

# DERBY ROAD HEALTH CENTRE

## Patient Participation Group Meeting

### “Your Voice”

Monday, 25<sup>th</sup> February 2013 at 5pm

### Minutes of the Meeting

Practice Attendees: Emma Bravery (Managing Partner),  
Dr Karen Hambleton (GP), Anna Benner (Practice Assistant)

Patient Attendees: Stephen Hyde (Chairman), Jean Eyre, Rupert Sadler,  
Albert & Corinne, Derek Shepherd, Keith Morris, Alan Gough, Harry  
Hatton, Glynis Randle

Apologies:, Heidi Stoneley, Keith Morris, Patrick Randle,  
Mr and Mrs Nunwa, Mr and Mrs Fulton, Mrs Hazel Sadler, Chris Kerry,  
James Brown,

### Agenda:

- 1) Update from previous meeting: Tracie Baker from the Clinical Commissioning Group who spoke at the last meeting and is in charge of commissioning health services for Nottingham, is still waiting to hear how much ‘patient involvement’ there will be.
  - a. Cancer screening is a priority, in particular ‘Bowel Screening’ to increase uptake of the programme. It was felt that this needed promoting more by the CCG as early detection is essential and figures show that we are not reaching the expected targets, with only 60.4% of our patients responding to invites. More follow-up and literature needed.
  - b. Cervical Screening is also a focus for this practice to increase uptake, currently uptake is 80.4% but we would like that to reach a high level of uptake.
- 2) Blood Test Appointments Online: Still not available as the software SystmOne does not allow for this, but DRHC have asked the company to look at this, so that appointments can be specified.

3) Survey Results: The survey had 281 respondents over a 3month period and results showed:

- a. 88.6% showed patients ability to get an appointment when needed, with 11.03% felt it was poor or unsure
- b. 90% considered us from fair to excellent when judging our telephone system and speaking to someone
- c. 97.5% happy with the opening hours
- d. 96% overall satisfaction with the practice

SH asked whether the ten minute consultations were meeting the needs of patients and whether a better system should be in place to advise patients when a GP is running late.

KH said, GPs are often under pressure to provide the best care and do everything in ten minutes but if appointments were longer the availability of appointments would suffer. Receptionists still continue to advise patients when a GP is running late.

Early signs would indicate that the changes to the appointment system has decreased DNA's (Did No Attend's), KH has noticed a difference in her own surgeries''. An audit will be done at the end of March by EB to assess this.

Appointments are available online after 9pm for the next day, and the Automated Telephone System is available 24/7 for booking/cancelling appointments and it was felt that this should also be promoted more to patients, through reception. CH perception was that patients expect to wait and are happy to know that they have all the time they need for a proper consultation, whether it be ten minutes or a bit longer.

EB informed that group that we recently had a Risk Assessment given by Frank Morgan of who gave us high praise and said that he would happily register here and would recommend his family and friends.

Confidentiality at reception has also been highlighted by the survey and DRHC to look at screening to create a more private reception desk.

4) Burrows & Close Pharmacy: SH to speak to the pharmacy regarding their opening hours and whether they could bring them in line with the surgery opening hours.

5) 2012 Action Plans: The action plans requested by the group and highlighted by the 2011 Patient Survey have been actioned and have seen changes to the appointment system and the development of the new appointment leaflet. The audit in March 2013 will

gauge what success there has been. In addition, the surgery has raised awareness of the online system, the automated telephone system. A new website has been developed, due to be released soon.

- 6) ComicRelief Day at GFMC: Saturday, 16<sup>th</sup> March. The group are invited to the event and any help or contributions on the day would be most appreciated.
- 7) Action Plan for 2013: The 2012 Patient Survey results will be discussed at the next team meeting along with the groups input and an action plan will be put in place. (The same survey to be used in future surveys to ensure continuity and comparisons can be made. A clinical section to be added.)
- 8) List Size: The group have been asked if they can come up with ways of encouraging local and new residents to register at DRHC. Currently we are at a list size of just over 9,800 patients but we need to be at 10,000. The more patients we have the more income we receive and therefore the better healthcare we can offer to patients.
- 9) Unused Drugs Donations: InterCare collect unwanted medicines from our surgery to send to poorer countries where drugs and healthcare is limited. This has been promoted in the waiting rooms and will be added to the website/facebook and we will also start doing this for GFMC as well. We will ask Burrows and Close to also put up a poster in their pharmacy.
- 10) NoticeBoards in the Waiting Rooms: JE observed that the boards are cluttered and therefore not really giving any message to patients and has therefore agreed to come in and meet with AMB to assess them and give her ideas on improving the boards.
- 11) Open Day for DRHC: Provisional date set for June 2013 and to be finalised later. DRHC are having a stall at the RSPC Dog Walk & Fun Day at Wollaton Park on Sunday, 19<sup>th</sup> May 2013, 11am – 4.30pm. All are welcome.
- 12) Next Meeting: Monday, 13<sup>th</sup> May 2013 @ 5pm