BEECHWOOD MEDICAL CENTRE

Minutes of Patient Reference Group (PRG) Meeting held on Monday 14th March 2015 at the Beechwood Medical Centre

Present: Elliott Summers (BMC, Chair), Dr M Rastall (BMC GP Partner), Pat Tighe, Doreen Donnelly, Julie Rawson, Alan Machin, Michael Walker.

Apologies: Pauline Luniw (unavailable for meetings at present), Beverley Quinn.

The chair welcomed all attendees and thanked them for their time and effort. He also apologised for failing to send out reminder letters which may have been a causal factor in the low, but high quality, attendance.

1. Beechwood Update

The Chair proceeded to inform those present of the current service delivery status and went through the minutes of the previous meeting. He also handed out details of the 2015 complaints register and routine appointment waiting times for February and March 2015.

1.1 List growth – The list had sat at 8160 when the group last met in January 2015, on the date of this meeting it had risen to 8215. This is consistent with the growth experienced in the last two years and was not as the direct result of any marketing activity. With funding being reduced across the board the Practice Manager considers that the only sure way that the Practice can remain sustainable as a business is to grow the list, however this can only be done if adequate clinical support is in place to achieve this.

1.2 GP Waiting times – The waiting time data provided showed that the average waiting time for a routine appointment with an unspecified GP had been 4 days in February and 5 days in March. However the Chair was the first to admit that these statistical figures are in no way a true reflection of the real waiting times experienced by the vast majority of patients. After around a year of trying to recruit a suitably skilled GP the Chair informed the Group that Dr Farooq, who has worked regularly for the BMC over the last 18 months as a locum, would be formally joining the team for 7 sessions a week Monday to Friday from the 1st June 2015. It is envisaged that this recruitment, along with some adjustments to clinical team leave taking, and the addition of a new FY2 GP, will markedly improve waiting times.

1.3 Seven day opening. This has commenced and has proved to be very successful. There are issues around the sourcing of GPs from 01/06/15 onwards but the recruitment process is ongoing. Reception, smoking and nursing staff have all volunteered for this work.

1.4 Medication Reviews – Independent Prescribing Pharmacists are now conducting medication review work, this is freeing up GP time generating more appointments/clinical work capacity.

* 1. New vinyl flooring has now been laid in all consulting rooms, thereby improving infection control and prevention.
  2. Dermatology – Dr Rastall is still currently working one day a week at the Hospital providing Dermatology services, his surgeries have been back-filled to ensure our ongoing GP services.
  3. Diabetes – Dr Mayland is still working with the CCG on their Diabetes service but this not impacting on our own service.
  4. CCG Engagement - Dr Taylor is an elected member of the CCG.
  5. The annual patient survey identified 31 potential new PRG members and the follow up has seen two new members join the group.

1. Action plan

Whilst the group has a generic action plan to recruit more members, particularly those that can represent minority groups in all of their facets, the main purpose of this meeting was to put to the GP Partner present the agreed action plan that fell out of the annual patient survey in an attempt to agree GP Partner support to see the plans through to fruition. These items were openly discussed with the following agreement/comments from Dr Rastall.

* 1. More literature explaining the appointments systems would be beneficial to patients. The website would also benefit from a section on this. – Accepted, the website to be improved in this area, and the Chair to draft a leaflet for agreement with the PRG at the next meeting.
  2. It would be beneficial if a GP dictates that a follow up appointment is required that that appointment is booked by the GP during the consultation as this avoids conflict at reception if a suitable appointment is not immediately available. – Accepted it was agreed that Dr Rastall would ask the other GPs to accept this proposal as modus operandi.

2.3 Whilst the flu clinic was highly praised it would be good if some seating were available along the queue for those with conditions that impair their ability to stand for any period of time. – Accepted, the Chair to ensure mobile seating is available

2.4 Wi-fi would be good if it were on a restricted access basis, particularly if it were used by clinicians in tablet format to show patients items of a clinical nature relating to their condition.- To be reviewed. The Chair explained that there is no wi-fi in the building at this time but that it would be installed as part of another project in the Summer. Once installed we will revisit this proposal

* 1. Skype/email appointments would be good if they are extra rather than instead of the existing service provision. – A discussion took place around this particularly considering the relative low level of patient access to computers in the area. The option of audio only skype was ruled out and the use of visual skype was also agreed to be put on the back burner due to concerns over picture quality. It was agreed that it would be put to the GP Partners that we consider a limited and controlled trial of email appointments, the Chair to make a proposal to the Partners for consideration within the next three months.
  2. The advertising of blood clinics on Tuesdays is inaccurate on the website. The staff providing this service can be rude and aggressive, and there is a lack of confidentiality as often two people are serviced at the same time in the same room and the door is never closed.- Accepted, the website has been updated. Feedback regarding the phlebotomy staff attitude and methodologies has been given to their management but no discernible changes have been evident. For clarity these staff members do not work directly for, or report to, the Beechwood management.
  3. A disabled parking sign in the car park would be useful and the ground markings are indistinct.- Accepted, signage to be procured and erected.
  4. A fold up wheelchair available at reception would be useful for patients with impaired walking (sometimes acute) for use within the building/car park.- Accepted , a wheelchair to be procured and a suitable storage area to be identified.

AOB –

* 1. Pat Tighe asked about the automation of the internal doors. The Chair explained that this had been the subject of a funding bid that had been rejected. Dr Rastall felt the work should be done anyway and this will be taken back to the Partners for agreement.
  2. P Tighe also asked re test results methodology around bad news being given to patients as she had anecdotal evidence of this being done over the phone when it might be considered inappropriate. Dr Rastall stated that it was an individual clinicians choice but also stated that bad news would normally be delivered face-to-face in a supportive environment. He asked that more details be forwarded so that a significant event could be raised for the purposes of learning and improvement.

1. Next Meeting
2. Proposed next meeting date : 1100 on Monday 13th July 2015 at the BMC Meeting Room

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