BEECHWOOD MEDICAL CENTRE (BMC)

Minutes of Patient Reference Group (PRG) Meeting held on Monday 2nd November 2015 at the BMC.

Present: Elliott Summers (BMC, Chair), Alan Machin, Brian Richardson, David Llewellyn, Julie Rawson, Sally Harrop, Doreen Donnelly, Pat Tighe.

Apologies: Jean Coles, Pauline Luniw

1. Introductions

The chair welcomed all attendees, in particular a new member, Sally Harrop, and thanked them for their time and effort.

1. Beechwood Update

The chair proceeded to inform those present of the current service delivery status and also worked through the minutes of the last meeting. Attendees were provided with an up-to-date anonymised complaints register and also a data sheet showing measured waiting times for all clinicians for the period February – September 2015 inclusive. This information included;-

* 1. List growth – The list has grown from 8150 at the last meeting (July 2015) to 8385 on the day of the meeting, therefore growth of 235 in five months. This has been a deliberate plan in light of a reduction in core funding meaning that for the business to survive money needs to be generated by economies of scale. Those present rightly questioned the wisdom of this given the pressure upon waiting times in general. The chair countered this with a detailed explanation of the staffing plans to counter concerns regarding waiting times. The BMC has recruited a further permanent 7 session a week GP in June 2015, Dr Farooq. However his arrival had overlapped with the unexpected resignation of a Nurse Practitioner. A further Nurse Practitioner has since been recruited and the BMC is now looking to recruit further clinical staff to meet the expected rise in demand, it is highly likely that this extra clinician will be another GP bringing the overall total to 6. Nationally it is accepted within industry that on average GP Practices should aspire to around 1800 patients per full-time GP and that benchmark takes no account of the innovations going on at the BMC whereby nurse practitioners and independent prescribing pharmacists take up some of the workload that has traditionally sat with the GPS. At the BMC we currently have the equivalent of in excess of 4 x full-time GPs with plans to recruit further as so we sit well against the national benchmark.
	2. GP Waiting times – The data sheet provided showed evidence that for customers calling at 0800 on any weekday the average waiting time for an unspecified GP was 6 days or less for the entire period of February to September 2015 inclusive. For named clinicians it varied from 8 days to 22 days , although these figures are obviously heavily affected by clinical leave taking. The chair fully accepted that many customers faced much longer waits than the data indicated, this was due to limited daily availability at 7 days, and the hybrid appointment system in place to meet the diverse needs of the clientele. However it was pointed out that for all patients if the appointment offered is not clinically appropriate in terms of waiting time, they will be put onto telephone triage and called the same day, or worst case scenario next day.
	3. Seven day opening- This has been highly successful however the funding for the Sunday service ceases on the last day of 2015. The BMC has decided to continue with seven day opening in 2016 by funding it themselves but with a reduced service of just a GP and a receptionist. If the funding returns then so will the nurse and smoking cessation support.
	4. External automated doors – these have now been totally refurbished and are fully functional. Those present requested that the internal reception doors were also automated and the chair undertook to request this from the BMC Partners and report back at the next meeting.
1. Action plan update
	1. Appointments explanation leaflet – The chair thanked those responsible for their feedback. The item has been on hold due to workload and a potential amendment to appointment protocols.
	2. GPs booking follow up appointments- Those present felt that this was not happening despite an assurance that it would, the Chair to feed back to the GP Partners.
	3. Flu clinic – whilst there were no real complaints this year it was felt that things went better last year. On reflection the chair will ask the organising staff to attend the mid-Summer 2016 PRG meeting to agree the methodology prior to the 2016 flu season.
	4. Wi-fi- This has now been installed in the building but is not for public use as its core function is to support the recording of the telephone system.
	5. E-mail appointments – This project is still ongoing as several concerns re security and information governance which need to be addressed before it can be progressed.
	6. Disabled car park signage – This has now been erected, thanks to Brian for finding a supplier for us, your help much appreciated.
	7. Fold-up wheelchair – There is now one available for public use stored behind reception.
	8. Call screens – The screens have now been amended to keep the information on the screen for an extra 20 seconds as requested by the PRG. As yet we have been unable to address the glare issue.
	9. Wires on illuminated signage – The chair has discussed with the pharmacy owner who has given assurances that this will be rectified.
	10. Statin colours and changes – The chair apologised for making no progress in this area and will do so before reporting back at the next meeting.
2. AOB
	1. The chair asked for questions for the next patient survey. These mostly centred around appointments and access
	2. Alan asked about patient information, education, and communication and whether it would be worth setting up a sub-group to work on these issues. The Chair agreed and will discuss directly with Alan in due course how best to deal with this.
	3. David brought the up the subject of education/advice for the disposing of usage drugs following on from another meeting he had recently attended. The chair undertook to see what information was available and report back at the next meeting.
	4.

 4.4 The chair informed those present that we have a new texting system that now enabled patients to send replies. It was asked if this could be used for cancellations and the chair undertook to investigate.

Next meeting: Monday 1st February 2016