

## **DAYBROOK PATIENT GROUP**

### **MEETING TUESDAY 19 FEBRUARY 2013**

Present: H Sinclair, A Marshall, K Marshall, G Millar, A Doubleday, J Wood, P Nixon, M Hatton, D Hatton, C Edwards, T Elwell, N Ruparelia, S Lane, M Major, S Walton, R Waite, D Baggaley, D Ward & R McNeil

Apologies: P Whitehead & F Kieme

1. Patient Survey – the patient group had discussed and agreed the final questions they wished to be included in the survey on Thursday November 15 2012.

Copies of the survey results have been distributed. 154 Patients completed the survey, an increase of approximately 40 from last year. Some members of the group came into the surgery to ask patients to complete the survey, receptionists handed some out and the survey was also available on the practice website.

Q1 Making appointments – 72% of patients surveyed still ring at 8am for an appointment, however 72% of patients were also aware they could book up to 4 weeks in advance. The group felt there was little more could be done to change these figures. There is already a notice on the TV screen and the jayex board. 24% of patients asked said they had problems booking follow up appointments. The group felt this figure could be improved upon slightly. It was agreed HS would ask the doctors to inform patients to book follow up appointments on their way out. Although as the majority of patients surveyed are already aware they can book up to 4 weeks in advance there is little other than patient education which it was felt could be done to improve the figure.

77% of patients surveyed would be interested in telephone appointments being available with the doctor/nurse. Telephone triage has already been trialled and the majority of patients triaged still had to be seen by the GP. The

group asked if the “doctor on call” could be responsible for telephone appointments or a nurse trained in triage? HS will take their ideas to the doctors, however we do now use the message board for patients who require a call back by the doctor and maybe this could be looked at again. The group also suggested perhaps a block could be made available at the end of surgery for the doctors to phone patients back?

Q2 Access to the surgery – 94% found the surgery to be easily accessible, MM asked what this meant – HS explained ease of actually accessing the building, e.g. a ramp to enable disabled access, double automatic doors. The surgery is also in the process of having the reception desk altered to incorporate a lower end of reception to enable easier access for wheelchair users. 39% of patients surveyed felt parking was a problem. MH suggested signage to the effect that the car park is only for the use of those patients using the health centre (and staff of course). HS will contact the health centre manager based at Park House to see if this is a possibility.

Q3 The majority of patients surveyed marked this as not applicable. However of those that answered yes or no - 4% had problems accessing health visitor/midwife 12% didn't but 13% would like to see the health clinics back in the surgery and only 3% said they didn't. MM informed the group it was now in the pipeline that health visitors would be surgery based.

Q4 Reception issues – there were no concerns in this section and the group were happy with the result with the exception of are patients aware if they want to discuss something in private we always have a room available, 46% of patients surveyed were unaware of this. There are already notices around the surgery but the group suggested this could also be put in the TV screen. HS will ask PW to do this.

Q5 Clinical issues – again the group were happy with the results but felt the question relating to chaperones available could be improved upon. Again this was already advertised within the surgery but the group suggested this could also be put on the TV screen. HS will ask PW to do this also.

Q6 Prescriptions – the majority of patients surveyed were aware prescriptions could not be ordered over the phone but they could be ordered on-line and via the chemist.

Q7 Out of hours medical advice/treatment – the group felt that although the majority of patients were aware how to access medical advice/treatment out of hours TE thought this was something which could be included in the patient group newsletter, it could include phone numbers and addresses and opening hours of the Walk in Centres in Nottingham. HS will provide TE with necessary information.

The rest of the questions relate to patient demographics – however GM asked if the practice budget took into account the high number of unemployed/sick or disabled and retired from work patients at the practice. HS unsure as to how budgets are allocated but if this was something the group would like to know more about it could be discussed at a future meeting.

2. Patient Group newsletter – TE has agreed to take the lead on this with DW and NR to assist. Ideas for the first newsletter were discussed. These include:

Hospital Prescriptions

Non Attendance for appointments

Using other services when surgery closed (apart for A&E)

Survey Results

Coffee Morning

Medicine Review Procedures (on hold for now)

Follow up appointments

Surgery Items (In House)

Dates for Diary

Eating Healthy (Recipes?)

Community

TE, DW & AR met after the meeting to discuss the newsletter. TE will prepare a draft newsletter, from the above ideas, and check with DW & NR if anything else needs to be included before forwarding it to HS to check for accuracy. It is hoped the first newsletter will be ready early March, in good time to advertise the coffee morning. DW has offered to do the first recipe and MM has emailed to say SW & RM would also like to do a recipe for the first newsletter.

3. Event – the patient group have decided to hold an Easter Coffee Morning on Wednesday 27 March at 10am in the Health Ed room. Tea/Coffee and Easter biscuits will be available for £1 to include a raffle ticket, raffle tickets will also be on sale. The group suggested they each take a few to sell and asked if the doctors would perhaps donate a large Easter egg as the main prize, HS will ask.

**Post meeting note – Drs happy to donate large Easter Egg – HS will buy in time for selling raffle tickets. There are also a couple of prizes left over from the last raffle which could be included. I don't think we should have a lot of prizes this time. If everyone happy perhaps just the large Easter Egg and the 2 left over prizes?**

The group will organise the coffee morning themselves and liaise with each other. MM has since emailed HS to say both SW and RM have volunteered to sell raffle tickets as well. Funds raised are going towards a new examination couch for the practice.

Date of next meeting Tuesday 9 April 5.30pm