

MINUTES OF THE ORSETT SURGERY PATIENT GROUP

HELD ON MARCH 15th 2012 at 6pm

In attendance: Charmaine Bishop, Ann Eve, Colin Eve, Anita Griffiths, Joanne Hoare, Frances Shaddock, David Shaddock. Dr Murray Colburn (GP Partner), Joyce Mallagh (Practice Manager)

Minutes:

1. Dr Colburn welcomed all to the second meeting of the group and each attendee introduced themselves.
2. **Apologies** have been received from Maureen McPherson, Madeleine Flynn, Rosemary McLaughlan and Frederick Roberts.
3. The group agreed that as no contact from Jill and Cliff Graham after second invitation, their names will be removed from members list.
4. It was noted by the group that there were no younger members. It was agreed to alternate the meetings between day and evening, to encourage younger members to attend.
 - a. Action: JM to ask the midwife to ask mums if they would be interested in joining.
5. There were no amendments to the last meetings minutes.
- 6.
7. Review of the Patient Participation Survey report and Action Plan.
 - a. 179 patients completed the survey and it was felt that the report was generally positive.
 - b. The lack of young members in the group was noted and the ethnicity graph fairly represents the practices patients. It was felt the question regarding which practice you attend, was not necessary.

Dispensary

13% of replies said they were unhappy with the confidentiality of the Dispensary. Opening times and location were not raised as an issue for concern. Dr Colburn said that the location and size is being discussed and we are working with our architect to find a solution.

E.Mail prescription request service

66% of replies said they would like a secure e.mail for requesting repeat prescriptions.

Action Plan Item 1: JM will arrange this e.mail address and train staff to manage the service efficiently. We aim to go live on April 10th 2012. The group discussed the proposed advertising and amendments were suggested.

Action: JM will action these.

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Obtaining Test Results

38% of responders said they were not aware of the procedure for obtaining test results.

Action Plan Item 2: MC will speak to all Doctors and request them that when giving a test form to the patient, to explain the results will be available in 3 days and the patient can phone in. However, all results are read a Doctor and if there are any abnormalities for concern, the Doctor will contact the patient. Note that minor abnormalities will keep and a note added to the screen for when the patient calls in for the result.

Premises and Parking

77% of responders said they thought clear signage would discourage inappropriate use of the car park. A metal chain was also suggested as a deterrent for early visitors to the hospital who have been observed blocking spaces well into surgery time.

Action Plan Item 3: It was agreed to erect a sign at the entrance with the surgery name and wording to the effect of “Parking for visitors to the surgery premises only”. Time frame for this work by September 2012. JM to liaise with members on the final draft before ordering.

Other comments from the survey and patient group

JM reported that new chairs have been ordered for both surgeries which meet control of infection requirements and address comments from patients regarding some armchairs to assist with getting out of chair

Doctors appreciate it can be noisy in the waiting area and will be asked to come to the waiting room entrance when calling names

MC apologised for entering room without knocking, which was raised in the survey

Waiting times was raised in the survey. Members of the group said they too had waited an hour to see Doctor and then rushed through in 5 minutes because Doctor said she was running late. **Action:** MC said he would raise this at the Doctors meeting.

MC explained that patients can have complex problems that often cannot be dealt with in ten minutes. He stressed that all patients get the same consultation whether they are first or last into the Doctor. He apologised if sometimes Doctors are under pressure that they may seem rushed and do not apologise for keeping them waiting.

The group suggested a system for informing the patients of current waiting times when surgery is running late eg: a whiteboard which could be updated frequently.

Action: MC asked to put this idea on hold whilst he speaks to the other Doctors.

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Action: Trial the idea, JM will ask receptionists to ensure they tell patients how many are in-front of them and of the waiting time when they check in.

MC said that an appointment system at King Edward Drive would cause considerable problems to introduce and is therefore reluctant at this time to implement this.

It was suggested that the number of DNA's sign in waiting room could be worded in another way to say "99% of patients attended their appointments last month. Well done! "

A system was suggested whereby volunteers of the surgery could deliver medicines to the elderly who find it difficult to get out. MC highlighted the issue with patient confidentiality and said this would have to be an arrangement between the patient and friends/neighbours, as is already happening. The practice could not be involved in any such arrangements.

8. Date of next meeting proposed for Autumn 2012. Members were asked to gather suggestions for agenda items in preparation for the next meeting.