

## **Daybrook Patient Group**

Minutes of a meeting held on Tuesday 12 November 2013 at 5.30pm.

Present: H Sinclair, Dr G Gallagher, T Elwell, M&D Hatton, J Wood, A&K Marshall, P&D Roberts, N Ruparelia, S Lane, S Walton & P Nixon

Apologies: C Edwards, D Ward, P Whitehead, G Millar, D Baggaley & L Peck

**Minutes:** The minutes of the previous meeting were reviewed.

### **Matters arising:**

- Public Health – SL will discuss in AOB
- Coffee morning – see main agenda item
- Newsletter – a few of the group had not seen it – more copies need printing as none left. The next newsletter will be after New Year.

**Telephone Consultations** – GG has been piloting telephone consultation over the last couple of months. None of those patients he had spoken to had needed to be seen subsequently. It is hoped more appointments will be made available for patients wishing to have a telephone consultation rather than a face to face. GG stressed that it was the patient's choice which they would prefer. HS, GG, SP & LS are also attending a meeting at the end of the November where one of the subjects is on telephone triage – it is hoped more ideas will be picked up from this and brought back to the next patient group meeting. PR asked if medication reviews could be done as telephone consultation. GG confirmed that yes, providing the patient had seen the nurse prior to this for any necessary tests, i.e. blood tests, blood pressure, and the tests were normal, the doctor could complete the review by telephone. One of the questions in the patient survey was asking patients, if appropriate, would they be happy to have a telephone consultation. 73% said yes, 24% no and 3% no response.

**Patient survey:** 223 surveys were completed, thank you to those members who helped, however this year the majority were handed out by receptionists who made a competition of it to see who could get the most completed! HS passed round the results of the surveys and the following items were discussed:

Telephone consultations – see above – the group were happy for the pilot to be extended and an audit kept of any patients who needed to be seen subsequently and any comments given by those patients. The group would also like feedback from the meeting practice staff is attending at the end of the month.

Booking in advance – Although more patients are now aware of this facility, 65%, there were still 33% who were not. This 33% are of course now aware. The book in advance is advertised on the TV in reception, it is on the website and staff regularly informs patients of this. Some members of the group have experienced problems when attempting to book in advance by being told they would need to ring back to book on the day. However on further questioning a couple of these were for appointments with a certain doctor, her appointments get booked up as soon as they become available. As regards to the others HS would remind receptionists to offer this option and also if the doctor of their choice is not available to offer an alternative one.

Ways of booking appointments – 32% prefer on-line 24% in person and 65% by telephone. PN asked if those patients booking on-line were able to book appointments earlier than those who either came in or phoned. This is not the case other than a small number of appointments which become available on-line at 7pm the previous day to book the following day. The other book in advance appointments are available to all.

HS read out some of the comments patients had made at the end of the survey. A few related to not being able to get through first thing in a morning and that more lines should be available. Most mornings there are 4 receptionists constantly answering the phone; there is no capacity to increase this. Another one relating to appointments was could we make the early morning appointments with the doctor and the first few with the phlebotomist for workers only. As this would be classed as possible discrimination it cannot be done.

In the case of phlebotomy appointments this system will be changing in January to a bookable one. Patients can be booked in at any of the sites; this can be done either by the patient or the practice. The practice can however only book their own patients in and not any registered elsewhere. TE asked if this could be a problem for patients needing an urgent blood test. HS explained that should this be the case our HCA or PN would carry out the blood test if no phlebotomist appointments available. The appointment system should stop the mad rush at 7.30 to be No 1 and the subsequent back log of patients waiting to be seen.

In general the results from the survey were very positive. The PG were given copies of the survey to take home and bring back any further comments to the next meeting.

Members suggested results could be put in reception for patients to see. It was suggested that these could be done in snippets on coloured card on the PG notice board to make them more visible. LP had offered to take over the up keep of the PG notice board - HS will ask if she is still interested in doing so and if yes to start with his.

**Coffee morning** – MH asked if any members are going to bake cakes would they please let her know what they are making. MH asked if a box could be put in reception asking for food donations a couple of weeks prior to the event. HS will arrange this. The event is on Monday 25 November 9.30am until noon. There will be coffee with cakes and books

on sale. All monies raised are in aid of the Foodbank in Daybrook. HS will ask staff for food donations.

## **AOB**

Electronic prescribing – HS confirmed this is going live on 19 November. Patients will be able to dominate a chemist to take over the requesting of their prescriptions from the patients. The prescriptions will be handed in in much the same way as they are now, but hopefully by chemists, the receptionists will still request the prescriptions on the system but these will then be sent via the practice system to the doctors to sign electronically. The prescriptions once signed are sent, once again electronically, to the patients designated chemist. The main benefits of the system are that the patient only has to visit the chemist to request the prescription and to collect it. Prescriptions can be tracked via a barcode. They cannot be lost. Amendments to prescriptions would have to be made before the doctor could send it the chemist. Patients won't have to queue in reception to collect prescriptions. They can request any chemist who is taking part in the scheme which is most convenient to them and can change chemists as and when they wish to. This will help also those patients who are away from home and have forgotten their medication.

SL attended a meeting last week titled "Take Control of Daybrook Health". Daybrook is near the top in relation to deprivation affecting children and alcohol admissions. She had attended a similar meeting 10 years ago and nothing much had changed. SL felt it would be beneficial for Helen Scott to attend a further meeting to discuss in more detail what they were trying to do. This would be discussed at the next meeting when more members were present as to whether this was something the group wanted more information on.

Meeting in December – this will be a social event at The Old Spot at 5.30pm.

**Date of next meeting** - Tuesday 28 January 5.30pm

**Meeting December** – DW had discussed with HS the possibility of the PG going out for a drink instead of having a meeting. The group were in favour of this and a date of Tuesday 10 December at 5.30pm was decided upon, meeting place The Old Spot.