

## **Minutes of the Patient Reference Group Meeting Friday 19th February held at Bennfield Surgery**

**Present:** Michael Adamson (Chairman)  
Jane Rourke (Practice Manager)  
Trish Thomas (Patient Services Manager)  
Susan Tysall  
Eva Bridges  
Les Strong  
George Baxter  
Anne Jones.

**Apologies:** were received from Yvonne Bodman, Madeline O'Connor, Anastasia Enticott, Nick Johnson and Dr Carol Warburton

This was the sixth meeting of the Patient Reference Group and Mr Adamson welcomed everyone.

The minutes of the previous meeting were reviewed and discussed.

### **2. Practice response to PRG suggestions**

#### **2.1 Evening Surgery – one night a week.**

Trish reported that Dr Warburton had responded to this request on behalf of the doctors: they have considered an evening surgery, however, currently there are no resources available to provide one at the present time. The 'extended hours' are used to provide a weekly Saturday morning surgery.

There is however a local federation of GP practices in Coventry and Rugby which the partners at Bennfield Surgery have joined. The Federation are currently piloting a scheme in Coventry to provide routine appointments during evenings which would be provided at a central point (not in individual surgeries) and member practices are able to book patients into these. If this scheme is successful in the Coventry area, they may look to extend this scheme to provide a similar in Rugby which may help patients here to access GP appointments in the future.

Anne Jones asked for it to be minuted that she is concerned that to access these appointments patients would possibly have to travel to Coventry. Our understanding is that there are currently discussions about having this system available in Rugby for Rugby patients.

#### **2.2/2.3 Tannoy**

The request had been made to increase the volume as patients were having difficulty hearing this. The volume has now been increased and the quality appears to have improved. A message has been sent to all clinicians to ask them to repeat the patient name and room number twice so that patients know where they will be seen.

#### **2.4 Electronic sign**

There is no plan in the foreseeable future for this due to the cost.

## **2.5 Privacy line**

As requested the privacy line has been restored in the reception waiting area and the chairs have been moved further away from the reception desk to afford more privacy for patients to liaise with the receptionist.

## **2.6 Missed appointments**

Trish reported that we hope to restart recording the number of missed appointments and displaying this figure in the waiting room again.

## **2.7 Notice re practice staff**

As requested, a notice has been placed on the notice board in the reception area. The group also asked if photographs of the staff could be displayed in the reception area as well and Trish agreed to see if this is possible.

## **2.8/2.9 Notices re listings of days clinicians work and rooms**

As requested a list is now in reception.

## **3 Friends and family**

Mr Adamson reported that he had been into the surgery to look at the responses to the Friends and Family question. The practice has done well on the responses and the group praised the surgery. Most responses were 'extremely likely' or 'likely' to recommend the surgery to their friends and family.

Some of the negative responses included; did not want to attract more patients!, Doctors unpunctual, parking problems, getting appointments, some receptionists unfriendly and their manner unacceptable, a rude locum and living outside the practice boundary.

## **4 New issues raised by PRG**

### **4.1 Internet appointments**

Trish explained that at the moment these are available to book four weeks ahead. This is to allow time for the appointment diary to be made up and any changes which are required are implemented before appointments are made available on line. Trish agreed to look at whether the time of four weeks could be extended.

### **4.2 Internet appointments re Nurse Practitioner**

These are not currently available but Trish agreed to ask at the surgery if it is possible to add these in the future.

### **4.3 Reception desk queue**

Mr Adamson said that on occasions when he has been waiting at the reception desk and there is a queue it would have been beneficial for the receptionist to get extra help and not keep patients waiting for so long.

Often it is because the pharmacies are requesting several prescriptions and they can take time to sort. Trish reported that there is an arrangement for receptionists to be able to call for help in these circumstances, but if those people were working on the telephone lines in the main office it is sometimes difficult. She agreed that she would send a reminder to receptionists to call for help in these circumstances.

#### **4.4/4.5 Access to appointments online/ representation of the PRG**

Mr Adamson had no further information on the query of these issues which had been raised by a PRG member not present at the meeting. Trish explained how we had tried to encourage all ages, all ethnic groups and people with disabilities to join the Patient Reference Group by writing to different people. Also posters are in the waiting area and information is on the Bennfield Surgery website. We also refer to the group in the new patient letter to try and encourage more members whenever possible.

#### **4.6 Access door upstairs from lift.**

Trish explained that the upstairs access door was normally opened when there is a surgery upstairs and locked again afterwards. We have to be cautious with the upstairs access as people can come in at any time and we would not always know they are in the building.

Mr Adamson said that on two occasions the upstairs door hadn't been opened at 10.50 am. Usually this is opened by a member of staff before the surgery commences and it is unclear about why the door was not open on those occasions. Trish will send a reminder to staff to ask them to always check the door is open when there are clinics taking place.

It was asked if a camera could be installed or patients given the key code for the door. Unfortunately this is not possible as the key code is part of the surgery security and would compromise the safety and security of the practice and its staff if the code were passed to third parties.

### **5 Practice news**

#### **Flu**

The flu season is almost over now, however we are still getting requests for the vaccination and there are one or two left.

#### **Research**

Susan attended to give a brief overview on research projects at the practice and she reported these are going well.

#### **Protected Learning Time**

The surgery is still taking part in Protected Learning afternoons which are organised by the Coventry and Rugby Clinical Commissioning Group.

Future dates available at the moment are:  
10<sup>th</sup> March 14<sup>th</sup> April 12<sup>th</sup> May 9<sup>th</sup> June

## **Friends and Family**

The Friends and Family test continues and Mr Adamson came in to view completed cards to gain an overview on comments from patients.

## **Staffing**

We have now recruited two new members of the admin/reception team. Emma joined at the beginning of February and Helen is starting on 22<sup>nd</sup> February.

The new Practice Manager has been appointed and will join us on 29 February, her name is Kayley. Jane Rourke will stay on for a time to support her as she settles in to the role.

Jane Gardner is taking on the role of Office Manager from 1 April 2016 and she will liaise with the Patient Reference Group. The new nurses and Nurse Practitioner who joined us last year have all settled in well. We now have two diabetic nurses and two nurses who specialise in asthma and COPD.

All good news for the patients!

Jane and Trish feel confident that they are leaving the surgery in good hands and hope the group continues to grow in the future.

## **6 Research**

Susan Zhao (Research Nurse lead) attended to explain about the research at the practice. She explained the Department of Health fund the research and the surgery benefits financially from its involvement. There are several trials taking place including, Candid, Time, Heat Tamsin 4 and Gout.

Dr Behura is the research lead at the surgery and is also writing articles for the research team.

## **7 Future PRG Meetings**

Evening meetings were discussed as a possibility, to enable those who work to attend, and Jane Gardner agreed that she would be able to help with this. Other days or times were also discussed.

The Group felt strongly that a doctor should be present at the meetings to give personal feedback. A date for the next meeting was not decided but the group are looking at the beginning of October 2016 at 7 pm.

## **8. CCG Meetings – feedback**

Mr Adamson gave information about the meetings which are held every two months. The last meeting covered the 'First Responders' and the work that they do. They are trained by the ambulance service but are self-funded. They are usually on the scene first and can give basic first aid. There are different levels of training but most of the Rugby team are intermediate level.

## **UHCW – CCG Report**

St Cross was rated good but UHCW needed improvement. A UHCW team had generated 109 actions that needed to be implemented. St Cross had two areas of concern – CPR equipment and safe storage of medicines. Only two hospital trusts in the country were rated 'good'. The group were given a 'how to complain' leaflet. Anyone can attend these meetings which are usually at Dunchurch village hall.

### **9. Secondary care issues**

Some pharmacies are reluctant to take in yellow sharps boxes. They can however be taken to St Cross who will dispose of them.

### **10. Any Other Business**

Mr Adamson thanked Jane and Trish for their support and very kindly gave them thank you cards and wished both well with their respective retirements.

At this point the meeting was concluded.