

## Minutes of Patient Reference Group (PRG) Meeting on Wednesday 12<sup>th</sup> March 2014

Present: L Hart (LH) – Chair  
D Crayton (DC)  
C Crayton (CC)  
N Sage (NS)  
P Sage (PS)  
J Nelki (JN)  
J Gerrish (JG)

Heather Carrigan (HC)  
Mel Templer (MT) – part attendance

Notes taken by: Heather Carrigan

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Dr Ben Pert and Dr Elise Taylor introduced themselves to members, with a promise to attend a future meeting of the Group.

### 1. Apologies for Absence

C Trelawney-Ross (CTR)

### 2. Minutes of Last Meeting

Approved.

### 3. Matters Arising from the Minutes

**e-Forum** – HC reported that she had spoken with the local Practice that has now withdrawn their e-forum set-up through 'Health Unlocked'. A software update in Health Unlocked rendered it incompatible with Practice software, which is why it was withdrawn. HC will explore other options for an e-forum.

**Next Steps' Cards** – MT explained how the cards are being used with the Practice. Members expressed concern that they are not being offered routinely to patients when follow-up is required. HC and MT will follow this up with the GPs.

### 4. Patient Experience Survey 2013-14 – Results

The Group reviewed the results of the Patient Survey. Take-up was very low with just over 100 returns.

The overall results were encouraging, respondents seem generally happy with the Practice.

Suggestions for improving take-up:

- Run the survey over a longer period (several months, rather than the current one-month period)

- Make it more visible in the Surgery (routinely offered to patients)
- E-mail out to patients (lack of staff resources prevents this currently and e-mail addresses often not up-to-date)
- Post to patients (too expensive and numbers returned are very low)

## 5. Action Plan

1. The installation of a visual display patient call system (from the 2013-13 Action Plan).  
  
Timescale: decision by Partners on whether to invest in system this year; by July 2014.
2. Improving the leaflet displays (continued from 2012-13 Action Plan).
3. Routine use of the 'Next Steps' cards for patients. The cards, suggested by a Group member, are designed to support GPs in giving patients a plan of action following consultation when follow-up is required.
4. Extending the number of pre-bookable appointments. Making it easier for patients wishing to see their doctor of choice to book ahead, if they are happy to wait for an appointment.
5. Phasing-out the walk-in blood clinics and replacing with a range of booked appointments throughout the day (weekdays). Advising patients.
6. Enhancing the waiting-room, making it more patient-friendly; plants, some tables, and art-work for walls.

## 6. AOB

JB asked about urgent care arrangements on a Saturday morning, when the Surgery is open but there is no telephone access and no urgent appointment provision. HC explained that the Practice is not contracted to provide urgent care at weekends. From 6.30pm on Friday until 8.00am on Monday morning and on Bank and Public holidays, patients needing urgent medical assistance, should contact the NHS 111 service. The Practice has pre-bookable routine appointments on a Saturday morning between 8:30 and 10:00 and Reception is open for enquiries, registrations and prescription collection until 10:30.

**Jane Lambert** – LH suggested that a thank you letter should be sent to Jane to thank her for her administration support for the Group. All agreed and LH volunteered to do this on behalf of members.

**Chairmanship of Reference Group** - LH reminded members that the election of the Chair for the coming year is due soon. LH asked members to think about whether they would be interested in standing for election. HC will agenda for the next meeting.

**Pathology results** – LH reported that he had met with Dr Rossdale to discuss the reporting of results to patients. One of the problems highlighted during the discussion is that the requestor's comments are not reported-back with the results. This is a formatting issue at the Hospital-end. LH wrote to Dr Rossdale regarding this and he will write to Southmead Hospital to ask if this can be considered for a system development. HC will take this up with the Practice's software developer. The inclusion of the requestor's reason for

requesting bloods would make it easier when the results are reviewed, especially if the reviewing clinician is not the person who ordered the tests.

LH reported that there is now a 'buddying' system in place, so results are reviewed by another GP when the requestor is on leave or out of the Practice.

LH also reported that Dr Rossdale agreed that instructions for follow-up after tests have been done should appear on the 'Next Steps' cards given out to patients.

**Bristol Community Health (BCH)** – HC distributed some information about the community services they provide following an enquiry from JB. This will be added to the agenda for discussion at the next meeting.

## **7. Date of Next Meeting**

Wednesday 11<sup>th</sup> June 2014 5:30pm – 6:30pm