

Chew Medical Practice

Patient Reference Group Meeting 20 September 2011

Present:

18 patients from Winford, Blagdon, Clutton, Chew Stoke, Ubley, Compton Martin, Pensford, Dundry, Chew Magna, Regil, Chelwood
Dr Sandra Fenn – Senior Partner, Chew Medical Practice
Kate Davenport – Practice Manager, Chew Medical Practice

Apologies:

9 patients

1. Welcome and introductions

Kate welcomed everyone, thanked them for coming out in the rain, and asked all present to introduce themselves to the group.

2. Purpose of the group

Kate circulated a summary of the Department of Health requirements for Patient Reference Groups – attached. In short, the intention is to ensure that patients have a real voice in the planning of services in their local GP practice. The Patient Reference Group (PRG) is a sounding board for ideas which are then to be tested with a wider range of patients through a survey. The PRG is then expected to work with the practice to draw up an action plan based on patient views.

3. Rules of engagement

Kate circulated some proposed ground rules for meetings of the PRG - attached, to ensure that everyone starts off with the same understanding of the level of influence the group has and the way members are expecting to interact with each other and with representatives of the practice.

All present agreed to use these “rules of engagement” as the basis of the group’s work.

4. What Chew Medical Practice stands for

Kate explained that the practice wants to have a more distinctive image once it moves to its new building, and asked the members of the group to help to identify the most important attributes of the practice. A list of words and phrases was circulated, and those present were asked to identify the three which best sum up the practice for them. The top scorers were:

Supportive
Preventing disease
Professional
Patient-centred
High standard
Community-based
Service-focused

5. Looking for areas for improvement

Kate distributed three documents to start the wider discussion about priorities for improvement:

- a) Results from the 2010/11 GP satisfaction survey. The scores show high levels of patient satisfaction with the quality of GP consultations, but poor results in relation to ease of getting an appointment and continuity of care.
- b) Complaints received since April 2011. The majority of these relate to difficulty in booking appointments and in seeing the same GP for follow-up visits.
- c) Suggestions sent by email by members of the PRG who were unable to attend the meeting. These also referred to improvements in the appointment system, but also made suggestions for new clinics and improved services in the new building.

Points raised during the ensuing discussion included:

- Consideration of different ways of enabling appointments to be made – how far ahead should appointments be released? What are the pros and cons of longer or shorter periods? Dr Fenn explained that over the years most options have been tried.
- The disadvantage of allowing bookings further ahead is the resulting increase in the number of patients forgetting or not bothering to turn up for their appointments. Technological options were discussed for reminding patients about appointments – email, text messages. Works well for younger and middle-aged patients, but many older people who attend regularly don't use either of these. The practice would need to collect email addresses and mobile phone numbers from patients – currently there is nowhere to store the information on the computer system, but the practice will be upgrading to a web-based system before Christmas.
- Out of hours coverage – patients would like better information about how the system works.
- Suggestions for patient groups that could be formed and supported by the practice: especially a carers' support group. Several of those present are carers and would appreciate meeting others.
- Health ideas for the newly retired – focusing on health prevention at an age when it is possible to make significant lifestyle changes.
- Transport – patients would like GPs and nurses to give more consideration to transport problems when asking patients to come back for blood tests etc. For people who are dependent on lifts to get to the surgery, this can be very difficult and unpredictable.

6. Next steps

Kate promised to write up the notes of the meeting and some initial ideas for a patient survey based on the discussion and the suggestions made by those not present at the meeting. This draft would then be circulated for comment.

Members of the group made some useful suggestions and offers of help.

Kate Davenport
Practice Manager
10 October 2011