

# Twickenham Park Surgery – Patient Group

**Meeting : Monday 28<sup>th</sup> September 2015**

## **Attendees:**

MC - Maureen Chatterley – Member

SM - Serena Medina – Practice Manager

## **Apologies:**

Christine Bower

Natasha Cumberland

John Henaff

Paul Harrison

1. It was agreed that we should give more than 2 weeks notice for meetings so we can get a good attendance.
2. We felt we needed a campaign to get more people interested in the Patient Group at the surgery. Members should represent as many areas of society as possible e.g. elderly, mental health, carers, parents.
  - a. Look at having a surgery “open day”.
  - b. Look at frequency and timing of meetings e.g. 2 x evening meetings + 2 x lunchtime meetings. Projects could be run in-between. The nurses could be invited to the lunchtime sessions.
3. The flyer for the Modern Dementia study on October 14<sup>th</sup> will be put on the board at the surgery.
4. The Richmond CCG agreed at their meeting to adopt “delegated commissioning”. This will be positive for the surgery as it gives more local control.
5. The surgery building is operating as one of the 4 Hubs in the borough 8am to 8pm for 7 days a week. This should not impact on the service given to our practice patients as another local GP would be in attendance for this. The hub service is being strictly monitored by the commissioners on a weekly basis. MC felt that the patient group should do their own analysis when the service has bedded in.
6. There is a new television screen in the waiting room. No programs but useful information. This can be developed further and the patient group could perhaps use it to convey messages and information to waiting patients.
7. The Flu vaccination season is underway and all eligible patients have been contacted. MC felt that the surgery should be encouraging all patients to be vaccinated and that a sign should be put in the surgery to this effect and stating the cost as £12 and how to go about it at the surgery.
8. SM & MC felt that a list of good practices used by the surgery should be explained to patients. For example, Doctors getting a second opinion from colleagues when they have a particular speciality e.g. skin. Patients also need to be aware that we are a “training practice”.
9. It would also be good to encourage patients & doctors to use the internet and other new technology e.g. email & skype.

10. The surgery is collecting patient email addresses. The patient group may be able to use this to send out news and information to patients. There would have to be a cancel option on emails if patients do not want to be contacted this way.
11. It was felt that one of the most useful things the patient group could do, with the help of surgery staff, would be to help patients understand how things work (the processes). For example, the work already done on referrals could be developed into a timeline showing how they work - what action is taken, who is doing it and how long it takes. This will help patients understand the process and manage their expectations. They would then know when to enquire if it appears nothing is happening. This should reduce the queries to the surgery. Other suggestions include ...
  - a. Travel: vaccinations on the NHS and vaccinations not on NHS with cost - along with who to contact at surgery, information (country & record of previous vaccinations & when) and advance notice needed.
  - b. What happens if you miss appointments at surgery and for a consultant referral. These are known as DNAs – “do not attends”
  - c. ***Your suggestions please***

**No date was set for next meeting** - a tentative meeting schedule will be distributed for approval by members.