

# Pilning Surgery Support Group Meeting

**Chair: Michael Matthews**

Meeting Friday, 16 January 2009 **TIME: 12.00 noon**

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

## **Present**

Michael Matthews      Jan Shingfield  
Michael Woodhouse    Graham Crane  
June Reynolds         Robert Griffin  
Jane Davey  
Sue Broad               Sue Rogers

## **Apologies for Absence:**

Pam Gazzard      Jill Trawin      Nicky Vickery  
Sally Garbett Janet Green

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The chair welcomed Graham Crane and thanked him for agreeing to participate.

## Minutes

### 1. **Apologies.**

As above

### 2. **Minutes of the last meeting**

Agreed as a correct account

### 3. **Matters Arising**

- a) **Staff Photo Board** - This is in hand - Need to get photographer and staff organised. Action BM
- b) **Newsletter** – Well received suggestion were made for it to be a quarterly edition
- c) **Comment Box** – .Thanks to Mike Woodhouse for the gift of a suggestions box – and for installing it!!

### 4. **Managers Update**

#### **Practice Survey**

The practice survey was discussed and the members considered comments made by the surveyed patients. Without dialogue some comments were difficult to understand and formulating an action plan was challenging.

On the whole the practice was pleased with the survey outcome and encouraged that patients perceived the practice as providing an excellent service. The practice scored higher than last year but this was viewed sceptically as it is difficult to identify real change and impact based on an anonymous survey. It was agreed that patients have high expectations of our practice and we are delighted to have the recognition of patients for the quality service provided.

**The following action points were taken form comments**

- ✓ A plan to reinforce the changes to open surgery to open appointments
- ✓ To ensure that patients are reminded of the protocol when ringing to speak with a doctor – the practice is able to fully facilitate patients who seek a telephone consultation. There have been no reported incidences where 100 per cent target in this area has not been achieved. RG Queried whether prescribing would be possible as a result of a telephone call. There are protocols used to triage and in certain circumstances doctors are able and willing to prescribe without face to face consultation.
- ✓ To try to encourage patients to be responsible for their own health and know at what intervals they should seek treatment (blood pressure and blood tests)
- ✓ To reinforce the repeat prescribing system.
- ✓ When embarking on any design changes confidentiality at reception will be viewed as a priority
- ✓ When re-furnishing the waiting room we will consider seating that is designed for the infirm

Remarks from the practice in response to patients will be collated and published so that patients might be better informed why certain measures that they suggest may not be achievable at the present time. **ACTION SB**

## 5. Parish Plan

Mike Woodhouse urged members to make their views known and all comments will help to ensure successful outcomes. The work that has gone into collating this information is a huge task and on going. Nearer completion the plan will be reviewed by the group.

## 6. Surveys and Leaflet Drop Primary Care Trust

There has been a recent leaflet drop regarding extended hours and the use of out of hour services. Not all members of the group have received this information. SB to follow up and find out when this occurred in this area.

## 7. Stroke Grant Application

Michael Matthews asked members to consider how this funding might help the practice population. In this instance however the closing date is the 30<sup>th</sup> Jan 2009. MM has however contacted the Stroke Association to invite their views on what might be a suitable project and what areas of care might benefit stroke victims most. This has highlighted the need for the group to be “fund aware” when seeking to bring about changes in services and facilities in the area.

## Farmers Market – Next Wednesday at Kings Arms 9.30-2.0pm

Jill Davey was able to confirm the Farmers Market will take place next Wednesday. There have been difficulties in co-ordinating traders and community this has resulted in some people not being able to support this venture. Interest shown is high. This was raised as an example of how local funding can make a difference in the community

## **Bus Service**

JD - As of February 2009 the area will benefit from an hourly bus service which will be of significant benefit to patients accessing the surgery.

## **Changes in the Delivery of Health Care**

RG Raised the issue concerning a new hospital at Emerson's Green. This is a new private care hospital commissioned by the Department of Health to provide an Independent Sector Treatment Centre (ISTC) at Emerson's Green and looks set to win final planning approval. This mini hospital is being built just minutes away from the NHS Frenchay hospital. Most of the money to pay for the new hospital will ultimately come from the NHS, but would we have got better value for money investing the cash in upgrading Frenchay, instead of privatising the NHS ?

SB explained that there are also concerns about APMS (Additional Primary Care Services) that are being introduced locally. APMS, the DOH say "offers substantial opportunities for the restructuring of services to offer greater patient choice, improved access and greater responsiveness to the specific needs of the community. It will provide a valuable tool to address need in areas of historic under-provision, enable re-provision of services where practices opt out, and improve access in areas with problems with GP recruitment and retention."

Others say it will not help rural and semi-rural areas and money will be taken from those local service providers which may mean the service they provide will be destabilized. GPs are aware of the threat from outside agents to tender for provision of APMS and have already started to successful bid for this service provision because they believe they are in a better position than a commercial company to deliver the sort of care patients need. If they do not, or are not successful they see it as a further move towards privatizing the NHS.

In conclusions these are changing times for the NHS and the group appreciate the need to focus on care in our community and ensuring we are not marginalised further. The group support the surgery in its plans to develop local services and provide care locally for the practice population.

RG Expressed concerns regarding the threat to dispensing to practice patients. SB reassured him that the practice was totally committed to providing and developing this service so that it met the high standard required of a pharmaceutical service in today's health care environment.

## **8. AOB**

### **Choose and Book**

The Choose and Book surveys are dependent on patients completing them and stating that they agree they have been offered choice.

SB Explained that the practice tries where possible to book the patients appointment on their behalf because many patients, particularly the elderly are unable to do so. The patient group were unanimous in their condemnation of a survey which penalises the practice on not achieving targets.

They offered support to the manager and would like to make their views known to the appropriate authority.

SB explained how in general the system has been adapted to meet the needs of the practice patient whilst conforming to the regulations and rules governing the Choice and Book system.

**8. Dates and times for Future Meetings (all at Pilning Surgery):**

We discussed the timing of meetings which may exclude those who work or have young children from actively participating in the group. It was decided that MM would discuss with Nicky and Sally to ascertain whether a change in time would be helpful and if so perhaps re-schedule the time of one or possibly two meetings to be early evening. SB Offered to speak with young mothers at Baby Clinic and with the health visitor to try to elicit the views of patients representing that group of the practice population.

We also discussed the group size and agreed there should be sufficient membership to ensure a viable group at each meeting. Currently there are 13 members. One other person had contacted the chair to express an interest.

Meeting Schedule for 2009

Friday 24<sup>th</sup> April 2009 12 noon

Friday 24<sup>th</sup> July 2009 12 noon

Friday 16<sup>th</sup> October 2009 12 noon