

Pilning Surgery Support Group Meeting

Chair: Michael Matthews

Meeting: Thursday, 10 April 2008 TIME: 2.00PM

Held at :
The Surgery,
Northwick Road
Pilning
Bristol
BS35 4JE

Present

Michael Matthews

Robert Griffin June Reynolds

Janet Green Jane Davey

Sue Prior Jill Trawin

Apologises for Absence:

Pam Gazzard

Michael Woodhouse

Minutes

1. Apologies.

As above

2. Minutes of the last meeting

Agreed as a correct account

Matters Arising

- a) **Expert Patient Programme** The Expert Patient programme started last week and it is with anticipation that the group look forward to feed-back as to how well it has been received by the participants.
- b) **“Open Surgery”** update – The practice must meet government access targets and therefore it plans to change the format of the current open surgery to ensure that the access route is clear to patients who may be asked to comment on practice access in government surveys. Open surgery will continue, offering walk in appointments in a structured manner. The practice is also looking at telephone access and meeting patients’ needs over the telephone.
- c) **Newsletter** – the idea of a Newsletter as a means of informing patients is seen as positive and the patient group plan to be instrumental in its conception and distribution. A rough draft has been outlined by SB but requires further detail and input from the group.
- d) **Disabled parking** – The ratio of disabled parking is appropriate for the car park size and the practice population and at the current time there are no plans to change this but the practice is mindful of the need for disabled parking and in the event of future expansion of the car park this would be reviewed.
- e) **Staff Parking** – BT have been approached to request that practice staff be allowed to park in the car park owned by the telecom switching station. There has been no response so far to this request. Practice personnel have not been asked to park off site for reasons of personal security and risk to public safety by inappropriate parking on the adjoining road with risks of congestion on an already busy stretch of road. These reasons were understood and supported by the group.

4. Multi-item Prescriptions

The practice seeks to encourage, as far as practicable, that patients request one monthly prescription order. The practice can achieve the delivery of a repeat prescription within 48 working hours, however, some patients fail to acknowledge the time frame required from order to collection. This often results in valuable working time being lost, retrieving requests in the system that have not yet been processed because they are being requested outside 48 working hours. The group put forward some helpful suggestions which might encourage patients to monitor more closely the timing of their request. Suggestions included:-

1. Dating and timing answer phone request.
2. Emptying the repeat box at given intervals and time stamping request
3. Using In View to remind patients that it is 48 working hours

Notices are printed on the right hand side of the prescription (but these often are overlooked) which give the timetable for collection. SB went on to outline current proposals to improve the service. The practice has recently installed a bar coding system for order picking and whilst this new system has resulted in operational challenges it is anticipated that this system will provide a safe working system to drug order assembly.

5. Extended Opening

The practice is in discussion regarding its approach to extended hours. The team have been supporting the work of the local medical committee which ensures that every GP practice has an opportunity to do as much as they can to meet government targets. This is a complex issue which has many facets that require consideration and the practice plans a pragmatic approach - seeking to ensure that any change is a response to real need and offers a sustainable solution.

6. Review of Transport and prescription delivery

Jackie Smith had been a key player in providing this service to patients and the group now have to re-consider how this service will continue. In the short term RG will provide the original volunteers list and it is hoped that those individuals will agree to being contacted by patients direct if there was a service need. The process of having a co-ordinator for the time being has been suspended.

7. Document of Intent

MM Circulated a document of intent for consideration by members for the next meeting. This document will set a structure for the group and give consistency.

8. Parish Plan

JD gave detailed feedback on the parish plan supported by statistics gathered. The information was very interesting and will provide much needed input into service development in the area. It was hoped that it would also secure funding for projects in the future. JD said this is a rolling programme and local councils will be required to work with groups to ensure that local needs are addressed.

9. AOB

Jackie Smith

The group expressed their great sadness at the death of Jackie and offered condolences to her family. Jackie had been a very active member of the group and

well respected in the community. Our thoughts are with her family at this very sad time.

Active For Life

JD offered copies to the group – all had received mail shot

Support Group Information

MM Asked the group if they felt information on health matters such as Alzheimer's was readily available. On the whole the group felt that there was much information readily available and that the patients could if they needed to be directed to support or help. The carers group was mentioned as a good support and source of information. Penny Snow had approached the surgery for a room for the group to meet in and this request was likely to be granted.

Hospital Transport

JD Requested clarification on the criteria for patients requesting hospital transport. SB confirmed that the patient must be unable to travel on public transport due to medical disability. She mentioned a higher profile being given to a scheme to reimburse travel costs where a patient was on benefit and would otherwise be unable to attend the hospital of their choice. JD gave an example of a patient with a hospital appointment at 3pm and the return journey not being supported by public transport. SB offered to look at each individual case and judge on its merit. The loss of the 09.15 bus service was highlighted as particularly problematic for patients trying to access the surgery

Practice Brochure

JR Offered a sample practice brochure she considered to be a good blue print and although this was not examined in detail the practice brochure was felt to be of similar design. The practice brochure is regularly updated and there are two formats – one for existing patients and the other for new patients (this was the idea of the group). The brochure is printed in house. Brochures are available to the group on request and all suggestions for improvement are welcomed.

Patient Group Membership

The group will actively seek to recruit further members – particularly those in a younger age range. RG offered to put a notice up in the church and all members were encouraged by the chair to where possible, seek nominations. The patient group board will be updated to accurately reflect contact telephone numbers of the current membership.

10. Dates for Future Meetings (all at Pilning Surgery):

Thursday 8th May 1200-1300 hours

Thursday 10th July 1200-1300 hours

Friday 10th October 1200-1300 hours

Friday 16th January 2009 1200-1300 hours

The group decided by consensus to opt for some Friday meetings and limit the meeting to one hour with prompt start and finish.

*Dr Paterson met with the group briefly and thanked the members for their valid contribution and partnership working to improve the practice.