BEECHWOOD MEDICAL CENTRE

Minutes of Patient Reference Group (PRG) Meeting held on Monday 12th January 2015 at the Beechwood Medical Centre

Present: Elliott Summers (BMC, Chair), Pat Tighe, Doreen Donnelly, David Llewellyn, Jean Coles, Julie Rawson, Beverley Quinn, Alan Machin, Michael Walker, Brian Richardson

Apologies: Pauline Luniw (unavailable for meetings at present), Andy Sinclair (resigned due to now being registered at another Practice), Granville Barker(resigned)

1. Introductions

The chair welcomed all attendees and thanked them for time and effort. Two new members were welcomed those being David and Alan and those present introduced themselves.

1. Purpose

In light of new members being present the Chair gave a brief overview of the purpose of the PRG, that being in general terms, to be used as a point of reference for the Practice to engage with its patients to gain their feedback on current services, and for planned changes prior to their inception. Through this engagement is hoped that levels and standards of acceptable service will be agreed and measured to ensure an ongoing safe and efficient operation that meets the needs of the customer.

1. Beechwood Update

The Chair proceeded to inform those present of the current service delivery status and also of some future planned changes. This information included;-

* 1. List growth – Strong list growth has been experienced in the last year with growth of around 300 patients making the current list total 8160.
  2. GP Waiting times – whilst the average waiting time for an unspecified GP had been averaged at 7 days or less for 18 months, except for one individual month, access in December 2014 had been extremely challenging. This had been down to a number of factors but the unexpected short-notice loss of our trainee GP had been a large part of the problem. It was agreed that the target time of 7 days for an unspecified GP was an acceptable target. We currently have a regular locum GP working 5 surgeries a week and waiting times in January 2015 are now much improved.
  3. Seven day opening, with effect from 18/01/15 the surgery will be open seven days a week with a new service on Sundays between 1100-1400. This has three hours of GP and Nurse appointments and two hours of smoking cessation.
  4. Medication Reviews – Independent Prescribing Pharmacists are currently undergoing training to take the medication review work from GPs, this will free up GP time generating more appointments.
  5. Work is expected to finish on 18/01/15 installing new vinyl flooring to all consulting rooms, thereby improving infection control and prevention.
  6. Dermatology – Dr Rastall is currently working one day a week at the Hospital providing Dermatology services, his surgeries have been back-filled to ensure our ongoing GP services.
  7. Diabetes – Dr Mayland is working with the CCG on their Diabetes service but this not impacting on our own service.
  8. CCG Engagement - Dr Taylor is now an elected member of the CCG.
  9. Business/Finances – Whilst funding continues to be cut, because of our innovative approach the remain profitable and on a firm financial footing , but continue to reinvest in the business to ensure the long-term safe service provision to our customers.
  10. The annual patient survey has now been completed and members had been given copies so that we could review at the meeting. 31 potential new PRG members were identified in the survey and all have been invited to join.

1. Survey results

The Chair went through the survey results and sought opinion from those present on their interpretation of the results. All present reached broad agreement and the following action points/comments were agreed;-

* 1. More literature explaining the appointments systems would be beneficial to patients. The website would also benefit from a section on this.
  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.
  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.
  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.
  5. Skype/email appointments would be good if they are extra rather than instead of the existing service provision.
  6. 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.
  7. A disabled parking sign in the car park would be useful and the ground markings are indistinct.
  8. A fold up wheelchair available at reception would be useful for patients with impaired walking (sometimes acute) for use within the building/car park.

The chair undertook to investigate all of these points/comments and to report back at he next meeting.

1. Next Meeting
2. On Monday 13th April 2015 at the BMC Meeting Room