

Kingswell Surgery – Patient Reference Group

Minutes - 26th March 2015

Present

Jacqueline Griffin	Project Lead, Yorkshire and Humber Commissioning Support.
Kay Needham	Staff Member – Kingswell Surgery
Roger Q	Patient Representative
Beverley S	Patient Representative
Rachel D	Patient Representative
Tracy T	Patient Representative
Lindi-an E	Patient Representative
Frank J	Patient Representative

Welcome and Introductions

Jacqueline welcomed everyone to the newly formed Kingswell Surgery Patient Reference Group (PRG). Round table introductions were made by each member of the PRG.

Background / Useful Information about Kingswell Surgery.

Kay discussed the services on offer at the Surgery. There are 3 GPs/Clinicians supported by regular Locum Doctors, enabling good patient relationships to be made. Clinics and services offered include : Teenage 3Cs 'Contraception, Condoms and Chlamydia', Sexual Health and Contraception, Long Term Condition Management e.g. Diabetes, Asthmas, COPD, Minor Operations plus the Cryo Clinic. Kay also mentioned that the Surgery is a Dispensing Practice with its own pharmacy on site.

The PRG were interested to note that the Surgery covers a wide rural geographical area and has circa 3500 patients.

LE remarked that she was not aware of the wide range of sexual health and contraception services offered at Kingswell. The group talked about information and that promotion of what was on offer local was of high importance to the PRG. FJ asked if other patients would have come to the Surgery for such services over and above health clinic appointments offered elsewhere e.g. New Street Clinic. PRG members stated they would prefer to access them here. Kay stated it was very important to young people to have services close by as it save them trips into the town centre, which ultimately stops young people accessing some services as they are a 2 trip bus ride away.

What is a Patient Reference Group?

Jacqueline ran through the Patient Information Packs and discussed what a PRG is and how the groups across the 37 GP Practices in Barnsley are focussed on the patient voice and opinion. Each member of the PRG took an Information Pack away for reference purposes.

Work Topics and Priority Areas for the PRG

Jacqueline asked the group if there were any particular areas or topics that the PRG would like to work on and the following were chosen:

1- Waiting Times.

LE said that delays in being seen had resulted in her waiting 50 minutes to be seen. RQ stated he had recently waited 45 minutes to an hour for an appointment. The group talked about how as a patient you need your appointment and you are willing to wait and would like to be informed of how long 'today's' wait is, as you are not always able to stay/have other commitments. FJ suggested that Surgery staff could design and use a brief notice that stipulates what the current wait is, to ensure patients are better informed. The group agreed this is a good topic to start with.

2- DNAs

Building on the previous topic area, FJ asked about the number of appointments per week wasted by patients who 'Did Not Attend' (DNAs). Kay mentioned that much more time is wasted than most patients realise as not all appointments are the straight forward 10 minutes time slot. For example some long term contraception appointments need time with the GP, Nurse and Healthcare Assistant so much more than 'just 10 minutes' are lost. Kay stated the Surgery are considering purchasing and using a Jay-Ex dot matrix scrolling message board and could 'advertise' the time lost to DNAs and wasted appointment time on this. RQ asked if DNAs resulted in a reduction the lengthy waiting time and Kay responded that as DNAs are spread randomly so they 'system' does not benefit and this 'time saving' is not passed down to the waiting times. TT discussed how certain GPs always had a lengthy waiting time so as a patient you knew this and were almost 'prepared' to have to sit and wait.

3- Double Appointments

The Group discussed the 10 minute time slot for GP appointments and LE asked if double appointments could be booked. Kay stated that this was at the GPs discretion and only the GP could tell staff to book a double appointment. This issue was discussed further with FJ mentioning that the time slots were one of the many items that the Surgery could not change as they were set by NHS England. LE said it would be interesting to try out letting patients book double slots where needed as it was of benefit to patient choice.

4- Information

Kay stated that the Practice Leaflet had just been updated, following Jacqueline's comment about the PRG suggesting improvements to leaflets, newsletters and information for patients throughout the surgery. Discussion was held about getting the leaflet out to the right patients and ensuring it contained relevant information – Jacqueline said that this was a great topic for the PRG to start with and work on this would see results quickly for the PRG. Kay stated the website was easy to update but most of the PRG were unsure of the website address, so some promotion would be needed. Kay remarked on the range of online services available and again the PRG were not aware of the full range on offer. Advertising and promotion of this to all patients was seen as crucial, including perhaps using local radio and newspapers.

5- Magazines / Reading Materials in Waiting Room.

LE asked if it would be possible to expand the range of magazines on offer in the waiting area as some were very outdated and there were not many for the younger age range. Kay stated the practice had bought extra magazines at a high cost, but they had been taken by patients. RD offered to bring in and pass on her recent magazines to the Surgery and Kay welcomed this. The group discussed this and Jacqueline suggested that this could be an ideal start for fundraising by the group if they so wished.

6- Fundraising

Suggestions were made by the Group and it was decided to trial a Second Hand Book Sale. Kay agreed this could work on an honesty box system and the Foyer area could be used.

7- Information in Waiting Area

Kay stated that the Surgery had to display certain posters and NHS campaign documents/leaflets on noticeboards throughout the year. Jacqueline encouraged the group to take 10-15 minutes out of the next meeting to visit the waiting rooms and to see if any out of date notices could be taken down, if noticeboards were visible or in the right place. The wooden noticeboard/sign on the edge of the car park was discussed and the Group asked if it showed the correct opening hours. Kay said she would look into this and possibly get a quote for repainting it / a new board.

Role of Chair, Secretary and Treasurer plus Terms of Reference and Ground Rules.

Jacqueline briefly described these roles and supporting documents. The Group agreed that they would need to be a little more established before assigning roles etc. but everyone agreed to look at the roles/documents before the next meeting.

Frequency of PRG Meetings

The Group discussed the date and timing of the next meeting and concluded that not everyone would be able to make a certain date/time at some point. It was decided to meet 4-6 weekly, with the next meeting moving to a 6pm start.

Date of Next PRG Meeting

*Kingswell Surgery PRG will meet at **6pm on Tuesday 28th April**. Kay will book the room and arrange refreshments.*

Any Other Business.

No Any Other Business was declared. Jacqueline thanked everyone for their time and commitment to their local practice Patient Reference Group and wished the group well in the future.