

## **DUNSVILLE MEDICAL CENTRE**

### **Minutes of the Patient Reference Group**

**held on 13 March 2014**

#### **Surgery Representation**

Dr Jullia Jackson – GP

Dr David Gibson - GP

#### **Members present**

Michael Jackson - (minutes)

Lyn Wilkinson

Geoff Letten

Fred Fielden

Brian Ross

Mark Goulden

Yvonne Goulden

Lee Pitcher

Sidney England

#### **1. General Introduction**

It was noted that the first patient participation group for Dunsville Medical centre was established in October 2004 and had met on a regular basis until 2011. Since 2011 various attempts were made by the practice to engage patient feedback using the comments, complaints and complements process. However it was recognised that this had not given the opportunity for discussion, consequently a Patient Reference Group was established to meet on a regular basis and discuss issues that affect patients accessing services provided by the practice as well as services provided by other NHS service providers. The aim of the Patient reference Group is to provide input to the Surgery's annual action plan and include ideas and initiatives from the group. Ideas for improvement, (moans regarding things that could be improved), as well as recognition what is working well are all welcome.

#### **2. Communication to the Group**

A general feeling from the group was that communication via E mail to personal E mail addresses was the most effective way to pass information within the Patient Reference Group, however it is important where someone wishes to have a hard copy of the information this should also be provided upon request.

#### **3. Web site**

It was noted that the Practice had not made use of its Web site. Although Brian Ross had developed and published a site some time ago, this was not being utilised by the practice as the group had intended. Although there is a drive to use technology, it should be recognised that not everyone registered with the practice has access to technology. It was noted from the OFCOM infrastructure report October 2013 only 69% of house holds have access to broadband at home and only 40% of those with access at home use the internet for 'trusted services. Although this is likely to change quickly with the improved access to broadband services, the demographics of active registered patients may indicate that less than 40% of people accessing the surgery services may not have access to use, or may not consider using technology to access NHS services.

The view from the group was to ensure development of the web site enhanced service access as an alternative to traditional methods rather than stopping the traditional service access.

Concern was expressed from the group to avoid a glossy web site that was not maintained, a request was made via the group for the practice to ensure the information was maintained, just as the notice boards within the practice are maintained.

**Action** – It was agreed that the web site will be moved to a more appropriate address ([www.dunsvillemedical.co.uk](http://www.dunsvillemedical.co.uk)) with up to date content, including all the minutes from the Patient Reference Group asap. (Action MJ and BR)

#### 4. **Themes for future discussion**

The group agreed that themed discussions would be most useful, with the themes being identified so the practice and Patient Reference Group can prepare information prior to discussion.

It was noted that NHS England has given guidance regarding items they expect to see discussed as part of the national initiative. This includes

**Patient Priorities and issues**  
**Practice Priorities including complaints procedures**  
**Practice changes, where appropriate**  
**Care Quality commission issues**  
**National GP Survey issues**

Although the Patient Reference Group recognised the above themes as important, other more local themes were explored with a view to future discussion. These included:-

**Knowing how to get an appointment.** Regular patients obviously know the appointment system, however new patients, or patients that visit the surgery infrequently may struggle to navigate through the appointment system.

**Medication review and consistency of medication 'branding'.** It was noted that this interesting subject requires input from both the prescriber and dispensing chemist. The two aspects causing concern included, ensure patients had regular medication reviews to ensure they only held stock of current medication and all old medication was disposed and secondly an opportunity to ensure different manufactures of the same medication used similar product branding to avoid confusion when the dispenser gives an alternative or generic drugs to ensure consistent quality and recognisable branding of both the drug and packaging.

**Access to other health service providers,** usually as a referral. IE. hospital consultants, mental health services, etc.

**Opportunity to ask the reception staff for their top 10 tips** for patients to ensure patients arrive at the surgery fully prepared.

**Web Site development**

#### 5. **General coments**

Some final comments from the groups included the actual time spend waiting in the waiting room to be called through for a consultation has improved and is very good with

patients not waiting a long time to be called through.

Equally as the Practice is a training practice, (one of only around 15% of practices throughout the country) the feeling was that this enhanced the service offered by the practice, ensuring fresh approaches to patient care were introduced as required.

**6. Time and date of next meeting.**

This will be arranged in May 2014.