# **Garswood Surgery Patient Group Meeting**

# Wednesday, 7 December 2011

**In attendance:** Mrs B Ashcroft

Mr D Chesworth Mr K Cleary Mrs S Cleary Mrs L Cooley Mr L Cunliffe Mrs S Cunliffe Mr J Evans Mrs J Evans Mrs K Gaskell

Mrs S Greenwood Mr L Harrison Dr J Holden Mr B Knowles Mrs B Lightfoot Mr T Naranayan

Mrs T Peet Mr J Rice Dr S Shah Mrs P Williscroft Mr P Zecevac

## **Apologies for Absence**

Apologies for absence were received from: Miss L Clayworth, Mrs R Chesworth, Mr S Bell (PPI Manager) and Dr J White

# **Minutes of Last Meeting**

The minutes of the meeting held on 29 June 2011 were agreed

# **Matters Arising from Minutes**

# **Clinical System**

The installation of the new EMIS clinical system had been re-scheduled for 1 November 2011. however there continued to be delays in the installation of the word processer which had caused the original install date of 19 July 2011 to be postponed. Unfortunately, the installation date had once again been postponed and was rescheduled for 17 April 2012. SG advised that she was confident that this new date was firm as she had received confirmation from EMIS that they had started to roll out the new word processer to their pilot sites from mid November and that so far it had been a successful implementation with very few reported problems.

## **Telephone Call Queue System**

The group reported a mixed response to the telephone call queue system. They advised that some patients did not like the telephone call handling system but overall most seemed to appreciate knowing they were through to the practice and able to decide whether to hold on or ring back in preference to simply hearing the engaged tone. BL advised that the recorded information regarding carers was useful in helping to highlight the help available for carers.

## Patient Self Check in System (Automated Arrivals)

As this was linked to the installation of the new clinical system there was no further progress to report in this regard

## **Prescription Problems**

The script logging system seemed to be working well and PZ confirmed that there were no problems. None of the group members who collected repeat medication reported that they had experienced any problems. This was an interim measure introduced to help alleviate the problems we were experiencing with missing prescriptions. SG advised that it was possible that the new clinical system might offer an alternative methodology but for the present the script logger seemed to have resolved the problem and the incidence of missing prescriptions had been considerably reduced.

#### Car Park

Some resurfacing work had taken place on the car park and the potholes filled. KC advised that he had observed the Pharmacy van was parked in the disabled spot which had the dropped kerb. PZ advised that the van was parked there to assist with security as that particular spot happened to be monitored by the security cameras. It appeared that one disabled patient in particular needed to use this particular spot because the dropped kerb facility was necessary to assist with access. It was suggested that perhaps some arrangement could be entered into whereby the patient advised the Pharmacy when he needed use of this particular spot and the pharmacy van would be moved to facilitate access.

# **Practice Update**

#### **New Staff**

Dr Otto and Dr Nuttall had left and they had been replaced by Dr Fazala Mehnaz who would be with us until early April when she would be replaced by Dr Kahzmi. Dr Shah would be with us until the early February 2012 and would be replaced by Dr Gililland. Dr Gupta would be with us until early August 2012 and would be replaced by Dr Chapelle.

## **Dr Parr – Maternity Leave**

Dr Parr was due to return from maternity leave at the beginning of February

## **Patient List Update**

The patient list had increased to 3,964.

## **Patient Survey**

It was necessary for the forthcoming Care Quality Commission submission and the Patient Participation Directed Enhanced Service (DES) to be able to evidence that we are listening to our patients and acting on patient experience feedback.

The purpose of the Patient Participation DES is to ensure that patients are involved in decisions about the range and quality of services provided and, over time, commissioned by the practice, including involvement in decisions that lead to changes to the services we provide or commissions, either directly or in our capacity as gatekeeper to other services.

When this was discussed in December the group had felt that we should be offering our patients the opportunity to complete a patient questionnaire at any time rather than running specific campaigns. To help facilitate this we have purchased a piece of software that allows patients to submit an electronic version of the GPAQ questionnaire using a touch screen. The software was very simple to use and also allowed for additional bespoke questions to be added so that it could mirror the paper version of the questionnaire that had been agreed at the last meeting. It could also provide full analysis of patient responses which could be graphed. It was hoped that installing it next to the self check screen in would raise patient awareness of the questionnaire and hopefully promote its use.

The group requested that a paper version of the questionnaire still be available for those who preferred an alternative to a touch screen. SG agreed to facilitate a paper version and provide a posting box in the patient waiting area.

The results of the patient questionnaire for the period up to end March 2012 would be presented at the next meeting.

## **Annual Patient news leaflet**

An updated version of an annual news leaflet for patients incorporating the suggestions made by the patient group at the last meeting was tabled and accepted by the group. KC suggested that the leaflet could be circulated alongside the parish council newsletter. This suggestion was very welcome. KC advised that he would liaise with SG in this regard.

### Influenza

It was reported that this year the Saturday flu drop in clinics had proved successful and that there had been very little waiting time for patients who had used these clinics. Over half of those who needed vaccinating had been vaccinated via these two clinics. The group felt that the Saturday morning flu clinics were welcomed by the patients and those that had attended the clinics agreed that their experience had been that they had seemed better organised this year and their wait time was minimal.

It was suggested that uptake might be improved if we wrote out to those patients aged under 65 to invite them for a flu vaccine. SG explained that overall, those who wanted a flu vaccine did generally attend and that it was very expensive to e-mail everyone who actually qualified. There was no issue with regard to uptake, all the necessary uptake targets were exceeded and no evidence to suggest that those patients who qualified were unaware of their eligibility.

## LINk

BL had recently joined the practice and as an active member of LINk encouraged the other group members to actively engage with LINk. SG felt that this would be useful to help ensure that a

reasonable and realistic patient voice was heard and help offset that of patients who used LINk and other patient focus groups to air their personal agendas. Whilst personal agendas had their place in describing issues with a patient journey, the overall representation needed to be focused on the general health needs of the population as a whole.

## **General Practice Award**

JH advised that the practice had recently won a national General Practice award for its Chronic Disease Management recalls system. The practice had been nominated for 3 categories, Practice Administrative Team of the Year, Practice Innovators of the Year and General Practice of the Year. We were awarded the Practice Administrative Team of the Year for which we received a trophy and a cheque for £250 which was presented to SG and TK at an award ceremony in London. The award recognises clinical excellence and considers nominations from general practices across the nation. The patient group congratulated the practice on this achievement.

## **Date & Time of Next Meeting**

It was proposed that the next meeting be held in June 2012, date to be confirmed.