**Minutes of the Patient Group Meeting held on Monday 8th December @ Wrose.**

**Review –** Rachel welcomed everyone to the meeting, and then reviewed the previous meetings minutes.

**Practice News**

* Dr Holdsworth has been made a Partner as of 1st December 2014.
* Christmas Closing – 24th Dec 6.00pm – opening again Monday 29th Dec
* Customer Care Training – all front line staff will be attending this.
* Eccleshill Treatment Centre – this is starting to open again mainly gastro at the moment.

**HOTS Closure –** HOTS is a local initiative that deals with Health Promotion & Improvement. It has been invaluable to our patients. The funding for this was supplied by Bradford Care Trust, but then handed over to Bradford Council. Bradford Council have now said they will not recommission the service which is effectively cutting this funding and the Care Trust has no money to take them back. We are asking for local support to keep this service going. Please register your comments via this link <http://www.bradford.gov.uk/bmdc/government_politics_and_public_administration/council_budgets_and_spending/budget_consultation_2015_2016/budget_consultation_2015-2016>

Or write in before the end of January 2015

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**Winter Saturdays –** For many years we did run a Saturday morning service, but the uptake was always low. There is an initiative this year from the Clinical Commissioning Group to fund a service to run on Saturday morning from November to March 2015 . We have joined up with other local practices to offer a [Saturday Morning Surgery Service](Z:\\Documents\\Federated Working North Bradford\\A4 Winter pressures notice v3.docx) which will run at two sites;

1. Moorside Surgery on Dudley Hill Road BD2 & 2) Windhill Green, Windhill Old Road, BD18. A small number of appointments can be booked in advance, and the rest are bookable on the day, you must ring and the number is on the answerphone message.

**Feedback, Complaints, Suggestions we have received so far this year –**

* Privacy at the Reception Desk
* Doctors and Nurses Running Late
* Deaths – cancelling appts
* Toys
* Hot Waiting Room in summer
* Tests – Doctors not providing sufficient explanation surrounding tests

*Privacy -*  We do struggle with privacy at the reception window, often the person behind stands really close. Discussed options for improvements and suggestions included a marker on the floor to encourage patients to wait behind the line. Dr Gavin stressed that if any patients have a concern that needs more privacy you can ask and we will endeavour to find somewhere more private. This isn’t always possibly but we will do our best.

*Running Late –* This has been addressed before, but sometimes staff do get tied up and forget to inform patients when a doctor is running more than 20 minutes late. We will address this again with staff and hopefully show some improvement at the next meeting.

*Deaths –* We had a complaint from a patient about a relative getting an appointment for the Breast Screening service shortly after they had died. Rachel Thompson explained that there is a system in place to cancel all appointments as soon as the practice is notified of a death, and we do our best to put information on the death of a patient asap, however sometimes there is a cross over.. In some cases, we are not informed of a death straight away.

*Toys -* We have had complaint about the lack of toys in reception. We are limited on the types of toys we can have, as there is a risk of infection. We had to remove most when the swine flu epidemic was at its worst, and they haven’t been replaced since. We also would need to have a policy for the cleaning of these toys and this involves additional work for staff. We will try to get some more appropriately safe toys.

*Hot Waiting Room –*The summer of 2014 was particularly hot and we did find ourselves fighting against the elements. We propped open the external doors and placed fans in safe strategic places. We are happy to get anyone a drink of water if they should need one if they just ask at reception.

*Tests –* We have had questions asked about how much information reception staff can give on test results, especially if the patient has received a text that can sometimes make them anxious. Dr Gavin explained that the staff could only tell patients what the doctor had put on the computer, as they had limited access and are not clinicians. If the doctor has organised any test for a patient the patient should not leave the surgery without knowing what it is for. In addition to this question, some patients expressed that they would like the doctor to give them more information about the tests they are organising and why they are doing them. Dr Gavin said she would take this back to doctors to discuss and come up with some solutions.

**Family & Friends Test –** We have discussed this at previous meetings, this quick and simple patient survey is now up and running since 1st December. There is a box for all responses in the waiting room, or alternatively patients can do the test via the website. [www.rockwellandwrosepractice.nhs.uk](http://www.rockwellandwrosepractice.nhs.uk)

**New Patients to join Patient Group – Practice Manager asked “**How can we get new people to join our group”? The practice feel it would be nice to get younger people, or a mixture of different cultures but despite many different attempts many patiens find it difficult to commit. Mr A said that he only came along to the group because RT had asked him personally. RT agreed that many of the group attended after personal invitation and whilst the practice tries hard with this, it is not a solution . The Group wanted to know how we advertise it now and RT said as follows

* Invites on the reception counter
* Personal invites from Reception staff
* Scroll around screen
* Patient newsletter
* Practice website
* On notice board
* Doctors hand out invitations and make personal invitations to patient scoming in
* District nurses and health visitors canvas support
* Voluntary groups canvass patients
* Community news section in the T & A

Suggestion put forward that could SMS everyone signed up for texting. We have found the best way is actually talking to the patients, but if anyone has any good ideas let us know.

**Did Not Attend Policy –** We are still having a high number of DNA’s but they are much improved since we implemented this policy. RT showed the group for the practice for the month of November 2014 which many patients found shocking.



There was concern that we may remove vulnerable patients, but Dr G explained we looked at each case separately and always discussed within the team before any patient was removed from the list.. Donna Ford explained to the group that the practice will always be sympathetic if a patient has missed an appt for a genuine reason. RT said we are also conscious that we are managing many more patients with memory problems which does affect any decisions we make.

**Ambulatory Care @ BRI –** Dr Gavin explained this new “hospital admissions” service that will run alongside A &E & Medical Admissions Unit at the BRI . This will have seats rather than trolleys and Pts will speak directly to a consultant. This should help relieve some of the pressures on beds and also save time. This initiative is in its early stages with just a few specialities on board.

**Dementia –** This is a hot topic at the moment. We practice is doing lots of screening work aiming to diagnose people much earlier. These days more effective medications are available which have good outcomes. We have 66 patients on our Dementia Register at the moment and all these patients have a full review at least once per annum. This year we are trying to idneitfy patients who may have dementia and inviting all patient with chronic disease if they would like us to undertake a simple screening check . We can also do it on anyone who expresses concerns regarding memory and is a simple test comprising of 6 questions. If a patient is diagnosed then we put a care plan in place and try to address issues that need to be dealt with why the patient is still relatively well. Mr GS asked why all patients were not offered it the test and Dr G explained that we have identified that patients which chronic diseases are most likely to develop to dementia, and these are our starting point as we do not have the resources to do all patients.

**CQC Visits –** CQC is like OFSTED for the Health Service. They are inspecting practices in our CCG from January – March 2015. We could be one of these and if we are selected, then we would ask for member’s patients group to attend. All practice have been graded from 1-6, so lower scoring practices would probably be visited first. We have been graded a 6, but the data they use is often a couple of years old.

Merry Christmas and Happy new year to all our patients.

**Next Meeting – Monday 2nd March 2015 @ Rockwell**