**Minutes of the Patient Group Meeting held on Monday 2nd October at Rockwell Medical Centre**

**Last Meeting Minutes Review –** James from Hale came to talk us, as did a lady from Age UK telling us about the new shop & its services at Wrose. We also dealt with suggestion/comment box feedback. We have already implemented a few of these, disabled parking spots repainted, added slots to comment slips if patients wish us to contact them, and have got a quote for new seating at Rockwell.

**Practice News –** We nominated Janet Menehbi and John Sheen from Rockwell community centre for an achievement award at the CCG Annual Awards Ceremony. They won! This is fantastic news and we are arranging a little get together as they were not able to pick up the trophy at the presentation. The new newsletter is now out and available at Reception. Patient Group asked if this could be dated and on the website. Dr Kennedy is still off poorly, but we have a nice group of locum doctors helping us out. We have a new male registrar starting in February 2018 for one year.

**Flu Clinic -** The two walk in clinics have now been and gone. Thank you to all patient group members that came and helped, it was really appreciated. All the group members that attended felt that the sessions went well, and were run very efficiently. They felt there was good team work. The group manage to speak to most of the patients getting them to complete Friends &Family survey forms. They also got feedback from patients, some said they would have appreciated another text message to remind them about flu clinic, and the first text had no times on it. Thought next year we could perhaps hand out compliment/comment slips for patients to complete.

**Suggestion Box :**

1. Could they have gentle background music (not radio) – not loud upsetting music. (r/w)
2. Keep doing what you are doing – pleasant staff
3. NHS Text reminders need to be a day before not on the same day – (Donna explained that this will have occurred because the “ gateway “ went down – forcing staff to do them all manually in the morning). JA to ring patient and explain.
4. Air – con – too hot at Rockwell.
5. Feedback from patient at flu clinic – want to be able to order prescriptions over the telephone. There are many reasons why this isn’t an option and this decision was made a long time ago and most practices now have this rule. We will take telephone requests for housebound patients, but the chances of errors being made are far too high for us to change our stance on this. There are many ways patients can request their prescriptions, internet, fax, repeat dispensing, a family member can order, pop it through the letter box if we are closed. We will always take exceptional circumstances into account.
6. Introduce a pain clinic in house – This is far too complex for us to set up and is mainly a secondary care service . Further to this the numbers would be too small to make it worthwhile. There are services available that we can refer patients into. We can refer to MSK, Physio, Orthopaedics’, Living with Pain group .

**GP Survey –** We looked last time at the helpfulness of reception staff – the national average is 80.4% - in 2016 we achieved 87% , in 2017 increased to 91% . Patient group asked if perhaps we could get a board in both receptions with photographs of all the staff, as previously we had all the names above reception, but these days staff change so quickly not really viable. Also they asked for uniformity across both sites with public facing staff, with uniforms, name badges, the way the telephone is answered. We are in the process of getting new uniforms, and all have badges. Praise was given to Janine, and it was thought that other could learn from her. Dr Gavin & Rachel did point out that all staff has received customer service training and are all of a high standard. It is a particularly stressful job – where they are the filter for the doctors, carrying out what they have been told to do, and getting a lot of the backlash. We would of course take on board what had been said and feedback to the team.

**Access Plan –** This is nearly all done now. Sarah is still to do the Microsoft publishing course – but with staff shortages this is proving difficult to fit in. We now have a remote pharmacist dealing with our daily prescription requests, which hopefully will reduce the workload on the GP’S.

First Aid Training – British Red Cross are offering a couple of sessions, and also one of the other practices has trained up their own staff, and are happy for them to come out and do a simplified course. Social Media still no real progress.

**Open Floor**

1. Mrs Spiwak had read an article that said a GP who wanted to refer a patient – would have to get it seen by another doctor in a different organisation to see if they felt it was appropriate. AG said this had been mooted but would be unworkable, and we do review our own referrals in house to make sure we direct to the best person.
2. Breast Screening – when will these invites go out. AG said we have nothing to do with these, they are sent out in batches when the unit is in the area, by Pennine Brest Screening themselves. This is usually on a 3 yearly cycle.
3. Mr Shores – would like to know more about the life of a script – cost etc. Su Wood or in-house pharmacist did do a presentation about this at Rockwell Rocks – will ask if she could do a version of this for the Patient Group.
4. Mr Allsopp – asked about the real value of statins – as there was lots of mixed information out there. Dr Gavin said she would definitely recommend it if you had had a heart attack, but wasn’t so sure as primary prevention often all we can do is present the patient with the information so that they can make an informed decision.
5. Mrs Marsden asked about the replacement of the seating and flooring at Rockwell. By replacing the carpet with vinyl it would affect the way soundwaves bounced about which can be difficult for people with hearing aids. RT said we had no choice as all the rules on H/S had changed since the building was initially fitted out.

**National Survey**

From all the surveys sent out we got a 38% response – which is quite good. In every questions all results achieved over 65% - but of course all results are subjective (as people usually only fill them in if they are really happy or really unhappy with the service).

Nurses do well – this is perhaps because they have longer appointments, are able to build up relationships – they have improved on last year.

**Did Not Attend –** RT just ran a report for the last month and 49 appointments had been missed. We discussed the DNA policy again, and suggestions were made on how to tackle this. Posters, messages on the call boards. RT prefers not to take a negative approach but to educate & inform patients. DNA’s to be a standing item on the agenda.

**Federation Update –** We are as a practice as a practice still part of TPC (Trust Primary Care) Federation made up of 19 practices al working together. To date they have managed to set up the following services dermatology, minor surgery, ophthalmology, fertility, and vasectomy and pharmacy pilot. We are also part of a Bradford wide alliance called Bradford Care Alliance; they are dealing with 2 big topics at the moment.

1. Diabetic Service – to incorporate all the services in a cohesive form.
2. Extended Hours (8-8) – this is running in City quite successfully but only Monday – Friday

We will continue to keep group updated on both of these.

**AOB**

**Sue Hodgson –** Unable to attend today, but was going to discuss with the group becoming a ‘Constituted Group’- this means that we can apply for small pots of money. We will get her to attend the next meeting.

**McMillan Coffee Morning –** RT thought that this might be a good thing for the practice and patient group to run together – as it could encourage new people to join the group – all thought it was a good idea.

**Next Meeting – Monday 4th December 2017 @ Wrose 4.30 - 6.30.**