

**Dr Perrins & Partners  
Patient Reference Group**



**Monday December 1st 2014 at 6:15**

**Present:**

Dorothy Richardson (chair)  
Vera Skipper  
Bob Wilson  
Dorothy Robertson  
Ann Coulter  
Robert Paterson  
Dr Perrins  
Jacqueline Foster Nurse  
Margaret McPherson Business Manager  
Emma Kitching Trainee Practice Manager

**Apologies:**

Bob Pollock  
Maureen Leadley  
Ann Marshall  
Sheila & Jock McConnell  
Pat Brown  
Carol Craggs Practice Manager

**Welcome to our new Chair, Dorothy Richardson**

Dorothy thanked everyone for their attendance and asked that those present introduce themselves to the Group.

**1. Minutes of Last Meeting**

One amendment: Second page, second paragraph should read *“therefore Dorothy Richardson was nominated”*

The minutes were agreed as a true and accurate account of the last meeting

## **Matters Arising**

### **Update on Priority Areas**

Following on from the last meeting Margaret has pulled together the priority areas agreed along with the actions needed. This had been taken to the Partners meeting last week for agreement. Margaret handed out the document for approval by the Group:

#### **Priority Area 1**

To make the practice a more welcoming and less clinical. This to include the decoration, seating area and ambiance.

What Actions to be taken to address the priority?

1. Assess the budget for this area
2. Take to Partners meeting for further discussion
3. Review the decoration including carpets
4. Review the walls as regards pictures and notices

#### **Result of actions and impact on patients and carers (including how publicised)**

- All the downstairs walls and paintwork have been done including the consulting rooms.
- New blinds have been bought for the consulting rooms and bright disposable curtains
- Pictures have been bought and placed on the walls to try and take away the plain walls.

#### **Outstanding:**

- Notice Boards need to be brighter
- New carpets, these are on hold as floors need to come up for new pipework
- Kick Boards need to be repainted
- Seats recovered pending quotes

Margaret advised that the walls had already been decorated and new blinds in the doctors consulting room. However, the carpet which will be replaced will now have to be put on hold as the building needs major works to the central heating system and floors need to come up.

Everyone agreed that this priority had been captured correctly.

#### **Priority Area 2**

Make a plan of action to make the reception desk more user friendly for disabled patients as well as patients who are not very tall.

#### **What Actions were taken to address the priority?**

1. Assess the budget for this area
2. Take to Partners meeting for further discussion
3. Design a workable plan
4. Get three quotes

#### **Result of actions and impact on patients and carers (including how publicised)**

Margaret advised that the next stage was to make a plan of the new desk and get some quotes. It may not be possible to have this done before the end of March but it would be work in progress.

This was agreed by the group.

### **Priority Area 3**

Produce a Leaflet for patients with pathways for self care

#### **What Actions were taken to address the priority?**

1. Take to Partners meeting for further discussion
2. Collect all the appropriate information
4. Produce a Leaflet
5. Review at Patient Reference Group

#### **Result of actions and impact on patients and carers (including how publicised)**

Margaret advised that she is now in the process of pulling together the information and will bring this to the next meeting for the group to review.

This was also agreed by the group.

## **2. Member Complaint**

Margaret advised the group that following the last meeting one new member had contacted the practice and spoke with one of the doctors to say that they would not be returning due to some comments made by other member which the member had taken offence at. Member of the group wanted to know what the comments were but Margaret felt that it would be wrong to disclose that as the group was meant to be open and does generate some debate and some opinions. It was agreed that perhaps this type of forum was not suitable for the patient as the group has to be able to voice opinions which are not meant to be personal in any way. Members felt disappointed by also felt that they didn't want the group to change as the remit of the group was to be open. Margaret thought that perhaps the group should have terms of reference. This had been suggested by Dorothy Richardson at one point too.

Margaret produced a terms of reference and passed a copy to the members. These included the Purpose of the Group, its Membership and activities, Meetings of the Group and its organisation and rules to ensure patients of the Trinity Medical Practice have a voice and to promote co-operation between the practice and its patients.

All members felt this to be very good and Bob, who has some experience in this area, agreed that they were very good and covered all the points relevant to the group. The terms of reference for the group were agreed by all. ADDENDUM: Margaret will upload these on the practice website under "Patient Reference Group"

#### **4. Feedback on Newsletter**

Margaret handed out the Christmas Newsletter asking for any comments or feedback. Changes to the newsletter included: correction of the email address; emphasis the “when your surgery is closed” and use bigger text; It was suggested that we should highlight the 111 service as this is still quite new. Bob asked if the surgery gave out any number and Margaret advised that the all calls go via 111 and they triage the call and signpost to the appropriate pathway. Margaret felt sure that the telephones on out of hours go direct to 111 but would double check this. It was agreed that perhaps a poster in the surgery advertising the 111 and pathways would be a good idea. Dr Perrins suggested putting in something to apologise for the current heating problems out of our control; Margaret needs to add in the new ambulance number. The newsletter was agreed and after Margaret does the changes, will upload this to the Website and put it out for distribution to patients.

#### **5. Review of Significant Events**

Emma brought some significant events for discussion and review by the group:

( i ) A patient put in a medication request and the receptionist wrote down the dob but not the name of the patient. The medication request was put through to the GP but on the wrong patient. The GP queried this and as a result the receptionist rang the patient and because it was the wrong patient, had no knowledge. The original patient did ring back and the medication issue was sorted.

It was agreed that this was a training issue as the receptionist was new and dob should always be accompanied by the patient’s name.

( ii ) A newly registered patient saw a GP with an ongoing problem of which there was no record in the notes as the letters from the previous GP practice had not been scanned on the notes. The patient was not very happy.

It was explained that the practice protocol does say that any significant letters have to be scanned onto the new records and this had not been done. Some discussion about how records are received and how long before new records are updated. Emma explained that some come down electronically which is great but if they come down in paper records then they have to be manually typed in which is very time consuming. Emma advised that the practice has 6 weeks on receipt of records to get them typed into the new record.

(iii) A patient who was seen in the renal clinic on 10 October came in for medication some 4 weeks later. The practice had no letter from the renal clinic and when our secretary rang the hospital, the letter from the clinic had not been typed up. The practice had to tell the hospital what medication the patient was asking for so that they could check with the consultant if this was correct.

Emma advised that she had written to the chief executive as this was a quality issue and the group agreed that this was very bad.

( iv ) A patient received an appointment for an xray unexpectedly and telephoned the surgery. GP requested xray on the wrong patient. The mistake happened as patient one left and patient two

arrived the GP computer system did not swap the patient and therefore ended up with an xray not needed. The xray department was telephoned and the appointment cancelled and an apology to the patient. The patient who did need the xray had also been done.

Dr Perrins advised that this is very easy mistake to make as sometimes the computer does not swap the patient when the GP has pressed the keyboard. It seems there is a problem with the software sometimes.

#### **7. South Tyneside Clinical Commissioning Patient Reference Group**

Bob advised that the meeting was not until this Thursday and he would report back after the meeting. Bob asked if there had been any feedback regarding the £30,000 which had been made available to practices for health champions. Margaret advised that she had not received anything but that the practice had received no information whatsoever as regards this. If there was a project then practices should receive correspondence advising what the project is, what funding is available and what the practice needs to do in order to apply for it. Nothing had been received in the practice as regards this. Bob agreed to take this back to the meeting on Thursday and present it to Christine Briggs – it may be that it has not yet happened but he would raise the issue. Bob advised that he would email the outcome of the meeting to Margaret and this will be uploaded onto the website.

Bob did comment that there had been a lot of discussion about the Jarrow Walk in Centre closing and the new hub. Some discussion around this and it was generally felt that the new hub was more centralised for the patients of South Tyneside.

#### **8. AOB**

##### **(a) Ambulance**

Margaret asked if anyone used the patient transport service as there has been problems with the new provider. No one, themselves had used the patient transport. Margaret advised that the new provider were refusing to take some patients and this was resulting in a lot of complaints about the new service provider. Patients are being asked to either complain to PALS or their GP surgery. Dr Perrins spoke from experience of a patient who was disabled in a wheelchair and had been refused an ambulance. This patient was appropriate and yet was declined.

#### **9. Date and Time of Next Meeting**

Tuesday 10<sup>th</sup> February 2015 at 6.15 pm at Trinity Medical Centre