed blocking in hospital which creates huge pressures on the hospital services and make sure patients are cared for in the most appropriate location. The pilot is looking at patients who are medically fit for discharge but are not yet quite well enough to go home. Patients are discharged from hospital to local nursing homes. It is currently operational and involves making sure patients are in the most appropriate setting to recover. It is run by SWFT and SWCCG and the Local Council. CR reports that it has been going really well.

TG Rother House Car Park TG reported that the car park will potentially be closed for some time while the entrance is being re-modelled. When this happens some parking provision will be in the cattle market car park, however there will be some dropping off space provided for patients who are unable to walk that far. Work on the junction is due to be finished by Christmas. Comments on the signage were made. TG said the signage is wrong. JL commented that he has visited other local Practices and he commented that concerns about parking at Rother House were not as bad as other surgeries.

JL thanked the PRG for allowing him to join them this evening.

Date of next meeting Tuesday 25th February 2014

The meeting closed at 7.25pm

A handwritten signature in black ink, followed by the date '4/4/14'.