

PATIENT FORUM MEETING
19th March 2014 at 1.30pm

Present: Melanie Shotton, practice manager (PM), Helen Bell, business manager (HB)
Carol Greenwood (minutes)
Patient representatives: (PR)
JH, MC, TC, VW, AH

Apologies: BM, AC

	Action
<p>1 Welcome and Introductions MS will be meeting BM who was unable to attend the meeting, next Tuesday for his feedback to the patient survey.</p>	MS
<p>2 Patient Survey Results 2013/14 HB noted that the overall satisfaction has dropped to 86% from the previous year's 88%. The general consensus from the Patient Reps was one of surprise and thought things had got better. One patient rep (PR) commented that it could be because there have been several changes. HB suggested that it could be due to patient's expectations being raised because of the media.</p> <p>Feedback from patient reps One member found it difficult accessing a GP, being unable to pre book appointments and having to wait to make an appointment on the day. Although there has been no difficulty getting an appointment on the day. It was explained that there are a few pre-bookable appointments as well as appointments embargoed on the day. There are also online appointments. However, there are no pre-bookable appointments following a bank holiday.</p> <p>The survey reflected on going issues some patients are experiencing in the Bearpark area due to changes in the repeat prescription request process which took place last year. MS said she had taken on board the comments from patients and had asked the pharmacist for his views. As the process is now well established MS had asked the pharmacist to direct patients who are still experiencing problems and they will be addressed on an individual basis. It was noted that it is a good service if one is mobile. It was accepted that there could not be a service that is suitable for everyone.</p> <p>HB outlined the recent changes:</p> <ul style="list-style-type: none">• Increased capacity on weekends at Framwellgate which will continue until at least end of May, hopefully for the next year at least. The service is accessible by patients from all of our sites.• Additional funding has been made available to the practice from North Durham CCG so that we have extended hours at Bearpark and Gilesgate. Information on extended hours will be available on the website and in the waiting areas; (Gilesgate – Tuesdays; Bearpark – Thursdays) when staff are in place.• All of the practices in North Durham are working together and offering appointments across practices over a weekend. 111 will look for the	

nearest surgery eg if we are closed at 1pm, The Medical Group are open until 6pm. Also looking at working with 111 to book appointments during the day.

A number of comments were made about the NHS 111 service:

One patient rep commented that 111 was an excellent service – husband had a water infection and she had rang at 10pm at night; a car was sent 20 minutes later.

Another commented that 111 was a very good service A friend of hers was unwell on the train and following a call to 111 an appointment was made at UHND Urgent Care Centre

One patient rep had a bad experience of 111 – a lady had an accident on her kitchen floor and wanted to speak to the lady who was kept on the phone for 20 mins while being asked questions. The lady was visibly distressed and in pain – she had a broken leg and arm. The patient rep put down the phone and dialled 999.

One patient rep said that she had a good experience with all three practices. However, the problem for her is ringing through to make an appointment while at work and having to re-dial. Sometimes when she gets through it would appear that she has been cut off – would be good to have some music or voice recording while waiting for reception to answer.

One patient rep thought it would be interesting to know if people who are booking appointments online are working people.

One patient rep enquired about ambulance bookings. HB informed the group that the Ambulance Service was going to be run centrally so there is more flexibility. The Deerness Car Scheme was a car scheme run by volunteers.

The reception desk is very high and not so easy to access. MS said changing the reception desk was very costly because there is lots of wiring attached to the desk. It may be possible to modify the reception area and cut out a section for wheelchair bound.

MS

MS mentioned that a program of repairs across the practice was underway. The carpets at Bearpark are a priority – we recently under took a Deep Clean and they have been left in need of replacement.

The group discussed the appointment booking system as it is not revealed which doctor a patient is having an appointment with at the point of booking. It was felt that it would be nice to know who a patient was seeing especially when it is a follow up appointment rather than having to explain all over again to another doctor. MS said she was not aware of any reason why this couldn't happen and would discuss it with the reception staff. It was noted that name badges are now worn which is helpful.

MS

HB said the Ele kiosks are to be installed in each site for the purpose of capturing patient feedback on an on-going basis instead of annually. They are touch screen devices that offer the practice flexibility to amend the questions to reflect current priorities or issues to be addressed. The data collected will which remain anonymous. The group were asked and agreed to trial the new

equipment before it goes live in each site.

A question was asked whether when moving house the patient can stay with the same practice. HB said that the patient can stay with the same practice if within the boundary – there is a boundary map on the website.

There was some very positive comments received about all of the GP Partners in the practice, Dr Welsh in particular.

HB informed the group that from 1st April a pharmacist will be working with the practice, who will become an independent prescriber after summer. She will offer a personal touch when people are coming out of hospital eg will contact patient re discharge medication. This news was well received and commented that it will cut down wastage.

Two community nurse practitioners will be working collaboratively four days per week (one at Chastleton and one at Bearpark) who will be trying to keep patients out of hospital where appropriate. GPs' workload has increased and will be better managed with the use of nurses and free up more appointments.

3 **Any other business**

MS tabled information on CQC and informed the group that lots of practices have been checked by CQC inspectors. During their visit they expect to meet patients from the patient forum. MS asked the group if we could contact them to invite them to meet the inspectors and be open with comments.

One patient rep commented that she had been with Framwellgate for 50 years and never had a problem. Always there for her and her family. Always a good, caring practice.

Julie was asked for feedback from her children – would be very useful to have feedback from a younger generation.

Julie

Communication board – MS suggested a JX communication board to inform patients on eg health checks, shingles vaccines etc. Some patients are not aware of the services available to them. However, it was noted that some of the group would not like their name to be shown on a display screen but it would be a nice touch if the doctors came out of their room into reception to collect the patient.

MS

4 **Date of next meeting**

Wednesday 11th June at 1.30pm. Topic: Sharing of information. MS will sent out information in preparation.