



Patient Reference Group

5<sup>th</sup> October 2015

**Agenda**

1. Welcome and Introductions
2. Matters arising from previous meeting
3. Tour of Building
4. Patients who frequently Do Not Attend (DNA)
5. Visit from Care Quality Commission ( CQC )
6. Visually impaired ex service personnel ( Bill Mooney )
7. Date & Time of Next Meeting: **Monday 21<sup>st</sup> March 2016**



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**Minutes**

**In Attendance:** Tony Waddell, Michael Simpson, Ian Dockerty, Jane Cain, Alma Milburn, Rose Bambridge, Christine Blackburn, Melvin Craik, Lisa Westgarth, Sue Elsbury ( chair), Dr John Bisson

**Apologies:** Bill Mooney, Robert Stamp, Lynn McVittie, Trevor Alexander, Jean Carter, Madeline Wardman, Lorna Gibson, Kath Storey

2) Matters arising from previous meeting – The group reviewed the actions from the document we produced ‘What you said – What we did’ which was produced at the end 14/15.

Area 3 – average waiting time/ delay to see a GP is still running at 7.95 therefore everyone happy with this update. We discussed the total waiting time (i.e. from patient checking in to being seen). We do have this data and it isn’t that much different on average. SE to email to Tony. We don’t have an expected arrival time for the patient (i.e., minutes before their appointment time)

Area 4 – We were slightly later than planned with the survey however it is now in Reception for patients to complete. We discussed that there is no contractual obligation for this however the practice does welcome patient feedback therefore we are keen to continue collecting it via our survey for this year. It was suggested that the practice could probably learn more from complaints and grumbles. SE and JB confirmed that we do discuss all complaints and grumbles with the whole team, and we make organisational changes where appropriate. We also agreed that the comments section on the Survey was probably the most useful.

The uptake to date was slow, therefore SE asked the group for volunteers to coordinate this in Reception Area, as agreed at the last meeting. Jane Cain kindly volunteered. It was suggested that we could offer an incentive to complete the survey. This could be implemented and share on the Plasma Board.

3) The group had a tour around the building, as this was suggested by one of the members last year. On the lower floor we visited areas that delivered many services, including: Minor Surgery/Community Dermatology, Xray, Ultrasound, Community paediatrics and Flexible Consulting Suite which is open to Ophthalmology OP, ENT OP, Contraception & Sexual Health, Drug & Alcohol Services. On the upper floor, we visited Podiatry, Dental, Physiotherapy and Retinal Screening Services.

4) We discussed our latest data for patients who did not attend in the last 12 months. The data showed that we have a 7% DNA rate (over 4800 appointments annually) shared between all of our consulting staff. The data showed that half of those are booked within 7 days, 500 of those are booked either on the day or the day before. (see appendix 1 ) We discussed the fact that some of those patients could be vulnerable in some way and should not be subject to any restrictions in booking appointments. We agreed to publish weekly data on the board, review those worst offenders and encourage admin to remind those worst offenders at the time of booking. Our aim is to reduce to 5% as this would help SMG address any problems we may have when trying to offer GP appointments, although we acknowledge is also a National problem

5) SE gave a brief overview of what the practice can expect with Care Quality Commission visit to do an inspection. We discussed the 5 Questions: Are we safe, effective, caring, responsive and well led, with the 24 key lines of enquiries that are within those 5 questions. Alongside those questions, we also looked at the 6 population groups that are crossed referenced with those 5 questions:

- I. Older people – age 75 or older
- II. People with long term conditions
- III. Families, children and young people
- IV. Working age people including recently retired and students
- V. People in vulnerable circumstances
- VI. People experiencing poor mental health (including dementia)

We reflected on the fact that, generally, the practice is progressive, and has evidence of having vision.

We would like representatives from our PRG to be present throughout the day. It was suggested that this could be staggered. SE to inform / discuss further when our 2 week notice has been received.

6) Visually impaired ex service personnel (Bill Mooney) – DEFERRED

7) Date & Time of Next Meeting: Monday 21st March 2016

**Appendix 1**



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