

GROVE HOUSE PRACTICE

Patient Group Meeting: 31st March 2011

Attendees:

Jacky Slator (Chair)	Mandy Devine
Ken Ramsden	Sharon Hearty
Sharon Williams (minutes)	John Lawrence
Paul Wright	Tony Bamber
Margaret Carr	Earle Ryan
Ann Turner-Culverhouse	Edward Rawlinson
Deborah Kelly	

1. New member: welcome (and old member: welcome back!)

New Member Deborah Kelly was introduced and welcomed to the group by the Chairman.

2. Apologies

Neil Connolly Christine Owen Tony Hayes

3. Matters arising from minutes/actions from the previous meeting.

Minutes of last meeting agreed as true record.

Check in Screen – The sign now states ‘Clinician’ instead of GP.

Ken Ramsden asked if the online booking system is advertised on the plasma still. Jacky explained that it is not anymore, but she will look at putting something back on it.

Action: Jacky to put some information regarding online booking onto the plasma.

Online Appointments – Anne Turner-Culverhouse explained that her husband had tried to book an appointment via the online booking system on a Sunday and it would not let him into the system. She thought that maybe the facility was not available for patients to use it on a Sunday. Jacky explained that the system should work 24 hours per day, 7 days per week and she will look into why this happened.

Action: Jacky to look into this system error.

Post meeting note: There is no evidence of any system failure on this day so we can't explain what happened.

Acoustic hoods / Soundproofing – Sharon Williams explained that she had still been looking for a solution and as to date there is nothing available that would be suitable for our reception front window. Even suggestions from a few other Practice Managers have not proved that helpful.

4. Next area to work on together:

Jacky asked the Group if they felt there is something that as a Group could agree to work on together. Tony Bamber felt that if everyone could have a think about any idea's they

have that would be of benefit the Practice and that is reasonable and achievable then we could discuss them at the next meeting. Jacky explained that as from the 1st April, the new financial year, a lot of Practices will be looking at using their Patient Group in a more structural way. It would be good to agree some targets that are relevant to the Group and how the Practice performs, to generate some ideas on how we can improve from the point of view of the user of the service.

The Group felt looking at ways to get wider feedback would be an idea, one that could be more measureable and that could be in the form of another survey / questionnaire. Anne Turner-Culverhouse felt that if we could adopt something similar to the questionnaire the PCT put out that may work. Margaret Carr felt that some patients may not like being approached to answer the questions. Anne Turner-Culverhouse agreed as some patients are reluctant to give any information to reception, let alone for a questionnaire. The Group felt that if we did another survey it would have to be from the patient's point of view. Tony Bamber felt that going off the comment box; there have been less and less comments being put into the box and this does show an improvement.

Ken Ramsden asked if we do another survey would it be 100% coverage or would it be a sample of people as they come into the Practice. Earle Ryan was felt that doing 100% coverage could have cost implications. The Group asked what would be a reasonable cross section and felt that if we do this it would have to be presented and advertised correctly and a special effort made to inform patients of the questions. Jacky Slator explained that we are monitored for everything the Practice does, but to be monitored by the patients could bring up entirely different issues.

Earle Ryan felt that maybe the Patient Group could get involved by coming in to speak to patients to see if they want to take part in the questionnaire, he would certainly be willing to do so. Tony Bamber felt that we need to come up with the correct questions and go from there. Jacky explained that the Group could look at what the National and Annual surveys and see what questions they have to give a starting point. Tony Bamber explained that we would have to make it clear the survey is about principals rather than individuals and if a person has a complaint they must go directly to the Practice not through the Group and the survey.

Jacky suggested that we could do a rolling survey possibly on a certain day. Anne Turner-Culverhouse thought maybe doing one quarterly would be better as if we did it on the same day each time we may only get a snap shot of the same people. Tony Bamber felt that maybe doing a quarterly one would be ideal as some people are affected by the seasons and it is amazing the way responses can vary due to the weather and environment at a particular time. It was felt that we carry on doing the survey at different times until we receive 1000 completed surveys this way we would be getting a proportional response. It was suggested that we could also put the survey online, Jacky felt that we need to know what the purpose of the survey is as it would be better to get responses of the patient's coming here regularly rather than the ones that do not. Jacky explained that the Practice can collate the results if the Group wish us to.

5: Patient suggestion / comments box:

There was one comment in the box from a patient who had been told that same day appointments don't exist and that these changes should have been communicated better. Jacky explained that we do have same day appointments and that it may have been the case that on that day there were no appointments left when the patient phoned. Edward

Rawlinson felt that patients just want to be able to see a GP when they are sick and they should be able to. Jacky explained that if it is urgent they are able to see a GP. Ken Ramsden felt that maybe it could have been to do with choice of GP and the patient wanting to see a particular GP.

Jacky explained that at this time we are struggling with locums and are going through different ones and this is creating problems with continuity of care and that is not good. She explained that Dr Forde will go off before Dr Sprott and Dr Flinn return after maternity leave. The Group felt that some of the locums are good, especially Dr Dooley, but they understand that some patients do not wish to see a locum GP. Ken Ramsden asked if the Practice has 2/3 GPs off at the same time is there be a locum to cover each of those GPs clinics. Jacky explained that up until now she has managed to cover their clinics with locums, but there may be times that she cannot physically get a locum in.

6: AOB:

NHS Reform – Tony Bamber explained that he had concerns about how much was being pushed through without much publicity both locally and nationally. He had seen one programme on Channel 4 about the view of how the organisation structure would work. He felt that no-one has yet put forward what is actually going to happen. He had heard that a patient will receive treatment on cost rather than need. The Consortium would choose a supplier or a hospital /clinic and it will be driven by cost and none of this has been put in the public domain and this is his concern. He felt that if we are a National Health Service we should not be a localised group and no-one will offer any explanation.

Jacky explained that she agreed with Tony's concerns and that patients will get invited to join in once the Runcorn consortium is ready as the patient link will be involved. They will set up a communication meeting for various Patient Groups so that they can bring everyone up to the same level.

Edward Rawlinson felt that at this time we are talking hypothetically and it is something we do not know enough about. Tony Bamber explained that he feels it will become a market for who offers the cheapest service. Sharon Hearty felt that it is so confusing and it is something you would have to experience. Anne Turner-Culverhouse felt that the PCT where the managers of the budget allocation to hospitals and the hospitals would work to that budget, but now the budget will be devolved to the consortium and they will go to the cheapest seller. Earle Ryan felt that this may not be the case

Jacky explained that the best thing would be if she pushes for more information as the Group are at the stage now that they need more information and need to hear from the same person at the same time. Edward Rawlinson felt that it is important for the GPs to get information and pass it to the Group. Jacky explained that she will try to get this done. Ken Ramsden asked if there were any minutes from the Runcorn consortium meetings. Jacky will look at getting the minutes put onto our website from the board meetings.

Post meeting note: The Runcorn consortium board met on the 14.04.2011 and this was on the agenda.

It was also discussed that 'The Link' which has been operating for over 18 months have an internet site, it is with the Halton voluntary action and David Wilson (not Dr David Wilson) is the organiser. It is a forum for patients in halton and is a funded organisation. Tony Bamber explained that the Group may also find The Kings Fund website helpful as we are facing times of change and we need to be a part of it.

8: Date of next meeting: Thursday 12th May 2011 at 5.30pm