

PONTELAND MEDICALGROUP

PATIENT FORUM

Monday, 24th November, 2008
Ponteland Primary Care Centre

Notes of Meeting

Present: Mrs. Janet Boakes (Practice Manager), Sister Helen Baty (Senior Practice Nurse), Mrs. Shirley Hill, Mr. Colin Scott, Mrs. Joan Hentze, Mr Alfred Rutherford, Hilary Aldcroft (IT Manager)

Apologies: Mark McCaldin (Partner), Gillian McMullen (Reception Supervisor)

Notes from last Meeting: Agreed as accurate

Matters Arising:

Texting Appointment Reminders – The practice was slowly building a database of patient mobile phone numbers and the system introduced for texting appointment reminders was working well. Problems had arisen where patients had given a mobile phone number which covered a number of family members. This was to be discussed at the next Significant Event Meeting as concerns had been raised within the practice regarding confidentiality. It was agreed that it would be 12 months before it could be decided whether or not this system was having an impact on patients failing to attend for appointments.

Dinnington Developments: Janet reported that the Pharmacy application had still not be considered by the Primary Care Trust, although it was anticipated that a decision would be taken early in the new year. A 'condition survey' of the premises at Dinnington had been carried out, and the report had indicated that the accommodation had a limited life, somewhere in the region of 12-18 months, although this report had not been shared with the practice.

Rapid Access Clinic: Demands upon the RAC were increasing, and during the last week on average 110 patients had attended each day. The number of patients attending with relatively trivial complaints was threatening to make the service unmanageable. Janet asked the group for any suggestions how best to deal with this. The group agreed that the RAC was a valuable service, which was highly valued by the patient population. It was agreed that patient requests for healthcare fell in to two categories – patients requiring care for an acute problem and those who wanted care for a long-standing condition. In general it was felt that patients are willing to wait for the doctor of their choice until an appointment is available, even if this be 2-3 weeks.

We agreed that consideration could be given to having all patients who asked to be seen in the RAC triaged by a healthcare professional. Helen worked some sessions for the out-of-hours service and agreed to look at their system for triage, including the training given to the non-clinical staff.

Discussion took place with regard to setting up a Minor Ailments Scheme; this involved patients who attended with a certain limited number of conditions being seen by a nurse. Janet commented that this would, of course, involve the nurses being able to prescribe. We agreed to gather information together and bring to the next meeting.

Automated Attendant: Hilary had disabled the “clock” from the automated attendant in the waiting room.

Extended Hours: Evening surgeries were introduced in the middle of August and a small evaluation had been carried out over an eight week period. 100 patients attending these surgeries were asked why they had attended. Of the 100 responses, 82 patients said that they had attended to fit in with work commitments. The remaining 18 patients had attended as the appointment had been the first available with the doctor of their choice. From the comments received, it appeared that a number of patients were not aware that the practice was running evening surgeries. We agreed to continue to advertise this service, via posters and on the website, and through the Reception team, and to re-run the questionnaire in the new year, doubling the number.

Role of the Forum/feedback from questionnaire: It had been agreed at the last meeting to try to raise awareness of the Patient Forum and to gather views from patients about how best to contact forum members. This was being done via the General Practice Questionnaire currently being run. Although the survey was not quite finished, early findings indicated that patients wished to contact the group via the Practice Manager. Email contact appeared to be the preferred route. Janet and Hilary would discuss with the web designer the possibility of creating a specific email address to the Patient Forum. This would be discussed at the next meeting when the full results of the GPAQ would be available. At that time the future direction of the Patient Forum would also be discussed.

General Practice Assessment Questionnaire: Janet reported that the collection of data for the GPAQ was nearly complete. She further reported that this is the last year that practices would undertake the exercise themselves, and in future years this would be carried out externally by an organisation like MORI. This would remove an onerous task from the practice, although concern was felt that this may not provide any meaningful information. Hilary had produced a snapshot of the information collected so far, and the group discussed how best to produce this for discussion at the next meeting. It was agreed that this was the last opportunity to gather information truly relevant to the practice.

We agreed to meet in two months' time to discuss the full findings of the report and develop an action plan. In addition to this we had already agreed to discuss the demands upon the Rapid Access Clinic and the role of the Patient Forum. The date of the next meeting was, therefore, agreed for two months' time:

Monday, 26th January, 2009 – full report of the GPAQ to be made available before to Forum Members.