**PATIENT GROUP MEETING AT THROSTON MEDICAL CENTRE**

**WEDNESDAY 3RD OCTOBER 2012**

**PRESENT:** AH Business Manager, SK Senior Receptionist, DC, SS,PM,SM,BR,VR,WB,GJ,SJ

**APOLOGIES:** Dr S Pr, NG,JB

**Mr S** informed Ann that he is moving out of the area and will be withdrawing from the group. **NG** informed AH that he has to withdraw from any future meetings at present and to pass apologies to group.

AH Welcomed and thanked everyone for attending the patient group meeting today.

**MINUTES FROM PREVIOUS MEETING**

Agreed were correct, discussion around outstanding areas from the previous meeting were discussed as below:

**Hospital Transport Services**

An issue was raised that there was only one pick up point for this service, AH took this to the commissioning board meeting and the feedback was that this services was currently provided by the Hospital and not the PCT.

**WB** informed the group that after speaking to the hospital regarding this transport they confirmed that they provide an 8 seat van which is used to transfer equipment and medical records and for staff between sites. A bus was available in the past but was rarely used and therefore not cost effective. It was agreed that the bus would be preferred as the current bus services are diminishing. **Ann** agreed to speak to the commissioning group regarding this matter during the next meeting.

**PATIENT QUESTIONNAIRE**

* Items on the questionnaire have been changed as suggested during the last patient group meeting. Age and ethnic group are now on the front page. This was being missed in the last questionnaire as it was towards the back.
* Question 3, Nurses have been included as they were not previously mentioned.
* Section B was added to Question 8 as suggested.
* There is a new entry on the back page regarding new services that could be offered by the surgery.

The group agreed on this questionnaire being the final version to be distributed. VR offered to review the questionnaire which she has kindly done and had no further comments to make. It was decided to aim the questionnaire towards 1,000 patients over a 6 week period and finding to be collated before the next group meeting.

**Surgery update**

**Telephones**

The plan is to switch to an 01429 telephone number on 23rd October 2012. This date is still to be confirmed.

An explanation of the new telephone system was given:

Patient & patient group feedback has been implemented regarding this system

* Options will be given when contact is made with the surgery
* There will be an increase in the volume of staff members answering the telephones from 8.30 am till 9.00am every day.
* There will be no queuing system but an engaged tone if the line is busy.
* There will be an advert in the Hartlepool mail. Notices will be placed around both surgeries and messages attached to prescriptions and outgoing post. Information will be available on the practice website and Nursing homes and various other services contacted.

AH will be speaking to the Engineer next week and all details will be confirmed.

**Access**

AH provided the group with an update around the new appointment system; Drs First is to be introduced and will take approximately 18 weeks to introduce into the practice. The aim is to go live around January 2013. Staff are currently involved with data collection regarding capacity and demand.

Ann thanked BR for attending a recent Drs First meeting along with AH and 2 McKenzie House staff members, HM and JC. This new service will also be advertised in the same way as the telephone system. Leaflets explaining the system will be issued after data collection is complete (a leaflet was available in the meeting). Leaflets are to be given to Learning Disability patients, pharmacies and Nursing Homes. BRand VR volunteered to distribute leaflets in both surgeries and Four winds and answer any questions as necessary. It was suggested to use the central library to have leaflets available.

SJ asked if they are in brail. AH said that she would look into this and ask other surgeries who already have this system in use.

It was agreed to do an individual survey regarding access after Drs First has been implemented.

The group made enquiries if we would be tied into a contract with this system AH explained the only agreement is that the new system has to be in use for approximately 6 months before changing to an alternative if necessary.

AH asked if anyone is available from the group to attend any further meetings to inform either AH or SK.

**Surgery Updates**

**Flu**

A Seasonal flu update was given by SK, It was explained that walk in clinics are no longer being carried out and booked clinics have now been arranged at both surgeries. Letters are no longer being sent and patients in at risk groups are automatically contacting the surgery to book appointments. The reasons for the changes are due to negative feedback from previous flu seasons.

Home visits are as usual beginning with the Nursing Homes.

**NHS 111**

This is a non-emergency telephone number to access local health services which is free of charge 24 hours a day, 7 days a week all year round. This will be available from April 2013 and will replace NHS Direct. This will no doubt be getting advertised in the New Year.

**Current GP’s**

New GP’s to the practice include Dr Viva and Dr Kandikonda. Dr John and Dr Shimwari are no longer with the practice.

DC asked how many GP’s the practice currently have. AHinformed the group we currently have 8 GP’s, Dr S Parker is the only female GP. AH explained that GP recruitment is a huge problem in the north east but the practice is currently trying to recruit. SM asked if GP’s work between the two practices and AH confirmed that this is the case.

VR mentioned that there is also a shortage at James Cook University Hospital. DC pointed out that Dr S Parker will be under pressure as the only female GP to which the group agreed.

**Commissioning**

**Community Services update**

From the end of October 2012 there will be a single point of access for practices to contact community nurses. District Nurses will be attached to GP surgeries allowing surgery staff and GP’s more interaction with the Nurses.

**LINKS**

LINKS Report was distributed to the group, it was agreed to be discussed in the next meeting. There are comments on this report relating to the appointments and telephone system. This is something we are obviously aware of and are looking to make improvements on. A further Links meeting is to be arranged to provide them with an update on the changes that we are currently making. AH will also be contacting Links to ask if they can help with advertising the new telephone and appointment system.

**AOB**

DCasked how many DNA’s the practice has. Ann explained that both pre-bookable and book on the day appointments are offered. DNA’s only occur during the pre-bookable clinics and the system runs 4 weeks ahead to aim to prevent this problem. DC suggested using the text message service to remind patients of their booked appointments and AH explained that this is the idea of the question on the back page of the patient questionnaire regarding various services

DC and WB said that access is a huge problem and all appointments have gone by 8.45am due to the lack of appointments available and queuing outside doesn’t always guarantee an appointment. AH explained that we have an on call GP every day to deal with urgent matters. GJ asked that if there are no available appointments, can an appointment be booked for a Tuesday or perhaps a Thursday within that same week. AH explained that this would also depend on availability. The group agreed that this has already been discussed and we are in the process of introducing Dr’s First and should look positive.

SS asked if we could find out how long the contract has left to run for the out of hour’s service provider (Northern Doctors).

AH explained the triage system for the new Doctors First system and also mentioned that staff and GP’s will receive full training. Staff will be advised that they must ask all patients what their problem is regarding so that the GP’s can prioritise appropriately. This will also help the GP to filter the patients, to see who needs an appointment and who will need a telephone call as the GP’s will manage their own clinic list.

**Agreed Actions**

Patient questionnaires to be distributed approx. 4 -6 week after telephone number change commences, aim to obtain around 1’000 responses. Results to be collated prior to next meeting.

Agreed to carry out a specific survey around access in the New Year once DR’s First has been introduced. Questions to be discussed at a later date.

Obtain information on length of time left for out of hours contract has to run

Take forward to commissioning meeting possibility of providing free transport for patients to hospital.

**The group agreed that the main areas of concern from the results of the patient questionnaire have been identified by the practice and the practice are currently taking steps to improve these.**

Next patient group meeting has been scheduled for 9th January 2013.