

PONTELAND MEDICAL GROUP

PATIENT FORUM

Tuesday, 3rd June, 2008
Ponteland Primary Care Centre

Notes of Meeting

Present: Mrs. Janet Boakes (Practice Manager), Dr. Nigel Twelves (Partner), Sister Helen Baty (Senior Practice Nurse), Mrs. Shirley Hill, Mr. Colin Scott, Mrs. Joan Hentze, Mr. Alfred Rutherford, Sarah Lamb (Receptionist), Joanna Wake (Patient Services Manager)

Apologies: Received from Dr. Mark McCaldin.

Notes from last meeting: Agreed as accurate.

Extended Opening/Did Not Attend Survey: Janet gave an overview of the proposal regarding extended opening, a copy of which was made available to the group. The practice had undertaken a survey during the last two weeks in March and the proposal reflected the findings of this. 300 patients who had attended the practice were asked their preferences for offering routine appointments outside the normal hours of the practice. The findings indicated that patients would prefer evening appointments as opposed to Saturday mornings, but there was a strong opinion that the Rapid Access Clinic was a worthwhile service which should be developed. The proposal, therefore, was that two evening surgeries should be introduced and the Rapid Access Clinic should be offered until 6.00 pm each day to allow greater accessibility for patients after work or for families of patients who work. It was hoped, that if accepted by Northumberland Care Trust, that this would commence at the beginning of August. We discussed how the extended hours would be advertised to the practice population, and we agreed that the use of the website, and flyers in the surgeries and at local pharmacies would be adequate.

The recent DNA (Did not Attend) survey was discussed, and the results had been made available prior to the meeting. A very small percentage of patients had commented that telephone answering had been a problem with regard to the cancellation of appointments, and there were still a small number of patients turning up on the wrong date/wrong time. We agreed that there should be some training carried out with the administration team, and this would be arranged over the next few months. Janet also commented that the facility to cancel appointments via the website, which had been introduced since the last meeting, was being used by a few patients, and that the practice would endeavour to raise awareness of this facility.

The group raised concerns that the number of patients failing to attend for appointments may increase with the introduction of the later surgeries, and this would need to be monitored.

Colin returned to the idea that we had discussed in the past regarding sending reminders to patients about appointments. The practice had considered this previously but the problems associated had not been easy to resolve.

However, the practice had just learned of a new system which appeared possible to integrate with the practice clinical computer system. Information had been requested, with a demonstration of the system being provisionally arranged for August.

Alfred suggested that it may be a good idea to canvass opinion from patients attending the new surgeries as to why they had chosen these appointments, and it was agreed that this would be very useful. Janet commented that the extended hours would be evaluated after a six month period to determine the success of the initiative.

Dinnington Developments: Nigel gave an update as to developments occurring in Dinnington. The practice continues to strive for new premises and a proposal had been submitted to Northumberland Care Trust which included options to re-build the premises on the existing site/new site. Mark McCaldin, Nigel Twelves and Janet Boakes had met with the new Head of Primary Care who appeared to be less than optimistic regarding funding, although the practice would continue to look at ways forward. The practice's sister organisation, *Teamcare Northeast*, had submitted an application to open a pharmacy in Dinnington, which was felt would bring a worthwhile service in to the village. This application was currently out to consultation, but was very dependent on acquiring a new building, and, again, all options were being considered.

Practice Based Commissioning: A copy of the Commissioning Plan was made available to the group. Many of the commissioning intentions had been brought forward from the previous year's plan; high on the list of priorities was community nursing services, and work had started with Northumberland Care Trust (current provider of these services). The nursing team had met on two occasions to discuss the vision of services for the future, and the team had started engaging with the housebound patients regarding the services provided.

The group discussed how the Forum could be used as a conduit for patient involvement, and this would be an item on the agenda for the next meeting. As the group had been established for two years we discussed the role of the Forum members and whether or not we should be starting to consider bringing new members in to the group. Again, this would be an item on the next agenda.

Any Other Business: Joan brought to the meeting a letter she had received from a patient in Dinnington regarding the lack of resources at the surgery premises, in particular ECG and ear syringing. Janet and Nigel accepted this and stated that this was a good example why there was a need to improve the premises allowing a greater number of services to be provided so that patients did not have to travel to Ponteland to have certain procedures carried out. The practice would continue to work on the issue of the inadequate facilities at the Dinnington branch.

Date of next meeting: Monday, 1st September, 2008